

Cognitive Behavioural Therapy in the Works of Early Muslim Scholars: Implications for its Contemporary Theory and Practice

Aid Smajić

Univerzitet u Sarajevu - Fakultet islamskih nauka

aid.smajic@fin.unsa.ba  orcid.org/0000-0002-3097-1348

Abstract

“Psychology has a short history, but a long past” in which people have sought to solve the enigma of human nature and establish and preserve psycho-physical health. A significant psychotherapeutic heritage has accumulated with the ideological blueprint of its cultural milieu; a prevailing anthropology and epistemology that differs significantly from that of the new science of the Renaissance and Enlightenment. Following the global trend of culturally reinterpreting Western-dominated psychotherapeutic forms, Muslim psychologists who promote the idea of indigenous Islamic psychology seek a general methodology for integrating contemporary psychotherapy into the Islamic worldview. Some find the axioms of this integrative synthesis in the intellectual legacy of early Muslim scholars, during whose time a uniquely expressed scientific spirit prevailed. This study explores the most prominent of these scholars regarding the fundamental principles of contemporary cognitive behavioural therapy, and identifies general principles with which to outline and apply a new indigenous iteration.

Key words: Cognitive behavioural therapy, early Muslim scholars, indigenous psychology and psychotherapy, integration of knowledge

Introduction

“Psychology has a short history, but a long past”¹ is how eminent English psychologist Hermann Ebbinghaus described the state of psychological science at the beginning of the 20th century, and to a large extent his words are still applicable today. Humans have always been interested in the happenings of our being, and have long sought answers to the enigma of human nature, including the question of adapted behaviour and valid methods for preserving and establishing psychophysical health. In various civilizations throughout our long history, a significant psychological and psychotherapeutic heritage has been created. The knowledge accumulated, however, has largely been determined by the worldview of the cultural milieu in which it was created, and the ways in which its members imagined the human essence and the appropriate procedure for understanding it, which often differed significantly from the epistemological view of the new science of the Renaissance and Enlightenment.

With the ideological changes of the 16th and 17th centuries, humanity witnessed the emergence and rise of a radically different understanding of scientific activity in Western Europe and North America. In accordance with the fundamental principles of the new intellectual paradigm, which came to be known as *scientific method*, rationally explaining natural and social phenomena on the basis of empirical data that was systematically collected and analysed had become the highest ideal of true science. Science, along with its methodological procedures, findings and achievements, had to be uncompromisingly liberated from the subjective influence of human individual and collective experience, because only then – the *new* scientists assured – could it deliver authentic, reliable, objective, universally valid, applicable and useful knowledge about nature, society and the human individual. Consequently, at the end of the 19th century, psychologists began to insist on the strict and consistent application of the scientific method in the study of human psychology and behaviour.

This methodological frame of reference was also used to evaluate the psychological knowledge of earlier civilisations, which were at best declared to be insightful but unscientific speculative insights into human nature, lacking rigorous empirical testing and explanations grounded in natural external and/or internal forces. Ultimately, these insights provided no more than initial research hypotheses that were then left to the judgement of scientific research and empirical evidence. Historians of contemporary psychology are especially critical of how psychological issues were addressed in Europe during the Middle

1 Vid Pečjak, *Stvaranje psihologije: Knjiga razgovora [Creation of Psychology: Book of Conversation]*, (Sarajevo: Svjetlost, 1984), p. 11.

Ages, and many consider it an epoch of thought stagnation and dogmatism, as European science as a whole became the servant of Christian theology.² Because of this, the achievements of Muslim scholars during the golden age of Islamic civilisation are either completely bypassed in contemporary psychology literature, or mentioned in a severely abridged manner,³ which implicitly equates them with the attitude of European Christianity towards scientific thought and mental health at the time. The data available today on the understanding and practice of science among Muslims during the Middle Ages,⁴ however, point to the extent and unreasonableness of this oversight, which unfortunately is still present in general psychological literature.

Conversely, the understanding of psychological science in the manner of radical positivism has been abandoned for several decades, and potentially for all time. In postmodern thought, the existence of an ultimate Truth and the possibility of an impartial knowledge of reality are largely considered historical delusions, in which objective evidence is a form of persuasion used to present a convincing perception of the truth. This outlook took hold especially quickly among scientists of a certain social orientation, and in those areas of science that dealt with the problem of the human condition; our consciousness and sociality; and phenomena that eluded description and explanation by universal explanatory categories and unshakable regularities determined by the influence of fundamental forces. Theorists and researchers of humans and society ultimately concluded that the natural scientific methodology of establishing the truth cannot be literally and rigidly applied to the study of specifically human phenomena.⁵ This conclusion applies to psychotherapy theory and practice, the success of which is dependent on more than just a precise respect for the general rules of counselling work; a

2 Pečjak, *Stvaranje psihologije: Knjiga razgovora*, p. 26.

3 For examples of the first approach, see: Rita L. Atkinson, Richard C. Atkinson, Edward E. Smith, and Daryl J. Bem, *Introduction to Psychology* (Florida: Harcourt Brace Jovanovich, 1993), pp. 667-668; Edwin G. Boring, *A History of Experimental Psychology* (New York: Appleton Century Crofts, Inc., 1950), pp. 5-7; Melvin H. Marx and William A. Hillix, *Systems and Theories in Psychology* (New York: McGraw-Hill, Inc., 1979), pp. 17-34; Pečjak, *Stvaranje psihologije: Knjiga razgovora*, p. 20-28; and Ivan Vidanović and Dušan Kolar, *Mentalna higijena [Mental Hygiene]* (Belgrade: Linea, 2003), p. 11. For examples of the second, see: Baldwin R. Hergenhahn, *An Introduction to the History of Psychology* (Belmont: Wadsworth, 2009), pp. 84-86; and Stanislav Fajgelj, *Uvod u psihologiju [Introduction to Psychology]* (Belgrade: Centar za primjenu psihologiju, 2014), pp. 30-31 and pp. 595-596.

4 For arguments that support this statement, see: Hilma Z. Ulken and Mian M. Sharif, "Utjecaj islamskog mišljenja na Zapad" [The Influence of Islamic Thought on the West], in *Historija islamske filozofije [History of Islamic Philosophy]*, Mian M. Sharif (ed.), translated by Hasan Sušić (Zagreb: August Cesarec, 1990), p. 2:356; Izet Mašić, "Ibn al-Haytham: Father of Optics and Creator of Vision Theory", *Medical Archives*, 62:3 (2008), pp. 175-181; and Ross Pomeroy, "Ibn al-Haytham: The Muslim who Birthed the Scientific Method", *Surprising Science*, 15 April 2014, <https://bigthink.com/surprising-science/ibn-al-haytham-the-muslim-scientist-who-birthed-the-scientific-method/>, accessed 11 May 2025.

5 See: Colin Robson, *Real World Research: A Resource for Users of Social Research Methods in Applied Settings* (UK: John Wiley and Sons, 2011), pp. 13-40.

free, intuitive assessment of the psychotherapist matters as well. In other words: psychotherapy is both a science and an art.

Importantly, the postmodern cultural revolution that began in the 1960s coincided with the aspirations of colonised nations for cultural emancipation from the hegemony and sociocentrism of Western European and North American societies and their new science.⁶ These aspirations were particularly expressed in the social and humanistic sciences, including psychology and psychotherapy, whose philosophical propositions, theories, methodologies, and achievements were significantly determined by the historical experience and ideological heritage of Western civilisation. This ultimately led to the emergence and rise of the 'movement for indigenous psychologies'.⁷ The main goal of this initiative was to describe and explain how psycho-social phenomena present in their cultural context, without necessarily applying the descriptive categories and explanatory mechanisms of European and North American psychology.⁸ This was seen as particularly applicable to psychological counselling among members of indigenous cultures throughout the world.

In the 1970s, after these ideas had taken root among Christian and Jewish psychologists and theologians who sought to integrate religious values and counselling work in an increasingly global environment,⁹ Muslim psychologists in the USA launched an initiative to integrate contemporary psychology into the Islamic worldview. To date, significant progress has been made in the development of psychological (meta)theory and practice from the perspective of Islamic teaching, which has led to a call for an indigenous Islamic psychology. Psychologists of this orientation, however, are still struggling to establish the general rules and methodology by which the achievements of contemporary psychology can be authentically integrated into the Islamic worldview. This includes the adoption of psychotherapy theory and practice as a central area

6 Anthony J. Marsella, "All Psychologies are Indigenous: Reflections on Psychology in a Global Era", *Psychology International*, 24 (4), pp. 5-7. Postmodern ideas often encountered strong opposition from intellectuals and the general public in both the West and East, especially with regard to moral relativism, which postmodernism advocated in ethics and morality. This did not, however, prevent critics of postmodernism appropriating the space postmodern thought created to foster an indigenous, domicile understanding and establishing related initiatives.

7 The 2010 founding of the Task Force on Indigenous Psychology as a special interest group of Division 32 of the American Psychological Association, the most prestigious association of psychologists in the world, evidences the strength of this rise. See: <http://www.indigenoupsych.org/index.html>, accessed 10 May 2025.

8 For more on the settings and meaning of indigenous psychology, see: Marsella, "All Psychologies are Indigenous: Reflections on Psychology in a Global Era", pp. 5-7; and Uichol Kim, "Indigenous Psychology: Science and Application", in *Applied Cross-Cultural Psychology*, Richard W. Brislin (ed.) (London: Sage Publications, 1990), pp. 142-160.

9 See: Aid Smajić, "Religija u susretu sa savremenom psihologijom: iskustvo Katoličke crkve" [Religion Encountering Contemporary Psychology: The Experience of the Catholic Church], *Context: Časopis za interdisciplinarnu studiju*, 4:1 (2017), pp. 7-26.

of applied psychology. According to some,¹⁰ methodological guidelines for this integrative synthesis should be sought in the intellectual legacy of Muslim scholars from the time Islamic civilisation was at its peak, as its success was largely a result of the Muslim community's prevalent scientific spirit.

The present study highlights the achievements of some of the most prominent early Muslim scholars as they pertain to the basic principles and techniques that underlie contemporary cognitive behavioural therapy (CBT) as a major approach in psychotherapy and counselling today. It not only acknowledges their contribution, but also elucidates the peculiarities in their understanding of the fundamental principles of this therapeutic method. Based on the results of the comparative analysis, the study discerns the general principles of constructing an indigenous Islamic CBT, and applying it to integrate religious beliefs and values into psychotherapy work.

Modern Cognitive Behavioural Therapy: History, Theory and Practice

In literal terms, psychotherapy is a healing of the soul or mind.¹¹ The term came into use during the late 19th century to describe various treatments that were believed to act on the psychological aspects of patients, rather than on their physical conditions. As result, it was contrasted with physical therapies (i.e., drugs, surgeries or mild electrical currents) that produced mental relief through physical means.¹² Today psychotherapy generally stands for “the treatment of mental or emotional disorders and adjustment problems through the use of psychological techniques rather than through physical or biological means”.¹³

Psychological explanations and treatment of abnormal behaviour in the West that challenged the prevailing medical model of the time existed years before the psychoanalysis of Sigmund Freud (1856-1937).¹⁴ Nevertheless,

10 Paul M. Kaplick and Rasjid Skinner, “The Evolving Islam and Psychology Movement”, *European Psychologist*, 22:3 (2017), pp. 198-204.

11 Frank J. Bruno, *Dictionary of Key Words in Psychology* (London and New York: Routledge and Kegan Paul, 1987), p. 185.

12 Terry Knapp, “Psychotherapy: Historical Approaches to Treatment”, in *International Encyclopedia of Psychology*, Frank N. Magill (ed.) (London and Chicago: Fitzroy Dearborn, 1996), p. 1:1369.

13 Bonnie R. Strickland, “Psychotherapy”, in *The Gale Encyclopedia of Psychology*, Bonnie R. Strickland (ed.) (New York: Gale Group, 2001), p. 525.

14 By the time Freud published his ideas, the term *psychotherapy*, for example, was already widely used. For information on mesmerism and other pre-Freudian Western approaches to modern psychotherapy, see: Knapp, “Psychotherapy: Historical Approaches to Treatment”, pp. 1:1369-1373; Duane P. Schultz and Sydney Ellen Schultz, *A History of Modern Psychology* (New York: Harcourt College Publishers, 2000), pp. 381-388; and Leon Chertok and Raymond de Saussure, *The Therapeutic Revolution: From Mesmer to Freud* (New York: Brunner/Mazel, 1979), pp. xi, 4-10.

Freud's psychoanalysis is generally accepted by Western psychologists as the first systematic attempt to explain the causes and treatment of mental and emotional disorders from a psychological perspective.¹⁵ Although in the later years of his life Freud himself became pessimistic about using psychoanalysis as a treatment, it dominated psychotherapeutic disciplines for more than half the 20th century,¹⁶ and it was only during the 1950s that Western psychologists acknowledged its relative ineffectiveness. In *Decline and Fall of the Freudian Empire* (1985) eminent British psychologist Hans Eysenck (1916-1997) convincingly demonstrated the failure of psychoanalysis to cure neurotic problems. Eysenck examined 10,000 cases treated by psychoanalysis, and studies conducted on the effects of the therapy, and firmly concluded that:

Patients who underwent psychoanalysis, or psychoanalytic type psychotherapy, did not get better any more quickly than did patients suffering from severe neuroses who received no treatment at all.¹⁷

In addition to acknowledging the inefficacy of psychoanalysis in the treatment of neurotic patients, he also argued that the therapy may trigger a negative effect on their mental health.¹⁸ Another blow to the credibility of psychoanalysis was delivered in the widely read *Freud and Cocaine: The Freudian Fallacy* (1983), in which Elizabeth Thornton argued convincingly that Freud was miserably addicted to cocaine for the entire period in which wrote his major theories.¹⁹

Once the myth about the efficacy of psychoanalysis was abolished, psychologists turned sought more effective and less expensive alternative forms of therapy, which were soon presented by representatives of the behaviourist and cognitive schools of psychology. For behaviourists, neurotic reactions and maladaptive behaviours are a form of learnt habits that are to be directly treated in therapy. Ultimately, they viewed both appropriate and inappropriate behaviour as the result of interactions among environmental factors that involved rewards and punishments on one hand, and the human ability to react adequately towards them on the other. In this view, socialisation is not possible for a person who cannot learn adequate responses, nor for an individual who grew up on an island without other people.²⁰ Behavioural therapists understood maladaptive

15 See: Robert C. Carson, James N. Butcher and Susan Mineka, *Abnormal Psychology and Modern Life* (New York: Longman, 1998), p. 55.

16 Hans J. Eysenck, *Decline and Fall of the Freudian Empire* (London: Penguin Books, 1985), p. 43, 67.

17 Eysenck, *Decline and Fall of the Freudian Empire*, pp. 67-68.

18 Eysenck, *Decline and Fall of the Freudian Empire*, pp. 60-65.

19 Elizabeth M. Thornton, *Freud and Cocaine: The Freudian Fallacy* (London: Blond and Briggs, 1983).

20 Hans J. Eysenck, "Learning Theory and Behaviour Therapy", in *Behaviour Therapy and Neuroses: Reading in Modern Methods of Treatment Derived from Learning Theory*, Hans J. Eysenck (ed.) (Oxford and London: Pergamon Press, 1960), p. 6.

habits as the result of either making inappropriate stimulus-response connections and learning maladaptive reactions, or a failure to develop adequate stimulus-response associations and to learn adaptive behaviours. To explain how a person develops appropriate and inappropriate habits, such therapists typically referred to other learning principles, such as the well-known constructs of classical and instrumental conditioning, law of effect, and extinction.²¹

Accordingly, to eliminate dysfunctional emotional and behavioural reactions, symptoms would be eliminated through (re)learning appropriate behaviour.²² The treatment of maladaptive habits with behavioural therapy involves removing inappropriate stimulus-response connections where they have been wrongly established, and developing adequate stimulus-response associations in situations where an individual has failed to build them through the learning process. As result, behavioural therapy in its purely behaviouristic form came to stand for “any of a large number of specific techniques that employ psychological (especially learning) principles to change human behavior constructively.”²³

Importantly, in their radical behaviouristic explanation and treatment of mental disorders, behavioural therapists initially shifted their focus from the unconscious to study observable stimulus-response interactions. They would then describe the formation and treatment of maladaptive human habits, which they reduced to a passive human response to observable environmental stimuli, without any reference to internal cognitions and emotions. Such an approach enabled behavioural therapy to treat disorders that easily fit the stimulus-response paradigm (i.e., phobias), but did not offer solutions to problems that required the inner probing of human consciousness (i.e., depression), and consequently failed to provide adequate treatment for some major psychological issues. This tendency was countered by the cognitive revolution in psychology during the 1970s, when psychotherapists recognised and acknowledged the importance of internal cognitive activities in generating maladaptive emotions and behaviours,²⁴ and eventually viewed them as the result of distorted thoughts and information processes. The primary aim of the newly formulated cognitive therapy, as promoted

21 For the major antecedents, first protagonists and contributions, and basic premises of behavioural therapy, see: Eysenck, “Learning Theory and Behaviour Therapy”, pp. 6-10; and John C. Masters, Thomas G. Burish, Steven D. Hollon, and David C. Rimm, *Behavior Therapy: Techniques and Empirical Findings* (Orlando: Harcourt Brace Jovanovich, 1987), pp. 1-9; Christopher R. Barbrack and Cyril M. Franks, “Contemporary Behaviour Therapy and the Unique Contribution of H. J. Eysenck: Anachronistic or Visionary?”, in *Hans Eysenck: Consensus and Controversy*, Sohan Modgil and Celia Modgil (eds.) (Philadelphia and London: The Falmer Press, 1986), pp. 233-245.

22 See: Eysenck, “Learning Theory and Behaviour Therapy”, pp. 6-10; and Masters et al., *Behavior Therapy: Techniques and Empirical Findings*, pp. 4-9.

23 Masters et al., *Behavior Therapy: Techniques and Empirical Findings*, p. 1.

24 Thomas E. De Wolfe, “Cognitive Behavior Therapy”, in *International Encyclopedia of Psychology*, Frank N. Magill (ed.) (London and Chicago: Fitzroy Dearborn, 1996), p. 1:370.

by its protagonists, was therefore to modify patients' distorted cognitions and thoughts about themselves and their social environments.²⁵

Inevitably, there was a degree of exclusivism among the radical followers of the behavioural and cognitive schools in psychotherapy, in their understanding of the causes and treatment of psychological difficulties and dysfunctional behaviours. When faced with practical concerns, however, such exclusivist tendencies lost their strength, and theoreticians from these schools opted for a pragmatic and eclectic approach: they presented a new form psychotherapy that would combine behaviouristic concepts and procedures with cognitive ones. This later became known as cognitive-behavioural therapy. Although sometimes accused of contradicting the behaviouristic foundations of behavioural therapy,²⁶ this psychotherapy was ultimately warmly welcomed by mental health practitioners who sought straightforward and practical solutions for their patients. It came to stand for a collection of therapeutic techniques, and combined purely behaviouristic procedures with cognitive ones, including systematic desensitisation;²⁷ assertion training;²⁸

25 De Wolfe, "Cognitive Behavior Therapy", pp. 1:370-375; and Carson, Butcher, and Mineka, *Abnormal Psychology*, pp. 87-89.

26 See: Edwin A. Locke, "Is Behavior Therapy Behavioristic?: An Analysis of Wolpe's Psychotherapeutic Methods", *Psychological Bulletin*, 5 (1971), pp. 318-327.

27 Systematic desensitisation, along with relaxation training, is, in many ways, the backbone of CBT. It is one of the most accepted and effective psychological treatments in contemporary clinical psychology, and specifically aims to alleviate maladaptive anxiety. Systematic desensitisation consists of putting the patient in a relaxed state, then gradually presenting them with the feared object or situation, thereby breaking the maladaptive anxiety-evoking association between the conditioned stimulus (i.e., the sight of a dog) and the unconditioned stimulus (i.e., the dog's bite) and, consequently, removing maladaptive behaviour and replacing it with a relaxing response. To accomplish this, psychotherapists usually use two procedures: relaxation training and the anxiety hierarchy. In relaxation training, the patient is instructed in a form of muscle relaxation based on complex interactions between the mind and body. The gradual introduction of the feared object to the patient is then accomplished through a carefully designed anxiety hierarchy: a graded series of stimuli related to the feared object, ranging from least to most anxiety-evoking. See: Masters et al., *Behavior Therapy: Techniques and Empirical Findings*, pp. 36-49; and Joseph Wolpe, *The Practice of Behavior Therapy* (New York and Oxford: Pergamon Press, 1990), pp. 150-152.

28 Assertion training, more recently termed social skills training, is currently among the most popular clinical and research topics among behavioural psychologists. Present day assertion training techniques are to a large degree based on the writings of behaviourists, but its therapeutic procedures have expanded to include contributions from cognitive theorists and social learning psychologists. Modern psychology textbooks generally define assertive behaviour as a socially appropriate, honest and relatively straightforward expression of one's thoughts and feelings, while taking the feelings and welfare of others into account. Assertion training is a behavioural therapy technique especially designed for people who lack interpersonal skills, or fear interacting with others in an assertive manner. They either cannot take a straightforward and honest attitude towards others (and therefore become victims of their demands and wishes), or are themselves overly demanding and too assertive, to the extent of being aggressive. Assertion training teaches patients to behave with an appropriate level of assertiveness, and equips them with suitable reactions to various social situations. Because of the variety of the situations and causes that underlie unassertive or overassertive behaviours, behavioural therapists needed to go beyond pure behaviouristic theoretical models to accept cognitively based techniques as well. Consequently, assertion training has come to stand for any therapeutic and educational procedure designed to teach patients to behave with an appropriate level of assertiveness. See: Marvin R. Goldfried and Gerald C. Davidson, *Clinical Behavior Therapy* (New York: John Wiley and Sons, 1994), p. 153; and Masters et al., *Behavior Therapy: Techniques and Empirical Findings*, pp. 78, 108-111.

aversion therapy;²⁹ and other behavioural techniques that involved strong anxiety evocation, operant-conditioning methods, modelling, or cognitive therapeutic procedures.³⁰

CBT is currently considered a key approach in psychotherapy and counselling, and is contemporary clinical psychology's preferred treatment for various psychological difficulties because it has a proven relative effectiveness at curing specific maladaptive habits and behaviours. The next section will examine whether the fundamental principles and techniques of today's CBT can be found in the traditional Islamic worldview and understanding of human nature, and in the achievements of early Muslim scholars who studied suffering and dysfunctional psychological reactions in a non-Western cultural context.

Cognitive Behavioural Therapy Principles and Techniques in the Works of Early Muslim Scholars

It is rarely acknowledged that contemporary CBT is not only represented by specific therapeutic techniques and procedures, but also by broad theoretical assumptions about human nature that underlie its understanding of mental health and psychotherapy theory and practice. The concept of human nature and mental health among early Muslim scholars – including how it can be disturbed and restored – is therefore an appropriate starting point when researching their understanding of, and potential contribution to, any form of psychotherapy.

29 The goal of behaviour modification is to eliminate troublesome, dangerous, illegal, or damaging patterns of behaviour, such as anti-social acts or deviant sexual behaviour. Techniques of aversive control, commonly known as aversion therapy, are considered to be among the most appropriate and effective techniques in situations that require the elimination of behavioural problems. The essence of this therapeutic technique is in the simultaneous administration of an unpleasant or aversive stimulus with an emotional or behavioural response to which the patient is attracted by particular stimuli, with the objective of inhibiting the latter response and consequently decreasing the strength of that particular habit. Aversion therapy is to be distinguished from punishment. In the latter, an aversive stimulus follows the behavioural problem of concern instead of coinciding with it, thereby decreasing the probability that the behaviour will be repeated in similar circumstances in future. In the former, the unpleasant stimulus is applied when the individual perceives stimuli that elicit problem behaviours, or is performing the problem behaviour. See: Masters et al., *Behavior Therapy: Techniques and Empirical Findings*, pp. 341-369; and Wolpe, *Practice of Behavior Therapy*, p. 238.

30 For other therapeutic techniques used in contemporary CBT, such as operant-conditioning methods; procedures involving strong anxiety evocation; modelling; and cognitive-behavioural interventions, including rational emotive therapy, cognitive and rational behaviour therapy, self-instructional training, systemic rational restructuring, problem-solving therapy and thought stopping techniques, see: Masters et al., *Behavior Therapy: Techniques and Empirical Findings*, pp. 130-131, 189-192, 313-330, 385-443; Brian Sheldon, *Behavior Modification* (London: Tavistock Publications, 1982), pp. 79-80, 142-177; and Wolpe, *Practice of Behavior Therapy*, pp. 217-219, 228-237.

Early Muslim Scholars and Human Nature

Unsurprisingly, in their explanations of the self and human psychology early Muslim scholars overwhelmingly drew inspiration from religious sources and the Islamic philosophical paradigm.³¹ According to this view, human beings are both soul/spirit/spiritual heart (*nafs, ruh* or *qalb* in Arabic) and body (*jasad*), with the two closely intertwined and integrated in one whole, and not separated as dualists would claim. The inner spiritual self has four aspects. *Nafs* here is understood as the lower, animal part of the self, represented by its two primary faculties of desire (*al-quwwah al-shahwaniyyah*) and anger (*al-quwwah al-ghadabiyyah*), *‘aql* as the intellect and seat of rationality, and *ruh* as the most inner spiritual essence. The *qalb* represents the inner heart. It is a nexus between the spiritual and worldly capacities and inclinations, and the command centre that integrates these dimensions using the executive power of spiritual motivation (*al-ba’ith al-dini*) to bring justice and balance to the human personality and being.³² The Islamic theory of humans therefore postulates the *qalb* as the central regulation factor, and the power of the self, personality, psycho-spiritual health, behaviour and morality.

Similarly, early Muslim scholars generally agreed that mental health was regulated by a balanced functioning of the soul faculties,³³ whereby the nature of their interaction determined the state of the spiritual whole – usually referred to as *nafs* – which in turn would decide the overall personality, its cognitive, emotional and moral traits, and its behavioural tendencies.³⁴ To preserve mental health, the faculties should function in a balanced manner, whereby the lustful (*al-shahwaniyyah*) and irascible (*al-ghadabiyyah*) forces would be subjugated

31 See Abdallah Rothman, “Building an Islamic Psychology and Psychotherapy: A Grounded Theory Study”, PhD dissertation (London: Kingston University, 2019); and Amber Haque and Hooman Keshavarzi, “Integrating Indigenous Healing Methods in Therapy: Muslim Beliefs and Practices”, *International Journal of Culture and Mental Health*, 7:3 (2014), pp. 297-314.

32 The spiritual motivation, or *al-ba’ith al-dini*, is the active power of the spiritual heart to reinforce and execute the dictates of the most inner self (*ruh*), reason (*‘aql*) and Islamic ethics and law (*akhaq* and *shari’ah*). Reason alone does not have this power. See: Muhammad Abul Quasem, *The Ethics of Ghazali: A Composite Ethics in Islam* (Kuala Lumpur: n.p., 1975), p. 51.

33 See: Abu Hamid Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires: Books xxxii and xxxiii of The Revival of the Religious Sciences*, Tim J. Winter (trans.) (Cambridge: The Islamic Texts Society, 1995), pp. 18-23; Abu Zayd al-Balkhi, *Masalih al-Abdan wal-Anfus*, Fuat Sezgin (ed.) (Frankfurt: Institute for the History of Arabic-Islamic Science, 1984), pp. 275-277; and Abu Muhammad Sa’id b. Hazm, *al-Akhlāq wa al-Siyar fi Mudawat al-Nufus* (Beirut: Dar al-Kutub al-‘Ilmiyyah, 1985), pp. 79-80.

34 Muslim scholars refer to the pattern of these permanent traits as *khulq*, and to its individual traits as *fada’il* (virtues) and *radha’il* (vices). See: Ali Issa Othman, *The Concept of Man in Islam: In the Writings of al-Ghazali* (Cairo: Dār al-Ma’ārif, 1960), p. 73; Abbas Husein Ali, “The Nature of Human Disposition: Al-Ghazali’s Contribution to an Islamic Concept of Personality”, *Intellectual Discourse* 1 (1995), p. 58; and Muhammad Umaruddin, *The Ethical Philosophy of al-Ghazali* (Lahore: Sh. Muhammad Ashraf, 1970), p. 163.

by the power of religious faith (*al-ba'ith al-dini*) to the command of divine inspiration, *shari'ah*, and the intellect. Such equilibrium of the faculties would result in emotional stability, adaptive behaviour, and a good character, and was considered an expression of a balanced and healthy soul. Conversely, maladaptive emotional and behavioural reactions were seen as a byproduct of an imbalance in the soul faculties.³⁵ An excess in the irascible power function, for example, would cause anger and over-assertive behaviour, while its defective functioning would result in feelings of inferiority and a lack of assertiveness. The essence of any psychological treatment was, therefore, to bring the soul faculties to a state of balance and moderation. To claim that cognitive and behavioural techniques could influence diseased soul faculties, however, the scholars had to provide an adequate theoretical framework. For that purpose, they generally accepted a circular relationship between the soul (*nafs*) and its affective, cognitive and behavioural aspects,³⁶ and therefore avoided the trap of prospective radical behaviourism and cognitivism.

Muslim Scholars and Systematic Desensitisation

Systematic desensitisation (SD) is a key therapeutic technique in contemporary CBT and the core principles that underlie its application. The theory and practice of SD is rooted in the ideas of classical conditioning, relaxation training, and a gradual approach, and it has been effective in treating maladaptive emotions and behaviours. Early Muslim scholars discussed aspects of SD reasonably comprehensively.

Ibn Sina (980-1037) and Abu Hamid al-Ghazali (1058-1111)³⁷ thoroughly explained classical conditioning in the context of the mind faculty of imagination (*al-quwwah al-wahmiyyah*) and its properties.³⁸ According to them, the imagi-

35 After enumerating the emotional, mental, and behavioural aspects of a good character, al-Ghazali continues that they are only the *fruit* of such a character, and not its *essence*. The essence of good character – and accordingly psychological and behavioural normalcy – is in the condition of the soul. See: Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, pp. 15-30.

36 See: Ahmad b. Muhammad Miskawayh, *The Refinement of Character*, Constantine K. Zurayk (trans.) (Beirut: The American University of Beirut, 1968), pp. 157-158; al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, p. 35; al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 273, 290; and Abu Bakr Muhammad b. Zakariyya al-Razi, “Kitab al-tibb al-ruhani”, in *Rasa'il Falsafiyah*, Lajnat Ihya' al-Turath al-'Arabi (ed.) (Beirut: Dar al-Afaq al-Jadidah, 1982), p. 51, 64.

37 For a brief biography of Ibn Sina (or Avicenna, as he is sometimes known in the West) and an account of his intellectual contribution, and information on al-Ghazali, see: Muhammad 'Uthman Najati, *al-Dirasat al-Nafsanīyyah 'ind al-'Ulama' al-Muslimin* (n.p.: Dar al-Shuruq, n.d.), pp. 113-117, 161-166.

38 The first to account for the properties of this faculty in the way later understood in Islamic heritage (and almost unanimously accepted and reiterated by Muslim scholars) was Abu Nasr Muhammad b. Tarakha, known as al-Farabi and the *Second Teacher* for his great interest in the books of the *First Teacher*, Aristotle. See: Najati, *al-Dirasat al-Nafsanīyyah 'ind al-'Ulama' al-Muslimin*, pp. 51-55; and al-Zubayr Bashir Taha, “Usus nazariyyat al-ta'allum fi al-turath al-islami”, in *Ilm al-Nafs fi al-Turath al-'Arabi al-Islami*, Al-Zubayr Bashir Taha (ed.) (Khartoum: Dar Jami'ah al-Khartoum li al-Nashr, 1995), pp. 127-142.

native faculty is the power that perceives the non-sensible from the sensible, or the abstract from the concrete. Here, the abstracted non-sensible can be unrealistic or irrational, or a form of fanciful imagination (*wahm*).³⁹ Importantly, this imaginative faculty makes associations between the images of certain objects and the sensual experience of pleasure or pain that followed them in the past. These associations are registered in the memory, so that whenever the object is presented the associated feelings or thoughts automatically come.⁴⁰ This is the essence of the modern understanding of Pavlovian classical conditioning.

Ibn Sina initiated discussions about association as an important way of learning (mal)adaptive responses, while al-Ghazali elaborated it in terms of depth, with practical daily examples. In a simplified translation of his *Kitab al-Shifa'* Ibn Sina says:

When an animal is subjected to the pain or pleasure, or when the sensual pleasure or harm comes to it following the sensual image of an object, the image of that object and image of the experience that followed it are stored in the representative faculty [*al-quwwah al-musawwirah*]. This association is kept in memory [...] so that when the object is seen in the external world, the feelings of pleasure or harm are quickly experienced [...] Because of this dogs are afraid of walking sticks even if they are not threatened by them.⁴¹

In this example, Ibn Sina illustrates that associations are learnt through contact with the environment. Primarily, he makes the important distinction between the inborn associations of certain images with their meanings on one hand, and associations acquired through experience on the other. In the former type of association, he includes all instincts and innate associations concerning images and their meanings that were given to humans and animals from the Divine Mercy.⁴² This is evidence that Ibn Sina had a clear picture of associative conditioning as an important way of learning new responses through experience. Elsewhere, he reiterates that humans and animals learn to respond (i.e., conditioned response) to the object (i.e., conditioned stimuli) as they do to the feeling (i.e., unconditioned stimuli) associated with it: i.e., seeing food is pleasurable, while seeing a stick is painful.⁴³

39 Al-Zubayr Bashir Taha, "al-Waza'if al-dhihniyyah wa alatuha al-'asabiyyah fi al-turath al-Islami", in *Ilm al-Nafs fi al-Turath al-'Arabi al-Islami*, Al-Zubayr Bashir Taha (ed.) (Khartoum: Dar Jami'ah al-Khartoum li al-Nashr, 1995), pp. 102, 107-108.

40 See: Taha, "al-Waza'if al-dhihniyyah wa alatuha al-'asabiyyah fi al-turath al-Islami", pp. 107-109.

41 Abi 'Ali b. 'Abd Allah Ibn Sina, *Kitab al-Shifa'* (Paris: Patrimoine Arabe et Islamique, 1982), pp. 179-180.

42 A baby instinctively associates the image of his mother's breast with food and pleasure, just as a sheep associates the form of a wolf with enmity and danger. The reaction of both upon seeing these images is automatic and mechanic. See: Ibn Sina, *Kitab al-Shifa'*, pp. 178-179.

43 Malik Badri, "Are the Contributions of Early Muslim Scholars Relevant to Modern Muslim Psychotherapists?" Unpublished paper delivered at the *International Seminar on Counseling and Psychotherapy: An Islamic Perspective* (Kuala Lumpur: 15-17 August, 1997), p. 1.

In another example, later reiterated by al-Ghazali,⁴⁴ Ibn Sina states that a person may be disgusted by yellow honey if he associates its colour with bile, or if honey is given to him in the small container used for blood-letting. Drinking blood is naturally disgusting, and associating the pot used for blood-letting with blood resembles the association of the conditioned stimulus (i.e., the pot) with the unconditioned stimulus (i.e., the sight of blood in the container). Feeling disgust at the sight of blood in the pot might be a natural unconditioned reaction, but being disgusted by pure honey in a clean container is a learned conditioned response.⁴⁵ Ibn Sina found it noteworthy that animals also learned through this process of association and classical conditioning, which is how they learn to fear both sticks and people carrying them.⁴⁶

While Ibn Sina accepted the automatic nature of acquired associations in animals, however, he did not ignore the uniquely cognitive capacities of humans as thinking creatures. This is in contrast to radical behaviourists, who directly extrapolated the behavioural patterns of animals to humans, thereby exaggerating the reference to automatic respondent associations in an attempt to explain all forms of complex human behaviour on the basis of associative learning. To Ibn Sina, only humans had the ability to judge these associations in the light of past experiences and future expectations and then behave accordingly; animals do not have this power, so respond automatically to their associations after frequent exposure to a stimulus.⁴⁷ Contrary to the behaviourists, Ibn Sina acknowledges humanity's uniqueness in this regard and, perhaps because of this, does not concern himself with the accurate timing between stimulus and response to account for associative learning, which is a feature of contemporary behaviourism. In that sense, his model is more cognitive and human than the behaviouristic one.

Al-Ghazali accepted Ibn Sina's ideas about the associative property of imaginative faculty, and gave them a deeper and broader conception.⁴⁸ He called this principle *sabq al-wahm ilā al-ʿaks*,⁴⁹ because the person falsely imagines an association (*yatawahhamu*) between a neutral stimulus and a stimulus that is pleasurable or painful, even though such a judgement is a contradiction (*aks*)

44 See: Abu Hamid al-Ghazali, *al-Mustasfa min 'Ilm al-Usul* (Beirut: Dar Sadir, 1995), 1:73.

45 Badri, "Are the Contributions of Early Muslim Scholars relevant to Modern Muslim Psychotherapists?" pp. 1-2.

46 Badri, "Are the Contributions of Early Muslim Scholars Relevant to Modern Muslim Psychotherapists?", p. 1.

47 Ibn Sina, *Kitab al-Shifa'*, p. 180.

48 Al-Ghazali discussed the associative powers of this faculty in *al-Mustasfa*, p. 1:73, and *al-Iqtisad fi al-'Iradat* (Damascus: al-Hikmah, 1994), pp. 149-153.

49 Al-Ghazali, *al-Iqtisad fi al-'Iradat*, p. 149.

to reason.⁵⁰ The Arabic word *sabq* means ‘to surpass’, and *wahm*, as previously stated, is a false imagination. The phrase *sabq al-wahm ilā al-‘aks* therefore means that irrational imagined association – in modern terms, the acquisition of a conditioned response – surpasses reality, because its stimulus is associated with a painful or pleasurable unconditioned stimulus through a form of false imagination. To illustrate associative learning, al-Ghazali relates them to daily life, such as in this frequently cited example:

An example of associative learning is that of the one who was bitten by a snake and becomes afraid of a speckled rope [...] The reason for that is the pain he received from the snake bite. Therefore, when he sees the coloured rope, which looks like a snake, he judges it to be a snake. Following this judgement of distorted imagination, he reacts with fear, even though reason and reality negate it.⁵¹

Although al-Ghazali does not use the modern terminology of Pavlovian classical conditioning, it is clear that he is well acquainted with the principles and processes that underlie this learning model. For him, the colourful rope is a neutral stimulus that does not usually cause a fearful reaction. Because of personal experience, however, a particular individual associates the rope with a snake, and learns to fear it (i.e., acquires a learnt or conditioned response) from the speckled rope (i.e., the learnt or conditioned stimulus) because he mentally associates it with a poisonous snake (i.e., the unlearnt or unconditioned stimulus), even though such an emotional reaction towards a harmless rope is negated by reason.⁵² This example illustrates how a sensible object (i.e., a rope) can trigger new responses, which are developed through associative learning. Al-Ghazali also accounts for how abstract things (i.e., theological and legal opinions) can evoke novel reactions through the same learning process, through the example of followers of different theological and legal schools in Islam. If an Asha’ri, for instance, were presented with a reasonable opinion on a controversial issue, he would likely accept it because the view would appeal to his reason. Once he is told that this particular opinion (i.e., conditioned stimulus) is actually a view held by the Mu’tazilite theological school (i.e., unconditioned stimulus), however, he will almost certainly dislike and reject it (i.e., conditioned response) just as he would dislike and disapprove the Mu’tazili school itself.⁵³ In other words: such people

50 In his doctoral thesis on the conditioned response in the works of al-Ghazali, Fa’iz ‘Ali al-Haj concludes that by this expression, al-Ghazali means that imagination supersedes the judgement of reason. See: Fa’iz Muhammad ‘Ali al-Haj, “Nazariyyah al-fi’l al-mun’akis al-sharti ‘ind al-Ghazali”, unpublished paper delivered at *Nadwat ‘Ilm al-Nafs wa al-Islam* (Riyadh: 14-18 October, 1978), p. 11.

51 Al-Ghazali, *al-Iqtisad fi al-‘Irqaq*, p. 149.

52 Al-Haj, “Nazariyyah al-fi’l al-mun’akis al-sharti ‘ind al-Ghazali”, pp. 6-7.

53 Al-Ghazali, *al-Iqtisad fi al-‘Irqaq*, p. 150; Al-Ghazali, *Mustasfa min ‘Ilm al-Usul*, p. 1:73.

are *conditioned* to react to the *views* of a certain school of law or theology in the same way they would behave towards the school itself.

Al-Ghazali usually provides simple examples from everyday life,⁵⁴ and avoids reference to animal studies. The latter has been a frequent practice in modern psychology, especially among the proponents of its behavioural school, and can cause confusion in understanding certain topics and their extrapolation to daily human situations. Behind this tendency is a fascination on the part of psychologists with animal studies, in the context of their aspiration to implement rigorous scientific standards to psychological research, thereby giving psychology the status of science. Extrapolating from animals to humans, however, has frequently been misguided and inaccurate, because of the tendency to ignore the inherent differences not only between humans and animals, but also among the latter.

Here the advantages of Ibn Sina and al-Ghazali's research into the learning process in humans is visible. To historians of Islamic psychology, their approach is more cognitive-oriented and, therefore, more humanistic than the animal-centred models of contemporary biological and behavioural psychology.⁵⁵ Unlike the latter, when describing and explaining human behaviour early Muslim scholars generally had in mind the ability of a person to remember and imagine stimuli, and to associate them with particular responses. They saw no point in classifying stimuli, or timing them in relation to a response.

Relaxation training is the next important principle in explaining the effect of SD in treating dysfunctional reactions. It is in turn expounded by references to complex interactions between the mind and body, whereby a person's emotional state is affected by the actions of their body, and vice versa. With the previously discussed concept of human nature in Islam in mind, early Muslim scholars treated this question as part of Islamic spiritual anthropology and the religious theory of psychology. Here, they often borrowed from the psychotherapeutic wisdom in the sayings of the Prophet Muhammad (peace be upon him),⁵⁶ and expanded it with their own elaborations on how body movements could influence the condition of the soul as an innermost aspect of the human psyche. The soul, in turn, shaped

54 Al-Ghazali, for instance, often refers to the associative learning in the context of child and adult education. See: Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, pp. 76-79, 137.

55 Taha, "Usus nazariyyat al-ta'allum fi al-turath al-islami", p. 132.

56 Al-Ghazali, for instance, quotes a number of *ahadith* pertaining to this psychosomatic relationship in his *Ihya'*. In one, the Prophet advised his companion Abu Dharr: "If you are angry and you are standing, sit down, if you are sitting, then lean against something, and if you are leaning against something, then lay down and recline". (Al-Ghazali, *Ihya' 'Ulum al-Din* [Beirut: Dar al-Khayr, 1990], p. 3:331).

The statement is narrated in al-Bukhari and collections of the *hadith*. On another occasion the Prophet urged his *sahabab* to ablate with cold water and sit down when they were overwhelmed by anger (Al-Ghazali, *Ihya' 'Ulum al-Din*, 3:330).

a person's thoughts, emotions and conduct. Al-Balkhi (850-934),⁵⁷ for instance, used the term intertwinement (*ishtibak*) to describe the intimate interaction of the body and spiritual self (*nafs*). In so doing, he emphasised the importance of psychological wellbeing, and suggested that this relationship was the reason the *nafs* lost much of its cognitive and comprehensive ability and could not enjoy the desirous aspects of life if the body became sick. Similarly, if the *nafs* was sick, the body may find no joy in life, and develop physical illness.⁵⁸ Al-Ghazali, in similar fashion, used the concept of the circular relationship (*dawr*) between the soul and outward behaviour to account for such actions. He stated:

The effect of every attribute which appears in the heart [or soul] must emanate onto the members, so that these move only in conformity to it; similarly, every act performed by members has an effect which makes its way up to the heart, thereby constituting a form of circular movement.⁵⁹

According to circular theory, external bodily actions influence the state of the inner soul, which in turn determines the thoughts, emotions and behaviour of the person. To include relaxation training in CBT behavioural therapists had to go against the fundamental behaviouristic premise of epiphenomenalism, which, contrary to the Muslim scholars, stipulates that ideas and conscious states are merely byproducts of physiological processes in the body that have no effect on the individual's subsequent actions or ideas.⁶⁰ Recent revisions to the SD procedure have revealed that in practice, behavioural therapists often ignore the most basic behaviouristic premises, and deny the influence of thought on a person's inner state and behaviour. Otherwise, the treatment of neurosis within the limits of strictly radical behaviour theory would be impossible. Edwin Locke outlines the biggest misconception among behavioural therapists, and its consequences:

The irony of the situation is that the accusation is based on an *unscientific* conception of the nature of science. Science is the systematic study of the facts of reality. A rational scientist chooses methods of study that are appropriate to the nature of the entity or phenomenon being studied. He does not try to force such phenomena to fit into preconceived notions about methodology derived

57 Abu Zayd Ahmad b. Sahl al-Balkhi was known for his encyclopaedic erudition in various disciplines, including philosophy, mathematics, history and medicine. See: Zubayr Bashir Taha, "al-Sihhah al-nafsiyyah laday Abi Zayd al-Balkhi", in *Ilm al-Nafs fi al-Turath al-Arabi al-Islami*, Zubayr Bashir Taha (ed.) (Khartoum: Dar Jami'ah al-Khartoum li al-Nashr, 1995), p. 197.

58 Al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 273.

59 Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, p. 35.

60 This extreme standpoint of behaviourists was an attempt at revenge on the structural school of psychology, which claimed to study the elements of human consciousness via the process of introspection. Behaviourism, on the other hand, focused on overt stimuli and their responses, thereby rejecting consciousness as a legitimate theme of scientific investigation and an important determinant of human emotions and behaviour. (Locke, "Is behavior therapy behavioristic?", p. 322).

from the study of entirely different phenomena. A rational scientist, having observed that (a) consciousness is a crucial attribute of man and (b) that it cannot be studied or measured by the use of concepts and procedures employed in the physical sciences (e.g., consciousness cannot be weighed on scale, or measured with a ruler, or chemically analyzed), would attempt to develop new methods that were appropriate for the study of this phenomenon. The failure to recognize this fact, in this writer's opinion, has not only produced enormous conceptual confusion in psychology, it has tremendously retarded the scientific study of consciousness.⁶¹

Because of this closed-minded theoretical exclusivism, early promoters of behavioural psychology and therapy obstructed the inclusion of the mind and mental processes for almost 40 years, thereby ignoring possibilities of cognitive-oriented therapy in the treatment of maladaptive behaviours and emotions until the late 1950s. Conversely, early Muslim scholars – building on the premises of Islamic integral anthropology and the circular theory of human psychology – did not face such difficulties when discerning the roles of spirituality, cognition, emotional reactions and overt behaviour in psycho-spiritual health and therapy.

The anxiety hierarchy is the next important component of SD, and consists of the gradual exposure of the patient to the source of their fear and anxiety. In their ethical works, early Muslim scholars discussed the best methods for (un)learning (in)appropriate behaviours, and cited the principle of graduation (*tadarruj*)⁶² as a way of effectively dealing with psycho-ethical maladies like sadness, greed or obesity.⁶³ In doing so, they built upon the Divine methodology in the Qur'an that prohibited alcohol consumption and usury,⁶⁴ and eventually established the clear notion of the hierarchy in treating psycho-spiritual maladies. In his *Ihya'*, al-Ghazali explicitly stated that the soul could not be purified and its powers brought into a state of balanced function overnight. He advised that the change should be long and gradual, and explained that it may be difficult for some people to suddenly stop dysfunctional patterns of behaviour in a short time. In such situations the spiritual therapist (*shaykh*) should take his time to modify the person's bad habit gradually, converting it to one that is more acceptable before finally helping him to eliminate it. Al-Ghazali gives examples that illustrate this procedure:

61 Locke, "Is Behavior Therapy Behavioristic?", p. 326, emphasis added.

62 See: Al-Ghazali, *Ihya' 'Ulum al-Din*, p. 3:223; and al-Razi, "Kitab al-tibb al-ruhani," p. 20, 67.

63 See: Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, p. 37, 77-78, 134; al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 278; and Ya'qub b. Ishaq al-Kindi, "Risalat Ya'qub b. Ishaq al-Kindi fi al-hilah li daf' al-ahzan", in *Rasa'il Falsafiyah li al-Kindi wal-Farabi wa b. Bajah wa b. Adi*, 'Abd al-Rahman Badawi (ed.) (Beirut: Dar al-Andalus, 1968), p. 12.

64 Najati, *al-Dirasat al-Nafsaniyyah 'ind al-'Ulama' al-Muslimin*, pp. 194-195.

If an aspirant does not permit himself to renounce frivolity or some other trait at all, and will not allow himself its opposite all at once, he should move from one blameworthy trait of character to another which is less harmful, in the manner of man who washes off blood with urine, and then rinses off the urine with water, if water would not have removed the blood; and like a schoolboy who loves to play with balls and sticks and suchlike things, and then is progressively drawn from such play by being encouraged to improve his appearance and to wear fine clothes, and then from this by being encouraged to seek influence and authority, and then by being encouraged to long for the Afterlife.⁶⁵

In a similar fashion, al-Ghazali suggested a gradual method to lessen food consumption, in which a person accustomed to eating an entire loaf of bread with each meal progressively eats a little less of it each time until they are satisfied with a small portion.⁶⁶ Likewise, al-Balkhi compared psychological strength to physical endurance, claiming that every person should first learn to bear a small level of distress in order to be able to endure more stressful situations.⁶⁷ Al-Kindi proposed the same approach (801-873) for responsibility, where an individual learned first to abide by easier obligations, then harder ones. Revealing the rationale behind this method, al-Kindi said that acquiring a habit in such a manner was easy (*fa inna al-'adah tashulu bima wasafna*).⁶⁸

Behavioural therapists suggest several explanatory mechanisms for the effectiveness of SD,⁶⁹ including reciprocal inhibition, extinction, habituation and cognitive restructuring, all of which were discussed by early Muslim scholars with a reasonably high degree of clarity, accuracy and length.

Regarding reciprocal inhibition, the Muslim scholars strongly believed that two opposite emotions could not coexist, and that one must reduce the other, eventually replacing it. To suggest how sadness and depression could be cured, al-Kindi explicitly states: "And sadness and cheerfulness are two opposites [*diddan*] that cannot exist in the soul together. Therefore, if somebody is sad, he cannot be cheerful, and if somebody is cheerful he cannot be sad."⁷⁰ For that reason, wise healers (*hukama*)⁷¹ were advised to heal inappropriate emotions with their opposites.⁷² The logic behind such reasoning was related to their conception of

65 Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, pp. 42-43.

66 Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, p. 134.

67 Al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 278.

68 Al-Kindi, "Risalat Ya'qub b. Ishaq al-Kindi fi al-hilah li daf' al-ahzan," p. 12.

69 Masters et al., *Behavior Therapy: Techniques and Empirical Findings*, pp. 56-59.

70 Al-Kindi, "Risalat Ya'qub b. Ishaq al-Kindi fi al-hilah li daf' al-ahzan," p. 9.

71 Al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 285.

72 See: Miskawayh, *The Refinement of Character*, p. 82; Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, pp. 40, 42, 43, 45; Ibn Hazm, *al-Akhlaq wa al-Siyar fi Mudawat al-Nufus*, p. 65; Al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 289, 308; and Al-Kindi, "Risalat Ya'qub b. Ishaq al-Kindi fi al-hilah li daf' al-ahzan," p. 13.

psycho-spiritual normality as the balanced state of the soul's faculties. If one of these faculties did not function properly – thereby disturbing the inner spiritual and psychological equilibrium, and creating maladaptive emotional reactions – it was to be healed by stimulating the opposite emotion. 'Healing by the opposite' (*al'ilaj bil-didd*)⁷³ is the term these scholars used to describe what is known today as reciprocal inhibition.

Al-Ghazali gave a number of brilliant illustrations of this concept. For him, just as cold matter could bring down the temperature of a person afflicted by a high fever, stinginess could be treated by gradually increasing the amount of money one forces himself to pay in charity. Similarly, arrogance could be treated by its opposite, i.e., by humiliating oneself. To substantiate his claim with empirical evidence, al-Ghazali refers to a person who cured his excessive anger with this technique:

One of the *Sufis* habituated his soul to mildness and freed himself from excessive anger by hiring a man to insult him in public: he forced himself to be forbearing and to suppress his anger, continuing in this way until his nature became characterized by a proverbial gentleness.⁷⁴

Similarly, al-Balkhi suggested that depression should be cured through its opposite, i.e., cheerfulness and joy.⁷⁵ In his exposition on the depressive mood and its treatment, al-Kindi reminded believers that everything in this world was temporary and momentary. By virtue of being an *earthly* feeling, sadness is not everlasting, so one should use appeasing techniques (*hiyal al-taltif*) to bring about the countering feeling of comfort.⁷⁶ This approach greatly resembles contemporary cognitive and behavioural techniques.

This and other methods envisaged by early Muslim scholars to introduce and initiate opposite emotions were related to their understanding that the primary source of any emotion or behaviour was the soul. Accordingly, to remove or initiate a particular emotion or behaviour, one had to excite a reaction of the soul contrary to the problematic emotional or behavioural one. The scholars proposed two additional principles for understanding maladaptive emotions and their treatment. The first, *dawr*, describes the circular relationship between the soul and body, whereby when one faculty exceeds its role, causing excessive anger or fear or sadness, it influences overt bodily reactions, and vice versa. The second principle

73 See: Al-Ghazali, *Ihya' 'Ulum al-Din*, p. 3:187, 188, and Al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 289.

74 Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, p. 43.

75 Al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 289.

76 Al-Kindi, "Risalat Ya'qub b. Ishaq al-Kindi fi al-hilah li daf' al-ahzan," p. 13.

concerns the use of reason and cognitive interventions in stimulating opposite emotions or bodily activities, and thereby returning the required balance.⁷⁷

It is for this reason that classical Muslim scholars generally advised their students either to perpetually repeat behaviours that countered the diseased state of the soul, or equip themselves with thoughts that would counter it. Al-Ghazali, for instance, suggests that individuals suffering from arrogance should engage in humiliating acts like begging; cowards should gradually engage in courageous activities; and the lazy should undertake extraordinarily hard tasks.⁷⁸ As for cognitively inducing reciprocal emotions, the suggested methods of cognitive restructuring aim to establish an emotional state that counters the maladaptive one. Consequently, both al-Balkhi and al-Kindi concluded that sadness and depression should be healed through cheerfulness and joy, and then expounded a religiously appropriate and healthy reasoning on the nature of earthly life.⁷⁹ Their approach of evoking the countering emotion of relaxation and, accordingly, desensitising the subject to maladaptive emotional reactions was not only behavioural, but cognitive too.

Al-Balkhi's reciprocal method was unique; in his cognitive therapy, the scholar used unacceptable cognition to evoke emotions that would neutralise and be exchanged for another more incapacitating one. He illustrated this in the example of a soldier who suffered from excessive fear and anxiety from combat. By comparing his shameful emotional state with the heroes who courageously led their troops to win fierce battles, and whose names were recorded in the histories of their nations, he would be bound to rouse anger at himself. Al-Balkhi elaborates that this anger could be further stimulated if the soldier asserted to himself that this kind of cowardly behaviour was childish, and was not appropriate for an adult fighter like himself. When the anger at himself reached a certain level, it would neutralise his fear of combat.⁸⁰ Though anger is generally considered a negative emotion, using it to combat the more serious emotional issue of cowardice is a novel therapeutic intervention, whereby the countering emotions do not necessarily need to be relaxing ones. This is contrary to a key foundational principle of contemporary assertion training.⁸¹

Habituation is the decrement of a person's response to a feared object when the object is repeatedly presented,⁸² whereby the person adapts to a stressful event by gradually developing an appropriate reaction towards it after frequent exposure

77 See: Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, p. 19.

78 Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, pp. 41-44.

79 Al-Balkhi, *Masalih al-Abdan wal-Anfus*, pp. 317-323; and Al-Kindi, "Risalat Ya'qub b. Ishaq al-Kindi fi al-hilah li daf' al-ahzan," pp. 13-20.

80 Al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 308.

81 Taha, "al-Sihhah al-nafsiyyah laday Abi Zayd al-Balkhi", p. 197.

82 Masters et al., *Behavior Therapy: Techniques and Empirical Findings*, pp. 56-57.

to the respective situation. Classical Muslim scholars appreciated the effects of habituation (*i'tiyad*), and strongly emphasised its use in the development of character, and the unlearning of bad habits and maladaptive emotional reactions.⁸³ While al-Ghazali explicitly stated that one method to develop good character was through “accustoming oneself to beautiful deeds” (*bi i'tiyad al-af'al al-jamilah*),⁸⁴ al-Balkhi elaborated at considerable length on the treatment of fears and phobias with the same procedure, citing habituation and a sort of rational cognitive therapy as the method of choice. In one of his numerous examples of reducing fear through habituation, he explains:

Those who inhabit areas with frequent earthquakes will gradually become habituated [*lamma i'tadu*] to them. They will pay no more attention to, nor are they frightened by them, since they are used to them. They become very different from people whose land is not struck by earthquakes.⁸⁵

By using a form of rational cognitive therapy, al-Balkhi concentrated on rectifying irrational beliefs and reasoning about the source of fear through adequate information about its real nature (*istiktharuhu min al-'ilm wal-ma'rifah*).⁸⁶ He illustrated this through the example of a fearful Bedouin who, upon travelling to a cold humid country and experiencing fog for the first time, thinks it to be a solid impenetrable object. But once he enters it, he discovers it is only humid air, no different from the air he is breathing.⁸⁷ Here, new knowledge about the harmlessness of the feared object is enough to desensitise the phobia.

Assertion Training and other Cognitive Behavioural Therapy Techniques in the Writings of Early Muslim Scholars

In their understanding of assertiveness, early Muslim scholars followed the same line of explanation whereby all (in)appropriate emotions and habits were the result of the (un)balanced functioning of the soul's faculties. Accordingly, the appropriate level of assertiveness in interpersonal and other situations was determined by the balanced functioning of the irascible faculty (*quwwat al-ghadab*), which was responsible for initiating anger and assertive behaviour, to protect individuals from attacks on their personal integrity, wealth, life and family.⁸⁸

83 See: Ghazali, *Ihya' 'Ulum al-Din*, p. 3:186; and al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 311, 312.

84 Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, p. 38

85 Al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 311.

86 Al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 314.

87 Al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 307.

88 See: Miskawayh, *The Refinement of Character*, p. 172; and al-Ghazali, *Ihya' 'Ulum al-Din*, pp. 3:321-322.

The balanced functioning of the irascible faculty was considered praiseworthy, and its maintenance included various therapeutic methods. Al-Ghazali describes this attitude: “Anger under the direction of reason and religion is praiseworthy, since it is aroused when assertiveness [*hamiyyah*] is necessary, and is put out when tolerance is appropriate.”⁸⁹

Being assertive therefore means that anger is controlled by the commands of reason and religion, and will be released accordingly in appropriate situations. Once in such a state, the irascible faculty will assume the virtue of courage, and will allow no act of inappropriate self-humiliation or excessive anger. All its acts will be properly assertive in a way that does not go against the intentions and injunctions of the *Shari’ah*.⁹⁰ Miskawayh (932/1030)⁹¹ reiterated this: “The virtue associated with anger – namely, courage – would appear, and any venture which we may then undertake would be in the right way and place, in the right measure, and against the right person.”⁹²

According to classical Muslim scholars, over-assertive and aggressive behaviours are caused by excessive domination of the irascible faculty,⁹³ which is a diseased state of the soul that produces negative personality traits (i.e., recklessness, hot-temper and excessive assertiveness towards others).⁹⁴ Al-Ghazali believed this excessive state of the irascible faculty was either inborn, or acquired through frequent social interaction with people characterized by such a trait. He stated that such inappropriate behaviours were often paired with attractive labels like manliness and courage, because some societies learned to conflate them.⁹⁵

Conversely, when the irascible faculty inclined towards weakness, it produced excessive fear in the soul and led to a personality characterised by cowardice, self-abasement, lack of resolution, and restraining oneself from correct behaviour and obligatory duties.⁹⁶ Such people are not able to be straightforward and assertive in their actions – even when it is appropriate to do so in interpersonal relationships – and tend to develop fearful reactions towards future situations they associate with danger.⁹⁷

89 Al-Ghazali, *Ihya’ ‘Ulum al-Din*, p. 3:324.

90 Al-Ghazali, *Ihya’ ‘Ulum al-Din*, pp. 3:337-338.

91 Ahmad b. Muhammad Miskawayh, a medieval scholar who wrote works in medicine, history, ethics, and psychology.

92 Miskawayh, *The Refinement of Character*, p. 174.

93 Miskawayh, *The Refinement of Character*, pp. 172-181; al-Balkhi, *Masalih al-Abdan wal-Anfus*, pp. 293-304; and al-Ghazali, *Ihya’ ‘Ulum al-Din*, pp. 3:321-338.

94 Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, p. 20.

95 Al-Ghazali, *Ihya’ ‘Ulum al-Din*, p. 3:323.

96 Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, pp. 21-22. Early Muslim scholars typically addressed a low level of assertiveness in discussions about fear and its causes and remedies. See: Miskawayh, *The Refinement of Character*, pp. 181-192; and Al-Balkhi, *Masalih al-Abdan wal-Anfus*, pp. 308-309.

97 Miskawayh, *The Refinement of Character*, p. 183.

On feelings of fear and cowardice caused by the diseased state of the soul, al-Ghazali writes:

The treatment of this disease of the soul anger is followed by the treatment of cowardice which is the other extreme of the health of the soul [...] I mean by this the other which is a quiescence of the soul when it should be agitated and an absence of the passion for revenge. This is the cause of cowardice and faintness. It results in humiliation and an unfortunate life, in being at the mercy of the low classes as well as of one's relatives, children, and those with whom one has dealings, and in a lack of steadiness and patience in situations where steadiness is required [...] Among its consequences are: subservience to everyone, acceptance of every humiliation or wrong, enduring all sorts of scandal affecting one's self, one's relatives, or one's possessions, hearing every form of vile and offensive insult and calumny, enduring every type of injustice from all those with whom one deals, and an inability to disdain what is disdained by free man.⁹⁸

To early Muslim scholars, both unassertive and over-assertive behaviours were maladaptive. Al-Ghazali explains:

As for the defective functioning of the irascible faculty, it is either because of its complete absence or its weakness [...] Such condition is ugly because the person would not possess fervency or assertiveness [...] On the other hand, the excessive functioning of this faculty would create a state of anger that goes beyond the stipulations of reason and religion, so that the afflicted person loses his power of reasoning and behaves as one who is dominated by his emotion.⁹⁹

As previously discussed, contemporary assertion training encompasses all therapeutic and educational procedures designed to teach patients to behave with an appropriate level of assertiveness. To early Muslim scholars, the nature of assertion training was a logical consequence of how they conceptualised the aetiology of problems of assertion. Consequently, they considered over-assertiveness and aggressiveness anger-mediated behaviours, which were caused by an excessive functioning of the irascible faculty, and could be cured with cognitive-behavioural techniques that calmed the anger and brought the faculty back to a balanced state. Unassertiveness and self-humiliating behaviours were considered fear-mediated acts, caused by the defective functioning of this faculty. They were therefore to be treated with the same type of interventions, but this time with the aim of shaking the irascible faculty, to awaken anger and overcome excessive fear.

98 Miskawayh, *The Refinement of Character*, pp. 181-182.

99 Al-Ghazali, *Ihya' 'Ulum al-Din*, p. 3:322.

This shows that early Muslim scholars explicitly suggested using a combination of cognitive behavioural interventions for the treatment of problems with assertiveness. To address anger, which frequently led to over-assertiveness, al-Ghazali said: The excessive anger, after its arousal, is to be treated through *the ointment of knowledge and action* [*ma'jun al-'ilm wal-'amal*].¹⁰⁰

The term *'ilm* can be translated as cognition, and *'amal* as behaviour, while 'ointment' suggests that cognition and behaviour should be mixed to form a cognitive and behavioural form of therapy. Al-Ghazali went on to suggest six cognitive interventions to treat the excessive functioning of the irascible faculty and, consequently, over-assertiveness and aggressiveness.

His first intervention is known today as covert modelling. Here, the angry person is to remember the examples of forgiveness embodied by righteous Muslims, and to follow their path while thinking about the superiority of tolerance and forgiveness in Islam. Further, the angry person should remember God's punishment in the Hereafter that might befall him if He in His Greatness does not forgive his sins. In this way, fear and worry about his own destiny will be aroused, and will counter and overpower the emotion of anger.¹⁰¹ This is reminiscent of Wolpe's cognitively induced reciprocal inhibition, in which the maladaptive emotion is countered by an incompatible or reciprocal response. Al-Ghazali's modification is the use of one unacceptable cognition or emotion to replace or counter another more incapacitating one.

Al-Ghazali's third cognitive intervention is best described as a rational cognitive therapy, in which the person's irrational thoughts are substituted with rational ones. Al-Ghazali urged the afflicted person to think *rationally* about the possible consequences his anger-induced acts could have in this world – such as more enemies and consequent revenge – if he was unafraid of pain in the Hereafter.¹⁰²

In his fourth technique, al-Ghazali combined covert sensitisation and covert modelling to reduce anger. Using the first principle, he asked an extremely angry person to think of how ugly he was in that state, resembling a wild animal or beast. This pairs the problematic reaction of anger with an aversive agent through the power of imagination, which reduces the self-acceptance of such behaviour. The second technique of covert modelling is to urge the angry person to remember that calmness is a trait of prophets, wise and learned people, thereby motivating him to imitate them covertly.¹⁰³

100 Al-Ghazali, *Ihya' 'Ulum al-Din*, p. 3:329, emphasis added.

101 Al-Ghazali, *Ihya' 'Ulum al-Din*, p. 3:329.

102 Al-Ghazali, *Ihya' 'Ulum al-Din*, p. 3:329.

103 Al-Ghazali, *Ihya' 'Ulum al-Din*, p. 3:329.

In addition to cognitive interventions, al-Ghazali used practical behavioural techniques to treating this pathology. Their use was founded on the assumption of a circular relationship between the external behaviour and the psyche (*nafs*), whereby overt deeds had a strong impact on the function of the soul's faculties. Behavioural therapy as envisaged by al-Ghazali therefore mainly consisted of performing external acts in an attempt to reduce rage and induce calmness and humbleness. Because these emotional states are incompatible with and reciprocal to anger and pride, he advised the enraged person to sit or lay down if standing, or to take ablution, or engage in a humiliating act such as begging or hiring a man to insult him in public while suppressing his anger.¹⁰⁴

Here, al-Ghazali uses the rite of prostration (*sajdah*) for therapeutic purposes, because he believes that placing the noblest parts of one's body on the dust generates humbleness, which in turn counters and reduces anger.¹⁰⁵ Al-Ghazali concluded this section with another behavioural technique, which approximates the modern procedures of habituation and learning of social skills.¹⁰⁶ This involves the artificial repetition of acts of tolerance and humbleness, until these good traits become firmly rooted in one's character.¹⁰⁷

Regarding unassertiveness and self-humiliation, early Muslim scholars again resorted to cognitive behavioural interventions to shake the irascible faculty into action, thereby generating the appropriate level of anger and conquering social phobias and feelings of fear.¹⁰⁸ The cognitive interventions involved a form of rational cognitive therapy, in which irrational beliefs and thoughts about the source of fear were substituted with rational ones.¹⁰⁹ To treat the acute emotional state of fear that could prevent an individual from behaving assertively towards others in daily dealings or in combat, they frequently suggested reciprocal inhibition therapy (*al-‘ilaj bil-did*) and gradual exposure to the feared situation.¹¹⁰ The way in which al-Balkhi would induce these reciprocal emotions or cognitions is quite fascinating. As mentioned, to treat a soldier who suffered from excessive fear of combat, which can be termed a form of unassertive behaviour, he used another unacceptable emotion to change this incapacitating fear. He reminded

104 Al-Ghazali, *Ihya' 'Ulum al-Din*, pp. 3:330-331; and *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, pp. 41-43.

105 Al-Ghazali, *Ihya' 'Ulum al-Din*, p. 3:331.

106 For details about these modern procedures see the previous pages.

107 Al-Ghazali, *Ihya' 'Ulum al-Din*, p. 3:333.

108 Miskawayh, *The Refinement of Character*, pp. 181-183; Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, pp. 43-44; and Al-Balkhi, *Masalih al-Abdan wal-Anfus*, pp. 306-314.

109 Malik Badri, "Abu Zayd al-Balkhi: A Genius Whose Psychiatric Contributions Needed More Than Ten Centuries to be Appreciated", *Malaysian Journal of Psychiatry*, 2 (1998), p. 50; Al-Balkhi, *Masalih al-Abdan wal-Anfus*, pp. 306-314; and Miskawayh, *The Refinement of Character*, p. 183.

110 See: Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, pp. 43-44; Miskawayh, *The Refinement of Character*, p. 182; and Al-Balkhi, *Masalih al-Abdan wal-Anfus*, pp. 308, 313.

the soldier of how shameful his behaviour was, until he became so angry with himself, he neutralised his fear of combat.¹¹¹ In this scenario, the anger, which itself can be a maladaptive emotion, had worked to get rid of a more serious emotional pathology and the fear of combat.

The behavioural techniques of classical Muslim scholars to treat unassertiveness in interpersonal relations can be summarised as three main approaches. These are flooding, gradual habituation, and the practical learning of social skills. In the former, as envisaged by Miskawayh and Ghazali, the afflicted person is suddenly put in a dangerous situation, and induced to take risks to confront it. This is supposed to motivate the irascible faculty into action.¹¹² Gradual habituation (*i'tiyad*) is repeated exposure to a fearful situation until one becomes accustomed to it.¹¹³ The practical learning of social skills can be deduced from Miskawayh, and his advice for addressing unassertiveness and a lack of anger: "It would not hurt a person who is affected with unassertiveness to engage in some quarrels and to expose himself to abuse and to the antagonism with those whose responses to his aggression are not harmful."¹¹⁴

Like today's behavioural therapists, Miskawayh saw no issue with proposing that such a person engage in confrontations with people who would not retaliate in a dangerous manner.

Conclusion

It is clear from the discussion in this study that the early Muslim scholars described and elaborated key principles and techniques of contemporary CBT with astonishing accuracy, although they did not subject them to the rigorous scrutiny of scientific methodology and empirical research as it is understood today. The contributions of Abu Hamid al-Ghazali in this regard are especially numerous and rich, and future studies could shed more light on his achievements.

Importantly, in the context of ongoing attempts to establish an indigenous Islamic psychology and psychotherapy, these ideas have been discussed primarily from the perspective of the Islamic worldview, integral anthropology, religious psychology and spiritual theory of the self. Early Muslim scholars saw humans as both spirit and body, bestowed with spiritual, cognitive, emotional, biological and physical faculties, whereby the religious ideals of psycho-spiritual

111 Al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 308.

112 Miskawayh, *The Refinement of Character*, p. 182; and Al-Ghazali, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires*, pp. 43-44.

113 Al-Balkhi, *Masalih al-Abdan wal-Anfus*, p. 311.

114 Miskawayh, *The Refinement of Character*, p. 182.

health, good character and adaptive behaviour are a byproduct of the balanced functioning of these forces established in line with the dictates of the spiritual self, reason, Islamic ethics and law. It is not CBT's cognitive restructuring and behavioural modification in themselves that contradict the Islamic perspective, but the values these processes convey. As a result, the Muslim scholars' CBT-related psychotherapeutic achievements generally aimed to heal diseased souls and restore inner equilibrium, as these factors were considered the major cause of all psychological and moral pathologies. For that purpose, and in accordance with the premises of Islam, integral anthropology and the circular theory of the self (*dawr*), the scholars creatively envisaged and applied various spiritual, cognitive, emotional and behavioural techniques, while not betraying their philosophical paradigm or theoretic framework of reference.

For contemporary religiously-oriented Muslim practitioners of CBT and other forms of psychotherapy, it is especially rewarding to note how skilfully the early scholars combined spiritually inspired cognitions with a number of cognitive and behavioural techniques in the treatment of afflicted individuals. The same applies to the way they used *iman* as "a profound psychological belief that goes beyond doubt and that permeates the self overtly as well as covertly",¹¹⁵ to induce religious feelings for the purpose of restoring psychospiritual balance and health. For those who seek the systematic integration of these achievements into contemporary CBT theory and practice, the biggest challenge comes – as it did in similar attempts by the Catholic Church –¹¹⁶ from insisting on applying the rigorous empirical methodology of modern science to the intangible spiritual essence in psychological health and therapy. It is therefore appropriate to conclude with the words of Edwin Locke. Locke reminds us of the complexity of the human condition and personality, which require a new research paradigm capable of diving into all dimensions and subtleties of human dynamics:

Science is the systematic study of the facts of reality. A rational scientist chooses methods of study that are appropriate to the nature of the entity or phenomenon being studied. He does not try to force such phenomena to fit into preconceived notions about methodology derived from the study of entirely different phenomena. A rational scientist, having observed that (a) consciousness is a crucial attribute of man and (b) that it cannot be studied or measured by the use of concepts and procedures employed in the physical sciences (e.g., consciousness cannot be weighed on scale, or measured with a ruler, or chemically analyzed), would attempt to develop new methods that were appropriate for the study of this phenomenon. The failure to recognize

115 Shafiq Falah Alawneh, "Human Motivation: An Islamic Perspective", *The American Journal of Islamic Social Sciences*, 4 (1998), p. 29.

116 See Smajić, "Religija u susretu sa savremenom psihologijom: iskustvo Katoličke crkve", p. 25.

this fact, in this writer's opinion, has not only produced enormous conceptual confusion in psychology, it has tremendously retarded the scientific study of consciousness.¹¹⁷

Similarly, to proceed without taking into account the need for the new research paradigm might significantly hinder the scientific study of the spiritual self and the integration of CBT and other forms of contemporary psychotherapy into the Islamic worldview and ethics, as outlined in the works of early Muslim scholars.

Bibliography

- Abul Quasem, Muhammad, *The Ethics of Ghazali: A Composite Ethics in Islam* (Kuala Lumpur: n.p., 1975)
- Ali, Abbas Husein. "The Nature of Human Disposition: Al-Ghazali's Contribution to an Islamic Concept of Personality", *Intellectual Discourse*, 1 (1995), pp. 51-64.
- Alawneh, Shafiq Falah, "Human Motivation: An Islamic Perspective", *The American Journal of Islamic Social Sciences*, 4 (1998), pp. 19-39.
- Atkinson, Rita L., Richard C. Atkinson, Edward E. Smith, and Daryl J. Bem, *Introduction to Psychology* (Florida: Harcourt Brace Jovanovich, 1993)
- Badri, Malik, "Are the Contributions of Early Muslim Scholars Relevant to Modern Muslim Psychotherapists?" Unpublished paper delivered at the *International Seminar on Counseling and Psychotherapy: An Islamic Perspective* (Kuala Lumpur: 15-17 August, 1997), pp. 1-15.
- Badri, Malik. "Abu Zayd al-Balkhi: A Genius Whose Psychiatric Contributions Needed More Than Ten Centuries to be Appreciated", *Malaysian Journal of Psychiatry*, 2 (1998), pp. 48-54.
- Al-Balkhi, Abu Zayd, *Masalih al-Abdan wal-Anfus*, Fuat Sezgin (ed.) (Frankfurt: Institute for the History of Arabic-Islamic Science, 1984)
- Barbrack, Christopher R. and Cyril M. Franks, "Contemporary Behaviour Therapy and the Unique Contribution of H. J. Eysenck: Anachronistic or Visionary?", in *Hans Eysenck: Consensus and Controversy*, Sohan Modgil and Celia Modgil (eds.) (Philadelphia and London: Falmer Press, 1986), pp. 233-245.
- Boring, Edwin G., *A History of Experimental Psychology* (New York: Appleton Century Crofts, Inc., 1950)
- Bruno, Frank J., *Dictionary of Key Words in Psychology* (London and New York: Routledge and Kegan Paul, 1987)

117 Locke, "Is Behavior Therapy Behavioristic?", p. 326.

- Carson, Robert C., James N. Butcher and Susan Mineka, *Abnormal Psychology and Modern Life* (New York: Longman, 1998)
- Chertok, Leon and Raymond de Saussure, *The Therapeutic Revolution: From Mesmer to Freud* (New York: Brunner/Mazel, 1979)
- De Wolfe, Thomas E., "Cognitive Behavior Therapy," in *International Encyclopedia of Psychology*, Frank N. Magill (ed.) (London and Chicago: Fitzroy Dearborn, 1996), pp. 1:370-374.
- Eysenck, H. J., *Decline and Fall of the Freudian Empire* (London: Penguin Books, 1985)
- Fajgelj, Stanislav, *Uvod u psihologiju [Introduction to Psychology]* (Belgrade: Centar za primjenjenu psihologiju, 2014)
- Al-Haj, Fa'iz Muhammad 'Ali, "Nazariyyah al-fi'l al-mun'akis al-sharti 'ind al-Ghazali", unpublished paper delivered at *Nadwat 'Ilm al-Nafs wa al-Islam* (Riyadh: 14-18 October, 1978), pp. 1-30.
- Al-Ghazali, Abu Hamid, *Al-Ghazali on Disciplining the Soul and on Breaking Two Desires: Books xxii and xxiii of The Revival of the Religious Sciences*, Tim J. Winter (trans.) (Cambridge: The Islamic Texts Society, 1995)
- Al-Ghazali, Abu Hamid, *al-Mustasfa min 'Ilm al-Usul* (Beirut: Dar Sadir, 1995)
- Goldfried, Marvin R. and Gerald C. Davidson, *Clinical Behavior Therapy* (New York: John Wiley and Sons, 1994)
- Haqae, Amber and Hooman Keshavarzi, "Integrating Indigenous Healing Methods in Therapy: Muslim Beliefs and Practices", *International Journal of Culture and Mental Health*, 7:3 (2014), pp. 297-314.
- Ibn Hazm, Abu Muhammad Sa'id, *al-Akhlaq wa al-Siyar fi Mudawat al-Nufus* (Beirut: Dar al-Kutub al-'Ilmiyyah, 1985)
- Hergenhahn, Baldwin R., *An Introduction to the History of Psychology* (Belmont: Wadsworth, 2009)
- Kaplick, Paul M. and Rasjid Skinner, "The Evolving Islam and Psychology Movement", *European Psychologist*, 22:3 (2017), pp. 198-204.
- Kim, Uichol, "Indigenous Psychology: Science and Application", in *Applied Cross-Cultural Psychology*, Richard W. Brislin (ed.) (London: Sage Publications, 1990), pp. 142-160.
- Al-Kindi, Ya'qub b. Ishaq, "Risalat Ya'qub b. Ishaq al-Kindi fi al-hilah li daf' al-ahzan", in *Rasa'il Falsafiyah li al-Kindi wal-Farabi wa b. Bajah wa b. Adi*, 'Abd al-Rahman Badawi (ed.) (Beirut: Dar al-Andalus, 1968), pp. 6-32.
- Knapp, Terry, "Psychotherapy: Historical Approaches to Treatment", in *International Encyclopedia of Psychology*, Frank N. Magill (ed.) (London and Chicago: Fitzroy Dearborn, 1996), pp. 1:1369-1373.

- Locke, Edwin A., "Is Behavior Therapy Behavioristic?: An Analysis of Wolpe's Psychotherapeutic Methods", *Psychological Bulletin*, 5 (1971), pp. 318-327.
- Marsella, Anthony J., "All Psychologies are Indigenous: Reflections on Psychology in a Global Era", *Psychology International*, 24 (4), pp. 5-7.
- Marx, Melvin H. and William A. Hillix, *Systems and Theories in Psychology* (New York: McGraw-Hill, 1979)
- Masters, John C., Thomas G. Burish, Steven D. Hollon, David C. Rimm, *Behavior Therapy: Techniques and Empirical Findings* (Orlando: Harcourt Brace Jovanovich, 1987)
- Mašić, Izet, "Ibn al-Haitham: Father of Optics and Creator of Vision Theory", *Medical Archives*, 62:3 (2008), pp. 175-181.
- Miskawayh, Ahmad b. Muhammad, *The Refinement of Character*, Constantine K. Zurayk (trans.) (Beirut: The American University of Beirut, 1968)
- Najati, Muhammad 'Uthman, *Al-Dirasat al-Nafsaniyyah 'ind al-'Ulama' al-Muslimin* (n.p.: Dar al-Shuruq, n.d)
- Othman, Ali Issa. *The Concept of Man in Islam: In the Writings of al-Ghazali* (Cairo: Dār al-Ma'ārif, 1960)
- Pečjak, Vid, *Stvaranje psihologije: Knjiga razgovora [Creation of Psychology: Book of Conversation]* (Sarajevo: Svyetlost, 1984)
- Pomeroy, Ross, "Ibn al-Haytham: The Muslim who Birthed the Scientific Method", *Surprising Science*, April 15, 2014, <https://bigthink.com/surprising-science/ibn-al-haytham-the-muslim-scientist-who-birthed-the-scientific-method/>, accessed 11 May 2025.
- Al-Razi, Abu Bakr Muhammad b. Zakariyya, "Al-Tibb al-Ruhani", in *Rasā'il Falsafiyah*, Lajnah Ihya' al-Turath al-'Arabi (ed.) (Beirut: Dar al-Afaq al-Jadidah, 1982), pp. 1-96.
- Robson, Colin, *Real World Research: A Resource for Users of Social Research Methods in Applied Settings* (UK: John Wiley and Sons, 2011)
- Rothman, Abdallah, "Building an Islamic Psychology and Psychotherapy: A Grounded Theory Study", PhD dissertation (London: Kingston University, 2019), <https://eprints.kingston.ac.uk/id/eprint/44828/1/Rothman-A-E-D-44828.pdf>, accessed 10 May 2025.
- Schultz, Duane P. and Sydney E. Schultz, *A History of Modern Psychology* (New York: Harcourt College Publishers, 2000)
- Sheldon, Brian, *Behavior Modification* (London and New York: Tavistock Publications, 1982)
- Ibn Sina, Abi 'Ali al-Husayn b. 'Abd Allah, *Kitab al-Shifa'* (Paris: Patrimoine Arabe et Islamique, 1982)

- Smajić, Aid, “Religija u susretu sa savremenom psihologijom: iskustvo Katoličke crkve”, [Religion Encountering Contemporary Psychology: The Experience of the Catholic Church], *Context: Časopis za interdisciplinarne studije*, 4:1 (2017), pp. 7-26.
- Strickland, Bonnie R., “Psychotherapy”, in *The Gale Encyclopedia of Psychology*, Bonnie R. Strickland (ed.) (New York: Gale Group, 2001), pp. 525-526.
- Taha, al-Zubayr Bashir, “al-Sihhah al-nafsiyyah laday Abi Zayd al-Balkhi”, in *Ilm al-Nafs fi al-Turath al-Arabi al-Islami*, Zubayr Bashir Taha (ed.) (Khartoum: Dar Jami’ah al-Khartum li al-Nashr, 1995), pp. 188-207.
- Taha, al-Zubayr Bashir, “Usus nazariyyat al-ta’allum fi al-turath al-Islami”, in *Ilm al-Nafs fi al-Turath al-Arabi al-Islami*, Al-Zubayr Bashir Taha (ed.) (Khartoum: Dar Jami’ah al-Khartum li al-Nashr, 1995), pp. 127-142.
- Taha, al-Zubayr Bashir, “al-Waza’if al-dihniyyah wa alatuha al-‘asabiyyah fi al-turath al-Islami”, in *Ilm al-Nafs fi al-Turath al-Arabi al-Islami*, Al-Zubayr Bashir Taha (ed.) (Khartoum: Dar Jami’ah al-Khartum li al-Nashr, 1995), pp. 101-123.
- “Task Force on Indigenous Psychology”, American Psychological Association, <http://www.indigenousspsych.org/index.html>, accessed 10 May 2025.
- Thornton, E. M., *Freud and Cocaine: The Freudian Fallacy* (London: Blond and Briggs, 1983)
- Ulken, Hilma Z., and Mian M. Sharif, “Utjecaj islamskog mišljenja na Zapad” [The Influence of Islamic Thought on the West], in Mian M. Sharif (ed.), *Historija islamske filozofije [History of Islamic Philosophy]*, Hasan Sušić (trans.) (Zagreb: August Cesarec, 1990), 2:356.
- Umaruddin, Muhammad, *The Ethical Philosophy of al-Ghazali* (Lahore: Sh. Muhammad Ashraf, 1970)
- Vidanović, Ivan and Dušan Kolar, *Mentalna higijena [Mental Hygiene]* (Belgrade: Linea, 2003)
- Wolpe, Joseph, *The Practice of Behavior Therapy* (New York and Oxford: Pergamon Press, 1990)

Kognitivno-bihevioralna terapija u djelima ranih muslimanskih učenjaka: implikacije za savremenu teoriju i praksu

Sažetak

Psihologija ima kratku historiju, ali dugu prošlost, tokom koje je čovjek uvijek tragao za odgovorom na enigmnu ljudske prirode i najboljim načinom za zaštitu ili uspostavljanje psihofizičkog zdravlja. Akumulirano je značajno psihoterapijsko naslijeđe s ideološkim obrisima kulturnog miljea, preovlađujućom antropologijom i epistemologijom vremena, koja se značajno razlikovala od epistemološkog pogleda *nove* moderne nauke renesanse i prosvjetiteljstva. Prateći globalni trend kulturološke reinterpretacije dominantnih oblika psihoterapije nastalih na Zapadu, muslimanski psiholozi koji promiču ideju autohtone islamske psihologije još uvijek pokušavaju uspostaviti opću metodologiju za autentičnu integraciju dostignuća savremene psihoterapije u islamski svjetonazor. Po nekima, osnovna metodološka načela ove integrativne sinteze treba tražiti u intelektualnom naslijeđu muslimanskih klasika iz vremena kada je naučni duh u svom jedinstvenom izrazu bio izrazito cijenjen i prisutan u muslimanskoj zajednici. Ova studija istražuje dostignuća muslimanskih klasika u pogledu temeljnih principa današnje kognitivno-bihevioralne terapije i ukazuje na opće principe u razumijevanju i primjeni autohtone islamske kognitivno-bihevioralne terapije danas.

Ključne riječi: kognitivno-bihevioralna terapija, muslimanski učenjaci, autohtona psihologija i psihoterapija, integracija znanja