

## Themes on General Well-Being

### 1 Man's Discovery of His Own Vices. *Al-Ṭibb al-Ruhānī* (*Psycho-Spiritual Medicine*) by Abū Bakr Muḥammad ibn Zakariyā al-Rāzī (d. 251 AH/925 CE)

#### 1.1 *Author's Biography*

Abu Bakr al-Rāzī is one of the most eminent Muslim physicians of the classical period. He acquired much of his medical education under the tutelage of the famous polymath Imam Muḥammad ibn Jarīr al-Ṭabarī. He lived during the rule of the Abbasid caliph al-Muktafi, who appointed him as the director of one of the first hospitals in the Islamic world, situated in Baghdad. Al-Rāzī authored numerous medical treatises, embracing a holistic approach that embraced both the physical and psychological aspects of health and treatment. Notably, al-Rāzī recognized and valued the significance of what we presently refer to as the therapeutic alliance between the practitioner and patient. He emphasized that “the physician, even if he has his doubts [in the treatability of the patient], must always make the patient believe he will recover, for the state of the body is linked to the state of the mind.”

Al-Rāzī's pioneering work extends beyond medicine. He holds recognition as the first person to describe and document classically conditioned responses, predating Pavlov's research by a thousand years. Although many of al-Rāzī's works have unfortunately been lost over time, *al-Ṭibb al-Rūḥānī* serves as a testament to the profound richness of his thinking, which centered on rectifying the psyche from a spiritual, moral, and psychological perspective.

#### 1.2 *Text Overview and Significance*

In this translated excerpt from *al-Ṭibb al-Rūḥānī*, Imam al-Rāzī delves into the importance of nurturing one's mental and spiritual well-being, highlighting the need for guidance from an accomplished mentor, or what he refers to as a “supervisor.” He argues the impossibility for an individual to be fully aware of all of one's personal flaws as each person has a self-serving bias that blinds them or makes them defensive when it comes to being cognizant of their own shortcomings. To address this, al-Rāzī suggests that a person should take the advice of a wise person or supervisor who can assist in identifying areas for personal improvement and growth. Additionally, he emphasizes the

value of paying attention to the opinions of one's neighbors, associates, and fellow believers, as their perspectives – both positive and negative – can provide insight into one's character. Al-Rāzī further contends that one's enemies can serve as a valuable source of recognizing personal faults, as their motives may lead them to expose his flaws and weaknesses.

This section principally underscores the importance of mentorship or supervision for self-improvement and development. Despite the widespread stigma amongst contemporary Muslim populations when it comes to treating mental health, al-Rāzī's treatise illustrates the indigenous and deeply ingrained notion of seeking support and help; such was and is very much an inherently Islamic practice.

Finally, it is worth noting that al-Rāzī draws extensively from the Greek philosophers throughout his work. He references Galen's writings and acknowledges that the chapter at hand serves as a condensed summary of the most crucial points from Galen's work on the same subject matter.

### 1.3 *Arabic Text*

#### الفصل الرابع في تعرف الرجل عيوب نفسه

من أجل أن كل واحد منا لا يمكنه منع الهوى؛ محبة منه لنفسه، واستصوابا واستحسانا لأفعاله، وأن ينظر بعين العقل الخالصة المحضة إلى خلائقه و سيرته لا يكاد يستبين ما فيه من المعايب والضرائب الذميمة، و متى لم يستبن ذلك فيعرفه لم يقلع عنه؛ إذ ليس يشعر به؛ فضلا عن أن يستقبحه، ويعمل في الإقلاع عنه.

فينبغي أن يسند الرجل أمره في هذا إلى رجل عاقل، كثير اللزوم له والكون معه، ويسأله ويضرع إليه ويؤكد عليه أن يخبره بكل ما يعرفه فيه من المعايب، ويعلمه أن ذلك أحب الأشياء إليه وأوقعها عنده، وأن المنة عليه منه تعظم في ذلك والشكر يكثر، ويسأله ألا يستحييه في ذلك ولا يجامله، ويعلمه أنه متى تساهل وضيع في شيء منه فقد أساء إليه وغشه واستوجب منه اللائمة عليه.

فإذا أخذ الرجل المشرف يخبره ويعلمه ما فيه، وما ظهر وبان له منه، لم يظهر له اغتماما ولا استخزاء، بل أظهر له سرورا بما يستمع، وتشوقا إلى ما لم يستمع منه. فإن رآه في حال ما قد كتبه شيئا؛ استحياء منه، أو قصر في العبارة عن تقبيح ذلك، أو حسنها لأمه على ذلك، وأظهر له اغتماما به، وأعلمه أنه لا يحب ذلك منه، ولا يريد إلا التصريح وإعلامه ما يراه على وجهه.

فإن وجدته في حال أخرى قد زاد وأسرف في تقبيح شيء رآه منه وتهجينه لم يغضبه ذلك، بل حمده عليه وأظهر له بشرا وسرورا بما رآه منه.

وينبغي أن يجدد سؤال هذا المشرف عليه حالا بعد حال؛ فإن الأخلاق والضرائب الرديئة قد تحدث بعد أن لم تكن.

وينبغي أن يستخير ويتحسس ما يقول فيه جيرانه ومعاملوه وإخوانه، وبماذا يمدحونه وبماذا يعيبونه؛ فإن الرجل إذا سلك في هذا المعنى هذا المسلك لم يكذب يخفى عليه شيء من عيوبه وإن قل وخفي.

فإن اتفق له ووقع عدو ومنازع محب لإظهار مساوئه ومعائبه، لم يستدرك من قبله معرفة عيوبه، بل اضطر وألجئ إلى الإفلاع عنها، إن كان ممن لنفسه عند نفسه مقدار، وممن يحب أن يكون خيرا فاضلا.

وقد كتب في هذا المعنى جالينوس كتابا جعل رسمه: “في أن الأخيار ينتفعون بأعدائهم”، فذكر فيه منافع صارت إليه؛ من أجل عدو كان له. وكتب أيضا “في تعرف الرجل عيوب نفسه”، مقالة قد ذكرنا نحن جوامعها وجملتها هنا.

و فيما ذكرنا من هذا الباب، كفاية وبلاغ، ومن استعمله لم يزل كالقردح مقوما مثقفاً.

#### 1.4 English Translation

##### Regarding Man's Discovery of His Own Vices

Indeed, each and every one of us is [inherently] unable to [completely] suppress [our] base desires (*hawā*). This is due to [man's innate] infatuation with his own self, and [his tendency] to consider his own actions [to be] correct and upright. He [cannot] evaluate his own character and lifestyle with an unbiased, purely rational perspective; [as such] he can barely detect his own vices and blameworthy habits. Since such [tendencies] cannot be detected, he does not acknowledge them, or get rid of them. After all, he does not [even] perceive them, let alone deem them inappropriate and [thus] work to uproot them.<sup>1</sup>

1 This highlights an inherent Islamic civilizational value in which all individuals are required to undergo some degree of mentorship or supervision for the personal refinement of character. While the philosophers may favor wise counsel, spiritual practitioners (Sufis) often advocate for qualified spiritual masters to supervise them. In contemporary societies marked by growing individualism, the conscious and deliberate focus on character development is steadily waning. Esteemed treatises that discuss character development, like al-Rāzī's, assert that becoming a good human being necessitates not only facing personal struggles and employing strategic approaches, but also having proper supervision.

Positive psychology seems to be among the few areas of psychology concerned with character development (see Christopher Peterson and Martin E.P. Seligman, *Character Strengths and Virtues: A Handbook and Classification* (Washington, DC: New York: American Psychological Association; Oxford University Press, 2004)). Notably, Peterson and Seligman

In consideration [of the above], one should rely, in this regard, on another [particularly] astute person. One [should] often accompany him, ask him, be humble towards him, and be sure to inform him of whatever deficiencies one recognizes to be within their own self. [Indeed,] they should let it be known to him that this is the most beloved and most significant of things, and that this favor of his is tremendous, and oft appreciated.<sup>2</sup> They should ask him not to be timid in this and to avoid flattery. They should inform him that if they are lax or sluggish in anything related to this, then they will have wronged and misled him, and [will thus be] deserving of rebuke [by him].

Now, when this person [acting as a] supervisor starts apprising one and disclosing what has become apparent and manifest to him regarding whatever is in one, [it is crucial to] avoid displaying any [sense of] dejection or disgrace. On the contrary, one should be delighted with whatever one hears from him, and eagerly anticipate what one has not yet heard. If one believes [that the overseer] has concealed something out of timidity, or has held back in his expression of reprimand, or [has even] presented it in a favorable light, one should [politely] censure him and express his discontent with that. One should then let him know that one does not like this of him but [rather] prefers nothing other than forthrightness in stating what he evidently observes.

[On the other hand,] if [the person] finds that [one's supervisor] has, in another situation, exaggerated and overstated his censure and condemnation of what he has observed, it should not upset them. Instead, one [should] thank him and rejoice, expressing delight due to what he has observed from him.<sup>3</sup>

It is crucial to renew one's request for this overseer[']s help] every now and then, as bad habits and characteristics can [always] come into being where they did not exist [before].

Moreover, a person should [regularly] consult and make enquiries from his neighbors, colleagues, and [fellow] brothers regarding one's own self: what [exactly] do they find praiseworthy in him and in what do they [likewise] find fault. If a person adopts this approach in these matters, hardly any of his vices will [likely] remain hidden to him, no matter how small or obscure.<sup>4</sup>

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discuss character and virtue literature within the Islamic intellectual heritage (Peterson & Seligman, 2004).

- 2 Such an individual as described by al-Rāzī would be willing to undergo significant critique on account of the degree of importance they assign to their personal development.
- 3 Such is the attitude of an individual who is willing to err on the side of caution on account of his emphasis and desire to espouse lofty character.
- 4 Self-awareness and understanding one's strengths and weaknesses are important components of psychological well-being. Getting input from other people can yield insightful information that advances self-awareness.

Indeed, if before one is able to redress the recognition of their faults, they come across an antagonist or adversary who is keen on exposing one's vices and weaknesses, then they will be compelled and forced to remove them. [This is, of course,] if they are a person of self-respect who desires to be good and virtuous.

Galen has written a treatise on this matter entitled, *That the Best Men Profit from their Enemies*, in which he mentions the benefits he gained from an enemy of his. He also wrote *On a Man's Discovery of His Own Vices*, [which is] an article that we have given a summary of, mentioning its main points.<sup>5</sup>

What we have explained in this chapter is quite sufficient, and whosoever makes use of this would resemble a [sharp] arrow on route [to reach its target].<sup>6</sup>

## 2 The Means of Recognizing One's Own Flaws. *Ihyā' 'Ulūm al-Dīn (The Revival of Religious Sciences)* by Imam Abū Ḥāmid Muḥammad al-Ghazālī (d. 505 AH/1111 CE)

### 2.1 Author's Biography

See Author Biography under section 1 of Chapter 2.

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Mainstream psychological frameworks recognize the necessity of seeking external perspectives for self-improvement and self-awareness, even though the unique cultural and religious setting may be different. It is consistent with the notion that relationships with others and constructive criticism are important components of human development. Some therapeutic approaches, such as cognitive behavioral therapy (CBT) or interpersonal therapy for example, involve exploring interpersonal dynamics and seeking feedback from others to gain insights into one's behavior and thought patterns.

A similar concept of "outsider witness" is also found in narrative theory that aims to achieve better self-awareness and consistency of one's behavior with their professed identity by helping patients receive recognition from the broader community (see Maggie Carey and S. Russell, *Re-Authoring: Some Answers to Commonly Asked Questions* (2003; Dulwich Centre, n.d.); Margaret M. Leahy, Mary O'Dwyer, and Fiona Ryan, "Witnessing Stories: Definitional Ceremonies in Narrative Therapy with Adults Who Stutter," *Journal of Fluency Disorders* 37, no. 4 (December 2012): 234–41).

- 5 This is a clear demonstration of Islamic philosopher-physicians not shying away from the usage of the ancient Greek and Hellenistic works in their writings. Islamic scholars inherited the philosophic and medical tradition from the ancient Greeks, adopting and adapting it to their civilizational values.
- 6 While al-Rāzī is not shy to cite Galen in his writing here and throughout his book, his disclaimer demonstrates that while he accepted Greek ideas, he was not uncritical of them. Here, al-Rāzī summarizes only that much of what he finds useful from Galen and integrates it into his work amidst his own unique approach to human psychology.

## 2.2 *Text Overview and Significance*

In this translated segment of the renowned *Ihyā*, Imam al-Ghazālī highlights the four ways through which a person may become cognizant of their own vices and deficiencies. This particular chapter is strikingly similar to al-Rāzī's writings in *al-Ṭibb al-Ruhānī*. It is clear that al-Ghazālī drew these ideas as well as others from the available works of the philosophers and physicians of his time. While he was a fierce critic of their theology, he was not shy to acknowledge any good they had to offer, especially regarding elements of human nature, health, or pathology that did not contravene Islamic beliefs, practices, or principles. In fact, al-Ghazālī's work stands out as it uniquely and eloquently filters philosophical discourse through Islamic scripture; such knowledge was taken by al-Ghazālī to be both supportive and complementary of Islamic principles derived from Islamic holy texts.

In this translated excerpt, the first two modes of gaining self-awareness that are mentioned by al-Ghazālī are relational modalities. The first method is through the relationship between the seeker and a qualified spiritual master (shaykh) who is well-experienced, scholarly, and capable of discerning the negative traits within an individual. Although finding such a person can be challenging, when such an individual is identified, one should inform him of their shortcomings so that the spiritual master can guide them in their treatment. Overall, the most significant difference between this work and other philosophical works revolving around character development is the inclusion of the qualified spiritual master as the central means for gaining self-awareness and rectification. The second relational modality mentioned is to draw from a religious colleague or peer who possesses both experience and uprightness. In modern psychological discourse, perhaps such a role could be fulfilled by the mental health practitioner. The third approach to gaining awareness of one's flaws is by attending to the criticism of one's enemies. This is because a friend may be hesitant to disclose faults whereas an enemy will not withhold their criticisms in the same way. While one should take such statements with a grain of salt, it is duly important to examine whether or not there is some truth to them. The last modality mentioned is to socially mingle with people and consider the possibility of others' apparent flaws existing within one's own self.

## 2.3 *Arabic Text*

بَيَانُ الطَّرِيقِ الَّذِي يَعْرِفُ بِهِ الْإِنْسَانُ عُيُوبَ نَفْسِهِ  
 اعْلَمْ: أَنَّ اللَّهَ عَزَّ وَجَلَّ إِذَا أَرَادَ بَعْدَ خَيْرٍ بَصْرَهُ بِعُيُوبِ نَفْسِهِ، فَمَنْ كَانَتْ بَصِيرَتُهُ نَافِذَةً  
 لَمْ تَخَفْ عَلَيْهِ عُيُوبُهُ، فَإِذَا عَرَفَ الْعُيُوبَ أَمَكَّنَهُ الْعِلَاجُ، وَلَكِنَّ أَكْثَرَ الْخَلْقِ جَاهِلُونَ بِعُيُوبِ  
 أَنْفُسِهِمْ، يَرَى أَحَدُهُمُ الْقَدَى فِي عَيْنِ أَخِيهِ وَلَا يَرَى الْجِدْعَ فِي عَيْنِ نَفْسِهِ.

فَمَنْ أَرَادَ أَنْ يَعْرِفَ عُيُوبَ نَفْسِهِ فَلَهُ أَرْبَعَةُ طَرِيقٍ:

الأول: أَنْ يَجْلِسَ بَيْنَ يَدَيْ شَيْخٍ بَصِيرٍ بَعِيُوبِ النَّفْسِ، مَطَّلِعٍ عَلَى خَفَايَا الْآفَاتِ، وَيَحْكُمُهُ فِي نَفْسِهِ، وَيَتَّبِعُ إِشَارَتَهُ فِي مَجَاهِدَتِهِ، وَهَذَا شَأْنُ الْمُرِيدِ مَعَ شَيْخِهِ، وَالتَّلْمِيزُ مَعَ أَسَاتِذِهِ، فَيَعْرِفُهُ أَسَاتِذُهُ وَشَيْخُهُ عِيُوبَ نَفْسِهِ، وَيَعْرِفُهُ طَرِيقَ عِلَاجِهِ، وَهَذَا قَدْ عَزَّ فِي الزَّمَانِ وَجُودُهُ.

الثاني: أَنْ يَطْلُبَ صَدِيقًا صَدُوقًا بَصِيرًا مُتَدَيِّنًا، فَيُنصِبُهُ رَقِيبًا عَلَى نَفْسِهِ لِيَلْحَظَ أَحْوَالَهُ وَأَفْعَالَهُ، فَمَا كَرِهَهُ مِنْ أَخْلَاقِهِ وَأَفْعَالِهِ، وَعِيُوبِهِ الْبَاطِنَةِ وَالظَّاهِرَةِ يَنْبِئُهُ عَلَيْهِ.

فهكذا كان يفعل الأكياس والأكابر من أئمة الدين، كان عمر رضي الله عنه يقول: (رَحِمَ اللَّهُ أَمْرًا أَهْدَى إِلَيَّ عِيُوبِي). وكان يسأل سلمان عن عيوبه لما قدم عليه، وقال له: ما الذي بلغك عني مما تكرهه؟ فاستعفى، فألح عليه، فقال: بلغني أنك جمعت بين إدامين على مائدة، وأن لك حُلَّتَيْنِ، حَلَّةٌ بِالنَّهَارِ وَحَلَّةٌ بِاللَّيْلِ، قال: وهل بلغك غير هذا؟ قال: لا، قال: أما هذان فقد كفيتهما. وكان يسأل حذيفة ويقول له: أنت صاحب سير رسول الله صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ فِي الْمُنَافِقِينَ، فَهَلْ تَرَى عَلَيَّ شَيْئًا مِنْ آثَارِ النِّفَاقِ؟ فَهُوَ عَلَى جَلَالِهِ قَدْرِهِ وَعُلُوِّ مَنْصِبِهِ هَكَذَا كَانَتْ تُهَمُّهُ لِنَفْسِهِ رَضِيَ اللَّهُ عَنْهُ، فَكُلُّ مَنْ كَانَ أَوْفَرَ عَقْلًا وَأَعْلَى مَنْصَبًا كَانَ أَقَلَّ اعْجَابًا، وَأَعْظَمَ اتِّهَامًا لِنَفْسِهِ.

إلا أن هذا أيضاً قد عَزَّ، فقل في الأصدقاء من يترك المداينة، فيخبر بالعيب، أو يترك الحسد، فلا يريد على قدر الواجب، فلا تخلو في أصدقاؤك عن حسود، أو صاحب غرض يرى ما ليس بعيب عيباً، أو عن مDAHن يخفي عنك بعض عيوبك.

ولهذا كان داود الطائي قد اعتزل الناس، فقيل له: لم لا تخالط الناس؟ فقال: وماذا أصنع بأقوام يخفون عني عيوبي؟!

فقد كانت شهوة ذوي الدين أن يتنبهوا لعيوبهم بتنبيه غيرهم، وَقَدْ آلَ الْأَمْرُ فِي أُمَّتِنَا إِلَى أَنْ أَنْعَضَ الْخَلْقُ إِلَيْنَا مَنْ يَنْصَحُنَا وَيُعَرِّفُنَا عُيُوبَنَا، وَيَكَادُ هَذَا أَنْ يَكُونَ مُفْصِحًا عَنْ ضَعْفِ الْإِيمَانِ؛ فَإِنَّ الْأَخْلَاقَ السَّيِّئَةَ حَيَاتٌ وَعَقَارِبٌ لِدَاعَةٍ، فَلَوْ نَبَّهْنَا مُنْبَهُ عَلَى أَنْ تَحْتَ ثُوبِنَا عَقْرَبًا لَتَقَلَّدْنَا مِنْهُ مَنَّهُ، وَفَرَحْنَا بِهِ وَاشْتَعَلْنَا بِإِزَالَةِ الْعَقْرِبِ وَإِبَاعَادِهَا وَقَتْلَهَا، وَإِنَّمَا نَكَايَتُهَا عَلَى الْبَدَنِ، وَيَدُومُ أَلْمَهَا يَوْمًا فَمَا دُونَهُ، وَنَكَايَةُ الْأَخْلَاقِ الرَّدِيئَةِ عَلَى صَمِيمِ الْقَلْبِ، وَيُخَشَى أَنْ تَدُومَ بَعْدَ الْمَوْتِ أَدْبًا، أَوْ آفَاً مِنَ السَّنِينِ، ثُمَّ لَا تَنْرُحُ بِمَنْ يَنْبِئُنَا عَلَيْهَا، وَلَا نَشْتَعِلُ بِإِزَالَتِهَا، بَلْ نَشْتَعِلُ بِمُقَابَلَةِ النَّاصِحِ بِمِثْلِ مَقَالَتِهِ، فَنَقُولُ لَهُ: (وَأَنْتَ أَيْضًا تَصْنَعُ كَيْتَ وَكَيْتَ)، وَتَشْتَعِلُنَا الْعِدَاوَةَ مَعَهُ عَنِ الْإِنْتِفَاعِ بِنُصْحِهِ، وَيُشْبِهُ أَنْ يَكُونَ ذَلِكَ مِنْ قِسَاوَةِ الْقَلْبِ الَّتِي أَتَمَّرْتَهَا كَثْرَةُ الدُّنُوبِ، وَأَصْلُ ذَلِكَ ضَعْفُ الْإِيمَانِ، فَسَأَلَ اللَّهُ عَزَّ وَجَلَّ أَنْ يُعَرِّفَنَا رُشْدَنَا، وَيُبَصِّرَنَا بِعُيُوبِنَا، وَيَشْتَعِلْنَا بِمُدَاوَاتِهَا، وَيُوقِّعَنَا لِلْقِيَامِ بِشُكْرِ مَنْ يُطْلِعُنَا عَلَى مَسَاوِينَا بِمَنِّهِ وَفَضْلِهِ.

الطَّرِيقُ الثَّلَاثُ: أَنْ يَسْتَفِيدَ مَعْرِفَةَ غُيُوبِ نَفْسِهِ مِنْ أَلْسِنَةِ أَعْدَائِهِ، فَإِنَّ عَيْنَ السُّخْطِ تُبَدِّي الْمَسَاوِي، وَلَعَلَّ انْتِفَاعَ الْإِنْسَانِ بِعَدُوِّ مِشَاحِنِ يَذَكِّرُهُ غُيُوبَهُ أَكْثَرَ مِنْ انْتِفَاعِهِ بِصَدِيقِ مُدَاهِنٍ يُثْنِي عَلَيْهِ وَيَمْدَحُهُ، وَيُخْفِي عَنْهُ غُيُوبَهُ، إِلَّا أَنَّ الطَّيِّعَ مَجْبُولٌ عَلَى تَكْذِيبِ الْعَدُوِّ، وَحَمْلِ مَا يَقُولُهُ عَلَى الْحَسَدِ، وَلَكِنَّ الْبَصِيرَ لَا يَخْلُو عَنِ الْإِنْتِفَاعِ بِقَوْلِ أَعْدَائِهِ؛ فَإِنَّ مَسَاوِيَهُ لَا بُدَّ وَأَنْ تَنْتَشِرَ عَلَى أَلْسِنَتِهِمْ.

الطَّرِيقُ الرَّابِعُ: أَنْ يُخَالِطَ النَّاسَ، فَكُلُّ مَا رَأَهُ مَذْمُومًا فِيمَا بَيْنَ الْخَلْقِ فَلْيُطَالِبْ نَفْسَهُ بِهِ وَيَنْسُبْهَا إِلَيْهِ؛ فَإِنَّ الْمُؤْمِنَ مِرَاةَ الْمُؤْمِنِ، فَيَرَى مِنْ غُيُوبِ غَيْرِهِ غُيُوبَ نَفْسِهِ، وَيَعْلَمُ أَنَّ الطَّيِّعَ مُتْقَارِبَةً فِي اتِّبَاعِ الْهَوَى، فَمَا يَتَّصِفُ بِهِ وَاحِدٌ مِنَ الْأَقْرَانِ لَا يَنْفَكُ الْقَرْنِ الْآخَرَ عَنْ أَصْلِهِ، أَوْ عَنْ أَعْظَمِ مِنْهُ، أَوْ عَنْ شَيْءٍ مِنْهُ، فَلِيَتَفَقَدَ نَفْسَهُ وَيَطْهَرَهَا مِنْ كُلِّ مَا يَذْمُهُ مِنْ غَيْرِهِ، وَنَاهِيكَ بِهَذَا تَأْدِيبًا، فَلَوْ تَرَكَ النَّاسُ كُلَّهُمْ مَا يَكْرَهُونَهُ مِنْ غَيْرِهِمْ لَاسْتَعْنَوْا عَنِ الْمُؤَدِّبِ.

قيل لعيسى عليه السلام: من أدبك؟ قال: ما أدبني أحد، رأيت جهل الجاهل شينا فاجتنبته.

وهذا كله جيلٌ من فقد شيخاً عارفاً زكياً، بصيراً بعيوب النفس، مشفقاً ناصحاً في الدين، فارغاً من تهذيب نفسه، مشتغلاً بتهذيب عباد الله تعالى، ناصحاً لهم، فمن وجد ذلك فقد وجد الطبيب، فليلازمه، فهو الذي يخلصه من مرضه، وينجيه من الهلاك الذي هو بصدده.

#### 2.4 English Translation

##### The Means of Recognizing One's Own Flaws

[One should] realize that if Allah wants goodness for a servant [of His], He makes him cognizant of his own flaws. If he is [sufficiently] discerning, none of his flaws would remain undetected. By recognizing [one's own] faults, reform thus becomes possible. However, most people are oblivious to their own shortcomings; noticing the [tiniest] defect in others, whilst failing to detect the most blatant [of vices] within their own self.

There are four ways in which a person may recognize their own flaws:<sup>7</sup>

7 It is noteworthy that Imam al-Ghazālī's four methods completely converge with Abū Bakr al-Razī's suggestions of how to discover one's vices. This demonstrates Imam al-Ghazālī's willingness to draw directly from existent philosophical and medical works in his synthesis. The difference between the two styles of writing is evident in al-Ghazālī's reliance on scriptural sources to justify and discuss such issues of character development. This chapter

**First:** One [should] consult a shaykh<sup>8</sup> who has [deep] insight into inner deficiencies, [and is thus] well-aware of subtle [spiritual] illnesses. They [should] depute him as an authority over one's self, and [thereafter] adhere to his directives for their [eventual] rectification. This is [the nature of] the relationship between a disciple (*murīd*)<sup>9</sup> and his shaykh, or a student with his teacher; [both] the teacher and shaykh alert [the seeker concerning] his flaws and [likewise] enlighten him [as to] the method of treatment. However, this [approach] has become uncommon over time.

**Second:** [A person] may seek [assistance from] a sincere, insightful, and religious friend,<sup>10</sup> appointing him to [carefully] observe and take note of one's demeanor and deeds. He [may] subsequently draw their attention towards whatever he dispraises of their manners, actions, and flaws – apparent or hidden. This is precisely what the prominent, astute, religious scholars [of the past] used to do. 'Umar, may Allah be pleased with him, used to say, "May Allah have mercy on whoever guides me to [recognize] my shortcomings."<sup>11</sup> When Salmān [may Allah be pleased with him] would come to him, 'Umar used to ask him about his own flaws, saying, "What has reached you concerning me that you dislike?" Salmān would try to avoid [the question], but 'Umar

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is a clear display of adopting and adapting Greek and philosophical works into a uniquely Islamic and theological literary discourse.

- 8 This is a reference to a shaykh of Sufism; a qualified spiritual master who undertakes various Islamic disciplines and practices to develop character and spirituality. This is a living practice-based tradition of Islam that continues until today. A shaykh is one who has received spiritual training from their teachers and has been formally authorized to initiate disciples in the spiritual path (*ṭarīqa*). Such a system of authorization originates from an unbroken chain that reaches back to the Master of all spiritual masters, the Prophet Muhammad, may Allah bless him and grant him peace.
- 9 A disciple is the one who is formally initiated into a spiritual path by making a solemn pledge of allegiance (*bay'ā*) to an accomplished spiritual master. Thereafter, one is expected to faithfully strive upon the spiritual path, working upon themselves and fully adhering to the spiritual counsel of the shaykh, to the best of their ability.
- 10 Imam al-Ghazālī outlines a second relational modality for character development that is unlike the typical one prescribed by the theologians. This relational modality seems to indicate a more authoritative relationship rather than an authoritarian one. The contemporary Muslim psychologist could potentially largely fulfill this role. However, it is important to note that al-Ghazālī outlines the important prerequisite quality of such an individual, i.e., of being Islamically upright or righteous. One of the most common definitions of uprightness, or *'adāla*, as outlined in Islamic law, is to abstain from all major sins and to refrain from persisting upon committing minor sins, with personal righteousness being preponderant, overall. (al-Sayyid al-Sharīf al-Jurjānī, *Kitāb al-Ta'rīfāt* (Lebanon: Maktabat Lubnān, 1985), 147.)
- 11 (Al-Is mā'li and al-Dhahabi, *Manāqib 'Umar*).

insisted. He thus answered, “I have heard that you [reportedly] conjoined two [different] dishes on a [single] spread, and that you have two outfits; one for the daytime and the other for night.”<sup>12</sup> ‘Umar [then] asked, “Have you heard [anything else] other than this?” Salman replied, “No.” ‘Umar said, “As for those two [concerns], I have taken care of them.” He would [likewise] implore Ḥudhayfa [may Allah be pleased with him] saying, “Concerning the hypocrites, you are the [appointed] confidant of the Prophet, may Allah bless him and grant him peace. So, do you see any of the characteristics of hypocrisy in me?” This is how he would scrutinize himself despite his eminence and high status, may Allah be pleased with him. Hence, the greater a person’s intelligence and rank, the more critical they [should] be regarding their own self and [thus] further away [from] self-infatuation.<sup>13</sup>

However, this is also rare, as few friends [can] resist adulation so as to [accurately] disclose [one’s] flaws. Conversely, [few can] avoid envy, due to which they do not say more than what is required [of them]. As such, amongst your friends there will inevitably be someone with envy or an ulterior motive, contriving that which is not even a deficiency to be a vice. Or [there will be others] who [excessively] flatter, concealing some of your flaws from you.

For this reason, Dāwūd al-Ṭā’ī isolated himself from others. He was consequently asked, “Why do you not associate with people?” He responded, “What am I to do with people who hide my flaws from me?”

Indeed, the [ardent] desire of the faithful was to have their flaws pointed out to them by others. But this has degenerated [significantly] amongst people like us [nowadays]; [amongst] all of creation, the most despised to us are those

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12 While this may not be seen as reprehensible according to the general norms of most people, the companions of the Prophet, may Allah bless him and grant him peace, held a very stringent standard of asceticism and vigilance in abstaining from the dangers of the love of wealth. Given the weight of responsibility they had over the community in serving as role models, they were particularly meticulous in ensuring that they did not demonstrate even the slightest inclination towards luxury or worldly comforts, even if they were technically permissible. As a famous Arabic proverb states, “The good deeds of the righteous are considered to be misdeeds for those closest to Allah.”

13 Taking account of oneself on a daily basis can elicit the emergence of positive characteristics from within a person and engender holistic health and balance (see Hooman Keshavarzi et al., eds., *Applying Islamic Principles to Clinical Mental Health Care: Introducing Traditional Islamically Integrated Psychotherapy*, 1st ed. (Routledge, 2020), 263.). Individuals are encouraged to reflect upon their behaviors, analyze their actions as well as their thoughts, and struggle against their lower ego’s negative inclinations (Keshavarzi et al., 257–59.).

who advise us and make us aware of our deficiencies.<sup>14</sup> This is a clear indication of weak faith.

Verily, bad morals are [like] vicious snakes and scorpions. So, if someone were to warn us that there is a scorpion [hidden] in our clothes, we would readily believe them and [immediately] take action to remove, kill, and get rid of it, well-pleased and grateful for the warning. The sting of a scorpion only affects the body, its pain lasting for a day or even less. However, immorality injures the innermost [part] of the heart,<sup>15</sup> [its harm] potentially extends beyond death, lasting for thousands of years or [even] eternity. Yet, we are displeased with whoever alerts us concerning it, and we do not take action to extirpate it. Instead, we exonerate [ourselves] by confronting the one advising us and retorting, “well, you also do such and such ...”.<sup>16</sup> Enmity [thus] preoccupies us from deriving benefit through their advice. This appears to come from hard-heartedness caused by an abundance of sins, the root of which is [essentially] weakness of faith.

We ask Allah the Exalted, through his generosity and favor, to help us come to our senses, enabling us to recognize our deficiencies and strive to rectify them; and to guide us to be grateful towards those who reveal our flaws to us.

**Third:** To gain insight [into] one’s flaws via the claims of one’s enemies. Indeed, the contemptuous eye finds all faults. Hence, it is likely that a person would benefit more from an impudent enemy who recounts one’s flaws as opposed to a polite friend who praises one and obscures one’s faults. But [our] natural disposition is inclined to discredit [our] enemies and interpret whatever they say [to be rooted] in envy. Nonetheless, an astute person still derives

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14 It is interesting how al-Ghazālī is pointing out the moral decline of his time, at a period when there was still a lot of literature being produced on virtue, ethics, character, and spirituality. With an increasingly materialistic society and the spread of western individualism globally, the consequent excess of emphasis, acceptance, tolerance, and sensitivity has created a social environment that is not conducive to social rectification or negative feedback. Resiliency is on the decline among the newer generations, particularly with the increased sensitivity and need for unchecked self-expression seen in generations Y and Z (American Psychological Association, Stress in America Survey, 2022).

15 Abu Hurayra, may Allah be pleased with him, reported, “the Messenger of Allah, peace and blessings be upon him, said, ‘Verily, when the servant commits a sin, a black mark appears upon his heart. If he abandons the sin, seeks forgiveness, and repents, then his heart will be polished. If he returns to the sin, the blackness will increase until it [eventually] overcomes his heart. This is the covering that Allah has mentioned: *No, rather a covering is over their hearts from what they have earned.* (Al-Muṭaffifīn, 83:14)” (Al-Tirmidhī, 3334).

16 *Tu quoque* or “you too” fallacy, is a statement that intends to discredit an individual’s claim by attacking their own behaviors and actions as being inconsistent with their claim. It is an appeal to hypocrisy.

benefit from the sayings of his enemies, as [the reality of] his shortcomings will undoubtedly come out of their mouths.

**Fourth:** To mingle with [other] people. Whenever a person sees something reprehensible in others, he should check himself regarding it, and [furthermore] ascribe it to himself, as a believer is [like] a mirror to [other] believer[s]. He thus sees his own flaws through the faults of others and knows that natural tendencies are [relatively] similar to one another when it comes to following [one's] desires. As such, whatever characteristics are apparent in an individual are bound to exist in another person amongst peers; essentially, for the most-part, or [at least] in some sense. So, one should scrutinize their own self, and cleanse it of everything one deems blameworthy in others. This alone would be sufficient for rectification;<sup>17</sup> [hypothetically,] if absolutely everyone were to forsake what they disapprove of in others, there would be no need for a reformer.

ʿĪsā, upon him be peace, was [once] asked, “Who taught you good comportment?” He replied, “No one taught me; I saw the sullyign ignorance of the ignorant, and subsequently kept away from it.”

All of these are [possible] alternatives for those who are bereft of a discerning and righteous shaykh; [one who is] insightful regarding spiritual weaknesses; compassionate; admonitory in religion; accomplished [in terms] of his own self-rectification; genuinely devoted to the reformation of Allah's servants. Whosoever finds such [a person] has found [their spiritual] doctor, and should thus cling [firmly] to him, as he is the one who can [help] rid a person of their ailments and save them from impending destruction.

### 3 The Need for the Management of the Psyche. *Maṣāliḥ al-Abdān wa-l-Anfus (Sustenance of the Body and the Psyche)* by Abū Zayd al-Balkhī (d. 322 AH/934 CE)

#### 3.1 *Author's Biography*

Abū Zayd Aḥmad ibn Sahl al-Balkhī was born in modern day Afghanistan in a city called Balkh. He was recognized as a polymath and spent significant

<sup>17</sup> Imam al-Ghazālī is drawing this from classical Greek and Islamic philosophical works, emphasizing its utility in this particular approach to character change. He outlines this methodology as among the most powerful tools for gaining personal insight and transforming the self. By seeing one's behaviors in others, one is able to externally observe the degree of repugnance in one's own behavior, which can engender a feeling of adaptive shame and disgust. This effectively deters one from behaving in a similar way again in the future.

time in Baghdad to further his education. His life was dedicated to the fields of psychology, science, literature, geography, Islamic theology, and theoretical medicine. He was a student of the renowned physician al-Kindī. He laid a great deal of importance to spirituality viewing religion as the greatest of all philosophies, understanding that in order to be a good philosopher one needed to be grounded in spirituality and be a sincere worshiper of Allah. The discovery of his treatise on physical and mental health entitled *Maṣālih al-Abdān wa al-Anfus* has led to an immense interest in the works of the classical Islamic scholars regarding human psychology. It is noteworthy that in his work, al-Balkhī's classification and symptomatology of obsessive disorders parallels the fifth edition of the modern Diagnostic and Statistical Manual of Obsessive-Compulsive Disorders (OCD). al-Balkhī was well versed in the Islamic sciences as well, so his writings encourage patients to seek treatment for illnesses by reminding them of the prophetic tradition that Allah has created a cure for every illness.

### 3.2 *Text Overview and Significance*

The original treatise *Maṣālih al-Abdān wa al-Anfus* by al-Balkhī is composed of two larger sections. The first section is devoted to physical health, while the second section of his book deals with psychological health. The psychology-focused section of his book can be further subdivided into two parts. The first part, spanning from chapters one to four contains several general public guidelines related to mental health. For the purposes of this compilation, only these first four chapters have been translated. In these chapters, he outlines general ways to preserve psychological health, utilizing mostly a cognitive psychological approach. He attempts to provide important education about human psychology and the stressors of the world in order to engender resilience in his readers. The second part, spanning from chapters five through seven was not included in this compilation; these are more interventionally oriented, providing practical guidelines and assessments of particular emotional states and disorders.

Overall, al-Balkhī concludes that psychological disorders arise out of emotional dysregulation; thus, he views emotions as the central indicators of health or pathology. Accordingly, in his view, the ultimate goal of health is to acquire regulated and balanced emotions, mostly through a healthy cognitive orientation to life preventatively, and to restore or cognitively restructure one's thinking in order to reverse psychopathology. Al-Balkhī emphasizes the importance of mental health and ascertains that human beings are bound to experience both physical and mental health disorders. Thus, it is imperative to give equal and sometimes even more importance to the maintenance of one's psyche.

He demonstrates how much the psyche is interconnected with physical health and how the absence of caring for one's mental health can also contribute to the onset of physical ailments.

Furthermore, it is also noteworthy that while al-Balkhī is a trained theologian in his own right, his literary style is similar to the other philosophers and physicians, making few explicit scriptural references. While he does write like a philosopher physician in that regard, he also clearly states that he has simplified the language employed in his book. To explain further, by omitting exhaustive theological discourse and complex philosophical debates pertaining to the soul or psyche, he sought to make his book practical and accessible to the average reader.

### 3.3 Arabic Text

#### الباب الأول

في الإخبار عن مبلغ الحاجة إلى تدبير مصالح الأنفس

قد أتينا في المقالة الأولى من هذا الكتاب على ما تلزم الحاجة إلى معرفته واستعماله في تدبير مصالح الأبدان، وحفظ الصحة عليها إذا كانت موجودة، وإعادتها إليها إذا فقدت بعارضٍ يعرض لها من العلل والأسقام بالقول المجمل الذي يعرفُ معه الناظرُ فيه ما يجب أن يجري عليه تدبيرُ بدنه في معنى الأغذية والأدوية لاستدامة السلامة، واستبقاء الصحة. ونحن نقصدُ في هذه المقالة للإخبار بوجه تدبير مصالح الأنفس، وحفظ قواها على سبيل الصلاح والاعتدال، وجهة التدبير في نفي الأعراض النفسانية التي تعرض لها. ونبدأ فنقول:

إن الإنسان لما كان مركباً من بدن ونفس، صارَ يوجدُ له من قبيل كلِّ منهما صلاحٌ وفسادٌ، وصحةٌ ومرضٌ وسقمٌ، وأعراضٌ تعرضُ له في صحتها، فتفسدُها عليه، وينسبُ إليه خصوصاً.

فالأعراض التي تعرضُ للبدن فتفسدُ صحته هي مثلُ: الحمى، والصداع، وسائر الأوجاع التي تعرض له في كل من أعضائه، والأعراض النفسانية هي مثلُ: الغضب، والغم، والخوف، والجزع، وما أشبهها.

وهذه الأعراض النفسانية هي ألزم للإنسان، وأكثرُ اعتراءً له من الأعراض البدنية؛ وذلك أن الأعراض البدنية قد يسلمُ الواحد بعد الواحد منها حتى لا يكاد يعرضُ له في أكثر أيام عمره منها أو من عامتها شيءٌ. فأما الأعراض النفسانية فإن الإنسان مدفوع في أكثر أوقاته إلى ما يتأذى به منها؛ إذ ليس يخلو في كافة أحواله من استشعار غم أو غضب أو حزن، وما أشبهها من الأعراض النفسانية، إلا أنه ليس قدرُ ما يصلُ منها إلى كل واحد من الناس

قدراً واحداً، فإنهم مختلفون فيما يحصل إليهم من هذه الأعراض، وذلك أن كلاً منهم إنما يأخذ منها بحسب مزاجه، وأصل تركيبه في القوة والضعف، فمنهم من يُلقَى سريعَ الغضب، ومنهم من يُلقَى بطيء الغضب، وكذلك منهم من يشتد خوفه وجزعه من الشيء الهائل، ومنهم من يكون متجلداً رابط الجأش.

وكذلك توجد أحكام النساء والصبيان وأصحاب الطبائع الضعيفة مخالفةً لأحكام الرجال الأقوياء الطبائع في قدر ما يخلص منها إلى كل منهم؛ إلا أنه لا بد أن يأخذ كل بحظه منه، قل ذلك فيه أو أكثر منه، واشتد عليه أو ضعف.

ومن أجل ذلك لا يستغني أحد من الناس عن تقديم العناية بمصالح الأنفس، والاجتهاد فيما ينفي عنه ما يعتريه منها، فيؤدّيهِ إلى القلق، وتنغص العيش. وتكون تلك الأعراض نظيرة الأمراض الجسمانية التي تعرض له فتؤلمه وتسقمه، وتؤديه إلى الحالة المكروهة.

على أن الكلام في هذا الباب أمر لم تجر عادة الأطباء بذكره وإيقاعه في الكتب التي كانوا يؤلفونها في الطب ومصالح الأبدان ومعالجات العلل العارضة لها؛ وذلك لأن القول ليس هو من جنس صناعتهم، ولأن معالجات الأمراض النفسانية ليست من جنس ما يتعاطونه من الفصد وسقي الأدوية وما أشبههما من وجوه المعالجات، غير أنهم وإن لم يفعلوا ذلك، ولم تجر العادة به منهم، فإن إضافة تدبير مصالح الأنفس إلى تدبير مصالح الأبدان أمر صواب، بل هو مما تمس الحاجة إليه، ويعظم الانتفاع؛ لاشتباك أسباب الأبدان بأسباب الأنفس؛ فإن الإنسان إنما قوامه بنفسه وبدنه، وليس يُتوهم له بقاء إلا باجتماعهما، لتظهر منه الأفعال الإنسانية، فهما يشتركان في الأحداث النائية، والآلام العارضة، وكما أن البدن إذا سقم وألم وعرضت له الأعراض المؤذية، منع ذلك قوى النفس من الفهم والمعرفة وغيرها أن تفعل أفعالها على وجهها، ويتفرغ معها الإنسان للقيام بما يقلقها ويؤذيها كان في ذلك ما يشغل الإنسان عن الاستمتاع باللذات البدنية، وأخذ شيء منها على سبيله، ووجد عيشه مكدرًا، وحياته متنعصّة عليه، بل ربما أداه تحامل الآلام النفسانية عليه إلى الأمراض البدنية!

وإذا كان ذلك كذلك فبكل إنسان حاجة - وخصوصاً بمن تغلب عليه الأعراض النفسانية المؤذية - إلى أن يعلم كيف جهة التدبير في مقابلتها بما ينفيها أو يقلل منها، وإذا وجد ذلك مجموعاً له، مضافاً إلى ذكر مصالح الأبدان في كتاب، أو أمكنه أن يعرف ما يلزمه الحاجة إليه من ذلك؛ فيداوي نفسه به مما يعتريه من تلك الآلام، واستغنى عن تطلب تلك الأشياء في المواضع التي توجد متفرقة فيها من كتب الحكماء وأهل الموعظة والتبصير، ثم لعله لا يقدر على أن يجد ما يحتاج إليه من ذلك مستجمعاً له في كتاب واحد يكون رجوعه فيه إليه، فقد علم أن مطلب ذلك يعسر، ولا يتسهل السبيل نحو تسهيلها إلى تدبير مصالح الأبدان وحفظ الصحة عليها وإعادةها إليها، فإن كتب الأطباء في ذلك كثيرة، ولهم أقاويل مشروحة - وإن لم يكن مذهبهم تسهيلها فيها المذهب الذي

نحوناه في الإيجاز والاختصار والتخريج له على جهة الوصية والتذكرة -، فأما هذا النوع الذي هو تدبير مصالح الأنفس، فلا نعلم أحداً قال فيه قولاً مشروحاً وافياً بقدر الحاجة، فنحن نتكلم فيه بما تبلغه المعرفة، وبالله التوفيق.

### 3.4 *English Translation*

#### **Articulation of the Immense Need for Fostering the Sustenance of the Psyche**

In the first section of this book,<sup>18</sup> we expounded upon that which needs to be known and applied in managing the interests of the body, by maintaining its well-being when healthy and restoring it back to health whenever compromised by symptoms of disorder and disease. [This was discussed] in a comprehensive manner, effectively informing the reader how they must take care of their body in terms of consuming suitable foods and medicine in order to sustain [physical] well-being and retain health.

In this section, we endeavor to elucidate the methods of sustaining the psyche, as well as [how] to safeguard its faculties on the path towards well-being and equilibrium.<sup>19</sup> We furthermore explore avenues to mitigate [various] psychological symptoms that afflict it.

We begin by saying that since human beings are composed of a body and psyche, both components [inevitably] experience [various degrees of] well-being and disorder, health, and sickness, as well as particular ailments and symptoms that adversely affect one's [overall] well-being.

The symptoms that adversely affect bodily health are the likes of fever, headaches, and all other types of [physical] pain that afflict each of the body's various organs. Conversely, psychological symptoms include anger, grief, fear, panic, and other similar conditions.<sup>20</sup> [Generally,] these psychological conditions are more abiding and recurrent than physical symptoms. To elucidate, it

18 In the initial portion of Al-Balkhī's work, he focuses on the development, sustenance, and treatment of physical ailments. This section marks the start of the second part of his book, dedicated to the nourishment of the psyche.

19 This is in reference to the theory of homeostasis regarding the health of both the body and the psyche which was prevalent in Greek medicine and adopted by Islamic philosophers and physicians. Al-Balkhī is expanding the analogy of homeostasis of physical fluids in the body to the psyche. While this theory may be relatively marginalized in contemporary medicine, the notion of adaptive versus maladaptive, emotional regulation, and equilibrium continue to hold significance in modern psychology. In fact, Keshavarzi, Khan, Ali & Awaad have defined psychological health as an equilibrium across all components of the psyche. (See: Keshavarzi et al., *Applying Islamic Principles to Clinical Mental Health Care.*)

20 Al-Balkhī's classification of psychological disorders seems to be primarily rooted in emotional disturbances. In his view, the presence of debilitating emotional states seem to indicate the presence of psychological pathology.

is conceivable that a person may almost never suffer from any physical symptoms throughout most or all of their lifetime. As for psychological symptoms, human beings are susceptible to suffering from them most of the time, in some way [or another]. It is inconceivable that a person could ever be [completely] free from experiencing feelings of sorrow, anger, grief, or similar psychological states.<sup>21</sup> However, not every person bears the same symptom in the same way; people differ in their responses to these symptoms, as each person is affected according to the strength or weakness of their innate temperament and make-up.<sup>22</sup> Some people are quick-tempered whereas others are slow-to-react. Likewise, some may become extremely upset and panic-stricken in the face of atrocity, whilst others [easily] maintain their composure, [predominantly] undisturbed.

Thus, one can contradistinguish between the [expected] responses of women, children, and those with a weak disposition compared to those with a disposition that is naturally stronger.<sup>23</sup> Each individual's [experience] will

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21 Despite being written over a millennium ago, it is remarkable how al-Balkhī underscores the mind-body connection and the pervasiveness of psychological turmoil. It is worth noting that the first four chapters of al-Balkhī's treatise on psychological health are mostly preventative in nature, while the last few chapters are dedicated to treatment of an existing psychological disorder. Al-Balkhī is outlining the necessity of psychological hygiene and pre-emptive approaches to engendering resilience to psychological suffering before environmental challenges are presented.

22 Al-Balkhī importantly outlines the relationship between temperament and psychological states. Each individual's biological temperament and inherent tendencies substantially influence their capacity to control and regulate their emotions. Those who are neurotic in their disposition may have a more difficult time with feelings of anxiety and experience higher degrees of psychological symptoms, particularly in comparison to those with an easy temperament (see Thomas A. Widiger, *The Oxford Handbook of the Five Factor Model* (Oxford University Press, 2017).

Al-Balkhī's perspective represented the prevailing stance amongst Islamic philosophers, physicians, and spiritual practitioners and it was well established despite the debate of nature versus nurture; such has only recently been resolved within the field of psychology.

23 While modern psychological discourse may contend with the gender similarities (Janet Shibley Hyde, "The Gender Similarities Hypothesis," *American Psychologist* 60, no. 6 (September 2005): 581–92.) versus gender differences debate, empirical evidence supports the existence of gender differences in psychology, with distinct emotional states typically exhibiting greater prominence in each respective gender (Giolla & Kajonus (2018)). For example, neuroticism seems to be higher in women whilst aggression is typically higher in males (Hyde). While Hyde espouses the gender similarities hypothesis, her meta-analysis of 128 studies on gender differences across psychological variables found that more than 20% effect sizes were large, while most of the remainder demonstrated at least small to moderate effect sizes (below a mean difference of  $d = 0.35$ ). Although it is true that males and females exhibit more similarities than differences, her findings appear to clearly indicate significant psychological differences between the genders.

inevitably be based on the nature of their disposition, be it diminutive, abundant, intense, or moderate.

For these reasons, no one can do without giving precedence to the sustenance of the psyche and actively striving to ward off what [adversely] affects it. [Negligence in this regard can easily] lead to disquietude and dysfunction. Such [psychological] symptoms are comparable to physical illnesses that beset the body, causing a person pain, inducing sickness, and bringing about an agonizing situation [overall].<sup>24</sup>

Nonetheless, [conventional] physicians scarcely discuss this topic, and it is [generally] not included in their written works that deal with medicine, the sustenance of the body, and the treatment of its various illnesses. This is [likely] because it is a subject that goes well beyond their professional interests; the treatment of psychological disorders is vastly different from bloodletting, prescribing medications, and other similar treatments that they typically administer. Even though they largely ignore psychology in their normative [medical] practices,<sup>25</sup> it is most [appropriate and] correct to combine the careful management of both the mind and body, with due consideration for what sustains each of them, [respectively]. In fact, it is a much needed [approach] that [could only] yield tremendous benefit, as functional matters of the psyche and the body are [deeply] interrelated. Indeed, each [and every] human being is made up of both an [inner] psyche and an [outer] body; it is unfathomable for a person to exist without the simultaneous integration of both [essential] components. This [vital combination] is what one needs to behave as [and be] human, since it is both [the mind and body] that concomitantly react to unfavorable circumstances and experience pain. Hence, when the body experiences sickness, pain, or other unsettling symptoms, the psyche's capacity to discern and understand is hindered or functionally weakened, as are various other mental faculties. [Naturally,] a person suffering from such agitation fixates on their troubles, which effectively diminishes the [body's] ability to properly experience most forms of physical satisfaction. This can distort one's outlook and experience of life itself. More still, it could even be such that psychological afflictions carry over and induce physical ailments too.<sup>26</sup> Considering all of the above, it is imperative for everyone, especially those

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24 Al-Balkhī once again lays special emphasis on psychological care and psychological development in order to generate resilience to future disorder.

25 Even during al-Balkhī's time, it appears that physicians tended to undervalue psychological health, thus motivating al-Balkhī to write this treatise, describing and emphasizing the potential consequences of its negligence.

26 Al-Balkhī demonstrates the interconnection between the mind and body. He describes how physical ailments can be the result of psychosomatic experiences or that stressful conditions can adversely affect the body.

[frequently] struggling with psychological issues, to understand the modalities of [personal] management in countering these ailments with that which repels them or minimizes them.

Accordingly, if one can find such [key information] compiled in a book that also includes what is needed to take care of the body, then such a person would be able to treat their own self without having to scour for such things through the scattered writings of traditional healers, religious orators, [and others].

Then again, one might not be able to find all of those things incorporated together in one singular resource.<sup>27</sup> In fact, procuring such [a reference] would [likely] be quite challenging and not as easy as finding works that are solely dedicated to physical remedies for the restoration and preservation of bodily health. Although [conventional] physicians have [produced] numerous books detailing medical matters [pertaining to the sustenance of the body], it seems that their overall approach makes this [knowledge] inaccessible [to the average layperson], whereas our uniquely condensed, concise style, crafted in the form of simple reminders and advice, [proves to] be much easier. Indeed, we do not know of anyone else who has effectively discussed and sufficiently explained the sustenance of the psyche in this way.<sup>28</sup> On this matter, we speak [solely] to the extent of our knowledge, and Allah alone grants success.

#### 4 Preservation of the Health of the Psyche. *Maṣālih al-Abdān wa al-Anfus (Sustenance of the Body and the Psyche)* by Abū Zayd al-Balkhī (d. 322 AH/934 CE)

##### 4.1 *Author's Biography*

Abū Zayd Aḥmad ibn Sahl al-Balkhī was born in modern day Afghanistan in a city called Balkh. He was recognized as a polymath and spent significant time in Baghdad to further his education. His life was dedicated to the fields of psychology, science, literature, geography, Islamic theology, and

27 Al-Balkhī is illustrating the scarcity of written works solely devoted to this topic during his time.

28 One of the unique features of this particular work is al-Balkhī's intention to write it in vernacular Arabic, ensuring its accessibility as a self-help guide for the general population. While discussions of psychology found in the books of the physicians of that era tended to be overly technical or philosophical, al-Balkhī endeavored to simplify his approach in order to provide maximal benefit to the average reader. It is worth noting that in this work, al-Balkhī does not really delve into theories of change, philosophical discussions revolving around the nature or location of the psyche or soul, or other complex matters. He seems to be focused more on practical wisdoms and strategies for the masses.

theoretical medicine. He was a student of the renowned physician al-Kindī. He laid a great deal of importance to spirituality viewing religion as the greatest of all philosophies, understanding that in order to be a good philosopher one needed to be grounded in spirituality and be a sincere worshiper of Allah. The discovery of his treatise on physical and mental health entitled *Maṣāliḥ al-Abdān wa al-Anfus* has led to an immense interest in the works of the classical Islamic scholars regarding human psychology. It is noteworthy that in his work, al-Balkhī's classification and symptomatology of obsessive disorders parallels the latest edition of the modern Diagnostic and Statistical Manual of Obsessive-Compulsive Disorders (OCD). al-Balkhī was well versed in the Islamic sciences as well, so his writings encourage patients to seek treatment for illnesses by reminding them of the prophetic tradition that Allah has created a cure for every illness.

#### 4.2 *Text Overview and Significance*

After likening the health of the psyche to one's physical health, al-Balkhī states that when the psyche is calmed and regulated it achieves health. However, in order to achieve this state one must be free of and protect themselves from psychological disorders. Additionally, he says any emotional states such as intense anger, fear, or anxiety should be regulated in order for the psyche to experience holistic psychological well-being.

In a practical sense, al-Balkhī warns that one should avoid external triggers that contribute to provoking the psyche with intense feelings of anger, panic, grief, or fear. Moreover, one should avoid ruminative thoughts leading to further self-doubt and confusion. In order to deal with such threats, whilst in a state of psychological health (i.e. prior to becoming distressed), one should proactively internalize a core belief that the world is filled with challenges and cannot completely satiate all their desires. Through this, one can achieve the resilience to withstand threats and challenges when they arise. Further more it leads a person to be content with divine decree, the effect of which is such that one would naturally experience less intense negative reactions to smaller adversities and grievances that are a normal part of human life.

#### 4.3 *Arabic Text*

الباب الثاني  
في تدبير حفظ صحة الأنفس عليها

إن لنفس الإنسان صحة وسقماً، كما إن لبدنه صحة وسقماً؛ فصحة نفسه أن تكون قواها ساكنة، ولا يهيج به شيء من الأعراض النفسانية، ولا يغلب عليه، كالغضب، أو الفزع،

أو الجزع، وما نحن ذاكروه منها عند تعددنا إياها، فيكون سكون النفس منها صحتها وسلامتها. كما أن صحة البدن وسلامته يكونان بأن توجد الأخلاط التي فيها من الدم والمزتين والبلغم ساكنة، ولا يهيج شيء منها، فيغلب على غيره .

فكما أنه يجب أن يبدأ في باب مصلحة البدن بحفظ صحته عليه، ثم يتبع ذلك بإعادة صحته إليه إذا فقدت، كذلك يجب في مصلحة النفس أنه يبدأ بحفظ صحتها عليها إذا وُجِدَتْ، وإذا كانت صحتها إنما هي في سكون قواها كما وصفنا، فينبغي لمن أراد حفظ الصحة أن يجتهد في استدامة سكون قوى نفسه، وأن لا يهيجَ به منها هائج.

وكما أن البدن إنما يُحفظُ صحته عليه بوجهين: أحدهما: أن يُصانَ عن الآفات الخارجة كالحر والبرد والنكبات المؤلمة. والآخر: أن يُصانَ عن الآفات الداخلة، وهو أن لا يترك شيئاً من أخلاطه الأربعة يهيج به، فيغلب سواه، وذلك بتعديل الغذاء، وأخذ النافع، واجتناب الضار منه، وبما يتبع ذلك من المعاني التي ذكرناها في المقالة الأولى في باب حفظ صحة البدن، كذلك النفس إنما تُحفظُ صحتها عليها من وجهين:

أحدهما: أن تصان عن الأعراض الخارجة التي هي ورود ما يرد عليها من الأشياء التي يسمعها الإنسان أو يبصرها، فتقلقه وتضجره، وتحركه منه قوة غضبٍ أو فرحٍ أو غمٍّ أو خوفٍ وما أشبه ذلك.

والآخر: أن تصان عن الأعراض الداخلة التي هي التفكير فيما يؤديه إلى شيء مما وصفنا من هذه الأعراض، فيشغل قلبه وينقسم ضميره .  
وليس يتهيأ له ذلك إلا لمعنيين:

أحدهما: أن يُشعرَ قلبه وقت سلامة نفسه وسكون قواها ما أسست وُجِبت عليه أحوال الدنيا من أن أحداً لا يصل فيها إلى تحصيل إرادته، ونيل شهوته على سبيل ما يتمناه و يهواه، من غير أن يشوب كلا من ذلك شائبة تنغص وتكدر، أو يعرض له فيه عارض أذى أو مكروه. ويعلم أن هذا هو ما استمر عليه الطباع، وجرت به العادة، فلا يطلب من دنياه ما ليس في أصل بُنيته، ويدع - لمعرفته لذلك - الاستقصاء في وجوه معاملاته ومعاشراته لمن هو فوقه أو مثله أو دونه، ويتغافل عن كثير من الأمور التي ترد عليه بخلاف مراده و محبته ما وسعته ذلك، وجاز أن يغضب عنه، ولا يعود نفسه أن يضجر لكل صغير من الأمور التي يسمعها أو يبصرها، ويسير من الحوادث التي تقع بكرهته، فإنه إذا عود احتمال الصغير ومقاوة النفس عليه صار ذلك عادة له في احتمال ما هو أجل شأناً، وأعظم خطباً من المهمات التي تبدئه، والمكاره التي ترد عليه.

ويكون حاله في ذلك حال من يمر نفسه على احتمال الأذى اليسير من الحر والبرد وآلام النكبات، و ترك إظهار الجزع لكل منها، حتى تستمر طباعه على ذلك، وبصير احتمال اليسير منها سبباً لاحتمال ما هو أكثر وأعظم منه إذا ابتلي به أو دفع إليه؛ فإن هذه هي السبيل في رياضة الأبدان، وهي السبيل في رياضة الأنفس.

والمعنى الآخر: أن يعرف بنية نفسه، ومبلغ ما عندها من الاحتمال للأمور الملمّة الواردة عليه، فإن لكل إنسان مقدارا من قوة القلب أو ضعفه، وسعة الصدر أو ضيقه؛ فمن الأنفس ما يوجد فيه محتَمَلٌ للخطوب العظيمة، حتى لا يقدحهُ شيءٌ منها، ولا يُضعِفُ منته، ومَتَسَعٌ لأشغال كثيرة مهمة حتى يتفرغ لكل منها ويقابله بما يخفف عنها من الحيل، ومنها ما يوجد فيه من الانخزال لكل ما يفجؤه من الهموم، حتى تدهشهُ وتحيّرهُ وتجعله وشيك انحلال القوة من كل ما يلم به من النوائب، حتى تكربهُ وتضيق عليه مذاهب التصرف والاحتيايل، وحتى تؤديه إلى حالة تُعقبهُ علةٌ في البدن مضرّةً به.

فإذا عرف الإنسان طبيعته ومنتهى قوتها ومبلغ استقلالها بالأمر، بني على حسب ذلك تدييره في مطالبه ومقاصده، مَلِكاً كان أو سُوقَةً؛ فإن وجد نفسه مستقلة بعضائم الأمور، مقويةً بجلائل الخطوب، تعرض لذلك، وإن أحس منها برقّة بنية أو ضعف تركيب في أغراضه ومقاصده، تجنب وجوه المخاطر وأنواع التغيرات، وما يتعاطاه ذوو الأنفس القوية، والصدور الواسعة، والطبائع المستحصفة، وجعل غرضه فيهما غرض من يكون تحصيل سلامة النفس ودعتها وراحة القلب وطمأنينته - مع فوت كثير من الآمال والرغائب - أحب إليه، وآثر عنده من نيل أوفر الحظوظ منها مع ركوب المخاطرة، وحمل النفس على التغير والتعرض لما إن دُفِعَ في عقباه إلى خلاف ما يحبه، ضاق به صدره، وقلقت له نفسه، (و) لم يأمن إيصاله بضرر عظيم يناله في نفسه وبدنه.

فإنه متى لزم هذا المذهب في البابين اللذين وصفناهما طابت عيشته، ودامت راحته، وحَصَلَ الحظ الأوفر من سلامة نفسه، وحفظَ عليها صحتها، واستكمل بذلك السعادة الدنيوية؛ لأن كمال هذه السعادة إنما هي في صحة البدن و النفس وراحتهما، واندفاع الآفات والمكاره عنهما مدة الحياة في هذه الدنيا. ومتى خالف هذه الطريقة في مطالبه ومقاصده تنغصت عليه حياته، وتكدرت عيشته، واجتلب إلى نفسه الأمراض النفسانية التي تُضجرُه وتقلقه، كما يجتلب الأمراض البدنية إليه من لا يصون نفسه من الآفات الخارجة، ويتناول من أغذية المطاعم والمشارب وغيرهما من حاجة الأبدان أكثر مما تتحملة قوته، وتستقل به طبيعته.

#### 4.4 English Translation

##### Preservation of the Health of the Psyche

The human psyche can be healthy or unhealthy, much like the human body. The psyche's well-being is [characterized by] the quietude of its [various] faculties. [A healthy mind] is not overwhelmed by any substantial psychological symptoms, including anger, anxiety, depression, or other conditions that we

have already enumerated previously.<sup>29</sup> And so, it is this inner composure that is [indicative] of psychological health and wellness. Similarly, the health and well-being of the body is based on the [balance and welfare] of its humors, wherein the blood, phlegm, and both [the yellow and black] types of bile are harmoniously placid; none of them prevails over the others.

[Previously,] the chapter pertaining to the sustenance of the body necessarily commenced [with valuable information] for maintaining bodily health, followed by [a discussion of] its restoration [and treatment] when unwell. A similar approach is likewise befitting for the sustenance of the psyche.

Thus, if the psyche's well-being is [rooted] in the quietude of its faculties as we have described, then whosoever endeavors to preserve its health must strive to maintain that composure and protect it from anything [and everything] that may disrupt [it].<sup>30</sup>

The body's health can be safeguarded in two principal ways: the first is to shield it from unhealthy external conditions, like excessive heat, cold, and physical trauma. Next, is to protect it from an adverse internal imbalance of the four humors; at no point should any of them be aroused [to the extent] that one of them dominates over the others. This is [accomplished] by carefully managing one's diet; consuming what is wholesome [and effective] whilst avoiding that which causes harm. To that end, we have already provided details in the first part [of this book], in the chapter [about] preserving the health of the body.

The same [applies] to the health of the psyche; it is [also] sustained in two ways, the first of which entails protecting [it] from [harmful] external influences, like disturbing sights and sounds. These [influences] can upset a person, triggering rage, panic, depression, fear, or other similar responses.<sup>31</sup> The second approach [necessitates] safeguarding [the psyche] from internal disturbances incited by [negative] thinking.<sup>32</sup> This induces some of the adverse states that we have already described, [often] causing one to be distraught due to [excessive] mental preoccupation.

No individual can be [effectively] equipped to deal with such except [by adopting] a two-pronged approach: firstly, at a time of [relative] mental calm,

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29 Sickness is indicated by one's being overwhelmed with emotions; such that normative rational faculties are no longer governing one's behavior.

30 Al-Balkhī is pointing to the necessity of exercising and training the psyche preventively during times of calm when there is an absence of psychological disarray.

31 This is in reference to environmental triggers that may cause one to become overwhelmed or excessively emotionally aroused.

32 Like modern cognitive behavioral therapy (CBT), al-Balkhī elucidates that the roots of many emotional disturbances can be traced back to one's ways of thinking and thoughts.

one should internalize [the fact that] this ephemeral world, by design, was not inherently created for anyone to get what they want or to satisfy their urges as they please. Indeed, everything, in that regard, is [inescapably] tainted and sullied by some [sort of] pain, disappointment, or distressing drawback.

[Ultimately,] one will internalize this as a reality in nature that always has been, and always will be.<sup>33</sup> Thereafter, he would not expect anything unrealistic out of life. [Drawing] from this [newfound] awareness, he will cease to overanalyze his various dealings and interactions [with others], regardless of whether they are superior, inferior, or equal to him [in status]. He will largely ignore much of what comes his way that goes against his personal will and preference, to the best of his ability. It is [even] possible that he may disregard it [altogether]. He will [gradually] recondition himself [to avoid] overreacting

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33 Generally, modern psychological literature, to the exclusion of existential psychologists, views human beings as psychologically healthy by default; health and happiness are seen as the natural homeostatic states of human existence. From this perspective, psychological suffering is typically viewed as abnormal; diseases or syndromes driven by unusual pathological processes of the mind. Until recently, psychological well-being was seen as the absence of psychological disease (Tracey Peter, Lance W. Roberts, and Jennifer Dengate, "Flourishing in Life: An Empirical Test of the Dual Continua Model of Mental Health and Mental Illness among Canadian University Students," *International Journal of Mental Health Promotion* 13, no. 1 (January 2011): 13–22.). Here, al-Balkhī embraces the idea that psychological suffering is the normal state of affairs in life. This is due to the fact that this world is neither a place of total happiness nor a place where one acquires all of their wants and wishes.

Imam al-Birgivi further suggests that hopelessness and unhappiness are the causes of excessive attachment to this world. When a person is overly attached and has a longing for worldly life, he is devastated if any pleasure he craves is denied to him (Muḥammad Birgivi, *Al-Ṭarīqa al-Muḥammadiyya Wa-l-Sira al-Aḥmadiyya* (Damascus: Dār al-Qalam, 2011).). Imam al-Birgivi's observations about excessive attachment to the world align with the psychological concept of the illusion of control, as both involve a person's perceptions and beliefs about their ability to influence and control certain aspects of their life for the sake of happiness. The illusion of control (see Ellen J. Langer, "The Illusion of Control," *Journal of Personality and Social Psychology* 32, no. 2 (August 1975): 311–28.) is the tendency for people to overestimate their ability to control events and may be tied to psychological maladjustment (see Jack Block and C. Randall Colvin, "Positive Illusions and Well-Being Revisited: Separating Fiction from Fact," *Psychological Bulletin* 116, no. 1 (July 1994): 28–28; Colvin & Block, 1994; Iain Chalmers and Robert Matthews, "What Are the Implications of Optimism Bias in Clinical Research?," *The Lancet* 367, no. 9509 (February 2006): 449–50.; Daniel Kahneman, *Thinking, Fast and Slow*, 1st pbk. ed (New York: Farrar, Straus and Giroux, 2013).). Accurate perceptions of self and the world are essential for mental health (see Marie Jahoda, "The Meaning of Psychological Health," *Social Casework* 34, no. 8 (October 1953): 349–54.; Abraham H. Maslow, "Self-Actualizing People: A Study of Psychological Health," *Personality, Symposium 1* (1950): 11–34.).

to every insignificant sight, sound, and other trivial matters that he [previously] considered to be irritating.

Indeed, once he habituates himself to tolerate these minor frustrations, he will naturally develop [a better] ability to handle that which is much more significant and comparatively more difficult. He would then be quite similar to someone who [actively] develops pain tolerance or acclimatizes their body to heat or cold; they persevere without outwardly showing their discomfort until it becomes [second] nature. In [this way,] enduring minor aches [and pains] becomes an [important] means for withstanding that which is quantitatively and qualitatively greater, should there be [a need to be] exposed to it. This is typically how the body is trained, and it is [likewise] the way in which the psyche is conditioned [as well].<sup>34</sup>

Next, the second approach [entails] being cognizant of a person's own make-up and what their maximum limit is that their mind can handle. Every individual has a unique capacity in terms of mental strength and weakness, as well as scope. Indeed, some people can withstand tremendous hardship without thinking much of it or being triggered in any [significant] way. They can endure a multitude of onerous stressors [at once], adeptly attending to each

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34 Third-wave cognitive-behavioral methods such as acceptance and commitment therapy (ACT) (Steven C. Hayes, "Acceptance and Commitment Therapy, Relational Frame Theory, and the Third Wave of Behavioral and Cognitive Therapies," *Behavior Therapy* 35, no. 4 (2004): 639–65.; Harold W. Kohl et al., "The Pandemic of Physical Inactivity: Global Action for Public Health," *The Lancet* 380, no. 9838 (July 2012): 294–305) and dialectical behavior therapy (DBT) (Matthew McKay, Jeffrey C. Wood, and Jeffrey Brantley, *The Dialectical Behavior Therapy Skills Workbook: Practical DBT Exercises for Learning Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance* (New Harbinger Publications, 2019) adopt an acceptance-based approach, which encourages coming into contact with every internal and external experience directly, fully, and without the need to change, rid or alter one's thoughts or feelings towards them. Techniques employed can include observing and identifying fearful emotions, labeling unpleasant emotions, giving form to the emotions, and reflecting upon the experience that helps one psychologically distance themselves from the negative internal associations.

Contemporary psychologists also incorporate the principle of gradual exposure to anxiety-provoking stimuli as a means to desensitize and gain mastery over them. Behavioral methods employed by modern psychologists involve a variety of exposure techniques such as directly confronting the feared stimulus (in-vivo); imagined exposure when the former is not feasible; and interoceptive exposure, which involves stimulating the physiological sensations of fear in response to the stimuli. Behaviorists also utilize flooding as an alternative to gradual exposure, whereby individuals confront the entirety of the feared stimuli, like having someone suffering from a cat phobia sit in a room full of cats. Here, it appears that al-Balkhī favors a gradual approach; similar to behavioral gradual exposure theories, he advises that a person becomes acquainted with their tolerance limits in order to construct an exposure regimen accordingly.

and every one until they are minimalized. Contrarily, there are some who are totally overrun when faced with stress. [Their minds] become muddled to the point where they are [almost entirely] incapacitated by whatever is stressing them [out]. This can eventually deteriorate into a debilitating state of depression so severe that it could even cause adverse physical illness within the body.

And so, if an individual were to understand their own innate disposition, its limitations, and its maximal tolerance of [various] matters, one can correspondingly construct a [personal] development plan to [properly] manage [all of] their affairs and [achieve] their aims – regardless of whether one is a [mighty] monarch or a [lowly] layperson.<sup>35</sup>

If a person finds [that they have] the [intrinsic] psychological fortitude to tolerate adversity, [they can] proceed to confront it [accordingly]. Alternatively, if someone feels they have a softer disposition or weaker temperament, such [a person] can purposefully avoid certain types of challenges and harms that are [more appropriately] taken on by those who are stronger and better-equipped by nature. By doing so, one caters to both, fostering psychological well-being, inner comfort, and tranquility. Even though many personal hopes and dreams must be relinquished, this approach is [nonetheless] more preferable than attempting to confront overly precarious circumstances and what one simply cannot withstand. Indeed, forcing the psyche to grapple with difficult matters it cannot readily contend with invariably causes a sense of perplexity and strain, risking immense psychological and physiological harm.

Whenever anyone adheres to this methodology [as outlined] in the previous two chapters we have described, [such a person] will [surely] experience wholesomeness in their life, with a [relatively] lasting feeling of contentment. [They would] have attained the greatest fortune of having a healthy, well-preserved psyche, and thus achieved worldly fulfillment. This is because total well-being can only be [garnered] through the health and comfort of both the body and the psyche [together], whereby all afflictions and disturbances are kept in check throughout life.

If anyone were to wilfully disregard this approach, their life would become overwhelming and complicated. They would [inadvertently] induce various psychological illnesses within their own mind, that would [further] aggravate and frustrate them, much like how bodily illnesses are brought on: a person fails to avoid unhealthy external conditions by eating and drinking excessively

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35 One definition for self-awareness is having a clear perception of one's personality, including strengths, weaknesses, thoughts, beliefs, motivations, and emotions (see Kirsten Jack and Eula Miller, "Exploring Self-Awareness in Mental Health Practice," *Mental Health Practice* 12, no. 3 (November 13, 2008): 31–35.).

and overindulging in other bodily needs beyond what one can naturally handle [and thus becomes unwell].

## 5 When One Loses It: Methods of Restoring Mental Health. *Maṣālih al-Abdān wa al-Anfus (Sustenance of the Body and the Psyche)* by Imam Abū Zayd al-Balkhī (d. 322 AH/934 CE)

### 5.1 *Author's Biography*

Abū Zayd Aḥmad ibn Sahl al-Balkhī was born in modern day Afghanistan in a city called Balkh. He was recognized as a polymath and spent significant time in Baghdad to further his education. His life was dedicated to the fields of psychology, science, literature, geography, Islamic theology, and theoretical medicine. He was a student of the renowned physician al-Kindī. He laid a great deal of importance to spirituality viewing religion as the greatest of all philosophies, understanding that in order to be a good philosopher one needed to be grounded in spirituality and be a sincere worshiper of Allah. The discovery of his treatise on physical and mental health entitled *Maṣālih al-Abdān wa al-Anfus* has led to an immense interest in the works of the classical Islamic scholars regarding human psychology. It is noteworthy that in his work, al-Balkhī's classification and symptomatology of obsessive disorders parallels the fifth edition of the modern Diagnostic and Statistical Manual of Obsessive-Compulsive Disorders (OCD). al-Balkhī was well versed in the Islamic sciences as well, so his writings encourage patients to seek treatment for illnesses by reminding them of the prophetic tradition that Allah has created a cure for every illness.

### 5.2 *Text Overview and Significance*

In this section, Imam al-Balkhī reiterates that all human beings are prone to experiencing psychological issues just as they are prone to experiencing physical pain. In fact he asserts that psychological issues are more prevalent than physical problems given that it is conceivable for a person to be free of major medical problems throughout most of their life should they live a generally healthy lifestyle, on the other hand emotional ups and downs are common place throughout life and at times these can reach a clinical threshold rendering the individual psychologically ill. The emotional variability he discusses include anger, resentment, sadness, and grief. Thereafter, al-Balkhī proceeds to explore the interventional strategies and treatment approaches. He draws the analogy for treating the psyche with treating the body by pointing out that for every physical illness or pain there is a corresponding dietary supplement

or medication for its healing. Similarly, he states that for every psychological issue, there is an accompanying psychospiritual intervention to alleviate it of suffering. He further emphasizes that such treatments should be deferred to a specialist, even if the sufferer is himself a specialist. There are two reasons he provides: firstly, most individuals are naturally inclined to accept the advice of others instead of relying on their own thoughts which they may doubt. Next, when a person suffers from psychological issues, their emotional states may cloud their judgement and cannot rid themselves of distress whilst experiencing it intensely. He gives the example of a physician who is inundated by physical illness as a demonstration of how he is unable to treat himself and is in need of another doctor to treat him.

### 5.3 Arabic Text

#### الباب الثالث

في تدبير إعادة صحة النفس - إذا فقدت - إليها  
 إن الذي ذكرناه من حفظ سلامة النفس عليها أمر ليس يتهيأ في كل الأوقات والأحوال؛ إذ كان غير ممكن في طبيعة الإنسان أن يحفظ قوى نفسه على سبيل السكون والهدوء حتى لا يهيج به هائج من أعراض الغضب والفرع والجرع، وما أشبهها من الأعراض النفسانية. وهي من دنياه في دار هموم وأحزان ومحل نوائب و نكبات.  
 ولا يزال يرد فيها عليه من حوادث الأمور، ونوازل الخطوب مايقع بخلاف محبته وضد إرادته. كما أنه غير ممكن في معنى بدنه أن يخلو من الأعراض البدنية حتى لا يعتريه منها شيء في أعضائه يؤذيه ويؤلمه. فإن سلم مما يكبر منها في كثير من الأوقات لم يسلم مما يصغر، بل الأمر في الأعراض النفسانية تعاقبها على الإنسان في عامة أوقاته أقوى منه في الأعراض البدنية. فإن الإنسان ربما بقي مدة من الزمان لا يعرض له فيها وجع من الأوجاع البدنية تصيبه في بعض أعراضه، ولا يكاد يمضي به يوم لا يرد عليه فيه ما تحرك منه قوة غضب أو زجر أو حزن أو غم؛ وذلك للطف جوهر النفس، وسرعة تغيرها، وكثرة استحالتها. فمن أجل ما وصفناه يلزم الإنسان الحاجة في مصالح نفسه إلى تعهد قواها لئلا يهيج به منها شيء، وإذا هاج منها شيء بادر بتسكينه، ورده إلى أفضل أحواله. وكما أن معالجة البدن إذا عرض له عارض كآلم أو سقم إنما يكون بشيء جسماني يجانسه من أصناف الأغذية والأدوية يستصلح به ذلك الفساد وينفي ذلك الأذى، كذلك معالجة النفس إذا عرض لها عارض هيجان من إحدى قواها إنما يكون بشيء روحاني يجانسها.  
 وكما أن العلاج البدني إما أن يكون بشيء من داخل كالاتمءاء والامتناع مما لا يجب تناوله، ومد اليد إليه. وإما أن يكون بشيء خارج مثل ما وصفناه من الأغذية

والأدوية. وكذلك معالجة النفس مما يعرض لها إما أن يكون: شيء من داخل وهو فكرة يثيرها الإنسان من نفسه؛ فيجمع بها ذلك العارض، ويسكن ذلك الهائج. وإما أن يكون بشيء خارج؛ وهو كلام يعظه به غيره فينجع فيه ويعمل في تسكين الهائج، وإصلاح الفاسد من قوى نفسه. فالإنسان المعني بصلاح نفسه جدير بأن لا يخليها من تعهدا بهذين الوجهين لكيلا يتسلط عليه من الأعراض النفسانية الردية ما ينغص به عليه عيشه. وربما أذاه عند إفراطه عليه إلى بعض العلل البدنية عند اندفاعه إلى شيء منها من خارج كالأغذية والأشربة. وأما مكلفة الطبيب القائم بمداواته يوجد في أكثر الأحوال أنفع له وأرد عليه من المعونة التي تخلص إليه من داخل بضبط بدنه واحتمائه.

كذلك الحكم في الأعراض النفسانية من أن المعونة التي تلحقه من خارج بالعضة والتذكير يوجد أنجع وأعمل فيه، وأرد بالنفع والفائدة عليه لمعنيين: أحدهما أن الإنسان يقبل من غيره أكثر مما يقبل من نفسه؛ وذلك أن رأيه في كل الأحوال مغلوب بهواه وأحدهما ممتزج بالآخر. والثاني أن الإنسان في وقت احتياج عارض من الأعراض النفسانية به مشغول بما يقاسيه من ذلك العارض، مقهور على عزمه ورأيه، مفتقر إلى من يلي عليه تدبير أمره، وإصلاح فساده. وحاله في ذلك شبيهة بحال الطبيب الذي يعتل علة جسدية فيشتغل بها عن التطبيب لنفسه، ويفتقر إلى طبيب آخر يقوم بمداواته ومعالجته .

ومن أجل ما وصفناه كانت العادة جرت من الملوك الحزمة بأن تكون لحضرتهم حكماء يداوون منهم الأعراض النفسانية إذا هاجت نحو الغضب والفرح، والضجر بالوصايا والمواعظ؛ فيقبلونها منهم وينتفعون بسماعها، والعمل بها. وكانوا يرتبطونهم لذلك كما يرتبطون أطباءً حذاقاً يراؤون منهم الأعراض البدنية إذا أصابهم شيء منها علماً منهم بأنه لا غنى بهم عن اقتناء الصنفين معاً. وأن الحاجة إلى أحد الصنفين في وقت الحاجة إلى أن يكون لكل منهما غذاء ودواء في نوعه ومن جوهره.

على أن المعونة التي تلحق الإنسان من خارج في نفي الأعراض النفسانية، وإن كانت أرد وأنفع فإنه ليس يستغني مع ذلك عن معونة تلحقه من داخل بوصايا فكرية تنهياً أن يجمع بها الأعراض النفسانية إذا هاجت؛ فيجمعها في نفسها في وقت صحتها، وسكون قواها، ويستودعها قوة الحفظ منها ليخطرها بباله، ويعظ بها نفسه إذا لم يحضره واعظ مذكر من خارج، كما يفعل المحتاط في الأعراض البدنية لنفسه بأن يتطلب أدوية تصلح للأمراض البدنية فيجمعها، ويستودعها خزائنه لكي إن عرض له عارض من الأمراض والأوجاع في وقت لا يحضره فيه طبيب يعالجه، تناولها لينتفع بها وينزع أذى العارض عن نفسه.

ولذلك يجب أن نجمع في هذه المقالة من الكتاب الوصايا التي قد يجب أن تستعمل في معالجة الأمراض النفسانية التي نسميها، ونحصيلها في الباب الذي يتلو هذا الباب في موضعها وقت الحاجة إليها فينتفع بها إن شاء الله تعالى.

#### 5.4 *English Translation*

##### **When One Loses It: Methods of Restoring Mental Health**

Verily, that which we stated [previously] regarding the preservation of the psyche's well-being is not something that can be sustained at all times and in every given circumstance. Human nature rules out [the] possibility of perpetuating a serene and tranquil [internal] state that is totally free of disturbances like anger, fear, anxiousness, and other similar psychological symptoms. [Afterall,] stress, sadness, calamities, and misfortune are [all inherently] central to the [nature of] this temporal world.<sup>36</sup>

[Indeed,] each [person] will inevitably face unfavorable circumstances and situations that oppose their personal will and desires. On that note, it is likewise impossible to be totally free from [experiencing some sort of] physical symptoms that cause pain and discomfort in one's body. Even if one were to almost never experience any major physical complications, minor complications are [inescapably] bound to occur [at least once in a while]. With that, the likelihood of [having to cope with] various psychological problems are even more pronounced than anything [exclusively] related to the body. Assuredly, a person may live for quite some time without suffering from any kind of bodily aches or pains. However, hardly a day goes by in which something [or another] occurs to arouse feelings of anger, frustration, sadness, or grief.<sup>37</sup> In essence, this is due to the psyche's inherent sensitivity, volatility, and ever-changing nature.

On account of what we have detailed [above], it is crucial for each [and every] human being to purposefully monitor and take care of their psychological needs so as to avoid being distempered. If [anyone finds that] their psyche is in disarray, they [should] do their best to soothe it and restore it to its optimal condition.<sup>38</sup>

Also, when the body is afflicted with [physical] pain or sickness, such symptoms are counterbalanced with treatments like [selected] types of dietary supplements and medications that are correspondingly physical [in nature]. Treating the psyche is similar; whenever a [psychological] symptom upsets

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36 Yet again, al-Balkhī is attempting to inculcate the acceptance of suffering and challenges of worldly life in the mind of the reader.

37 Here, al-Balkhī is highlighting the prevalence of emotional dysregulation.

38 Existential therapy advocates that responsibility assumption is an essential first step in the therapeutic process (Irvin D. Yalom, *Existential Psychotherapy*, 235–36.). Existential psychotherapists encourage patients to take responsibility – that is, to apprehend how they contribute to their distress – to facilitate therapeutic change (Irvin D. Yalom, *Staring at the Sun: Overcoming the Terror of Death*, 139.).

any of the mind's faculties, a psychological remedy that [appropriately] corresponds to it is needed.

Furthermore, physical treatments of the body include internal [remedies], like refraining from that which the body does not need. External remedies could also [be used], which we have [already] discussed regarding dietary regimens and medications. Likewise, [both] external and internal [types of] remedies [are applied when] treating the psyche. [To explain] further, a person suffering from [psychological] problems [can alleviate their discomfort] internally, [by] using their own mind to keep symptoms in check and pacify [the psyche's] overarousal.<sup>39</sup> [Moreover, an example of] an external influence [that effectuates psychological healing is] when another person offers [personalized,] heart-felt advice that enacts a healthful change [of state], calming and curing the psyche's faculties.<sup>40</sup> All in all, whosoever purports to have any sense of care for their own mental well-being should not willfully ignore these two approaches. Otherwise, one risks being [imminently] overcome by degenerative psychological issues that adversely impact one's [quality of] life and could even cause certain illnesses within the body if one impetuously self-medicates and overindulges with dietary supplements and other external remedies. For the most-part, an expert doctor commissioned to treat someone is generally more adept and effective than merely monitoring and safeguarding one's own body internally. Again, the same is [true] for the treatment of psychological symptoms; external interventions like [personal] advice and admonition prove to be more practically effective and beneficial [than mere self-monitoring]. [There are] two reasons for this: firstly, human beings [tend to] more readily accept what others assert over their own personal thoughts.<sup>41</sup> This is because human desires constantly pervade rational thought; both are [perplexingly] inseparable from one another. Secondly, in the midst of struggling with a psychological problem, a person is [deeply] preoccupied with whatever it is they are going through; overwhelmed and enfeebled, one must rely on external help for [decisive] treatment to improve one's condition.<sup>42</sup> In that state, such an

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39 Two cognitive modalities of addressing emotional disturbances within the psyche are being addressed here by al-Balkhī. The first of which is to cognitively reframe, restructure, or counter one's thoughts so as to alter one's negative emotions.

40 Today, this is one of the key purposes and functions of counseling and psychotherapy.

41 This can be especially true for anxiety disorders or trauma where patients struggle with a significant lack of reassurance and experience unhealthy levels of self-doubt and self-critique.

42 In a calm state of mind, individuals may be able to think more reasonably and in a way that is psychologically healthier. However, when an individual is emotionally triggered and experiencing high degrees of emotional arousal, it can prove increasingly difficult to

individual is much like a physician who falls [so severely] ill that he can no longer treat himself; he needs another doctor to diagnose and treat him.

It is for [precisely] this reason that the judicious kings [of the past] would customarily appoint wise advisors to counsel them, encourage them, and [actively] treat [many of] their psychological problems, like anger, anxiety, and weariness.<sup>43</sup> They would listen to their advice, accept it, and [avidly] adhere to it. [Indeed,] they would consult them in the same way that they would refer to expert physicians when afflicted with physical illnesses. This [was] because they understood that they could not possibly do without [due] consideration for both [the mind and body], in tandem. Necessarily, when either [the mind or body] requires [treatment], each of them is [accordingly remedied] with dietary and medicinal [interventions], in [correspondence] with their [respective] essence and type.

[Now,] with regards [to the earlier statement] that psychological symptoms are best remedied via external [means of] treatment, it does not obviate the need for the inward [type of] aid [driven] by [introspection and] self-talk, [especially] when subduing psychological symptoms as they flare up. At times when the faculties of the psyche are relaxed and well, a person may store such constructive thoughts in his memory, recalling them [at will] to [effectively] admonish himself, [especially] if there is no one else present [to help].<sup>44</sup> This is the same as someone who is careful regarding physical hazards; they procure

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maintain rational thinking and behavior. During such instances, individuals have lower degrees of self-awareness or insight. Therefore, seeking the assistance of a professional who can help activate those feelings through graduated exposures accompanied by self-soothing and redirection can be helpful for psychological treatment and well-being.

43 Al-Balkhī is normalizing seeking assistance and treatment for one's psychological issues. He highlights how this has always been a common practice of the rich and powerful elite. However, he also emphasizes that this practice should not be solely limited to the elite.

44 It appears that al-Balkhī is utilizing a cognitive approach to address emotional disarray. He is highlighting the importance of storing protective thoughts and beliefs that may prove useful during distressing life circumstances. This practice can be found in Dialectical Behavioral Therapy (DBT). In an exercise called "Emergency Coping Plan for Dealing with Situations" (see Matthew McKay, Jeffrey C. Wood, and Jeffrey Brantley, *The Dialectical Behavior Therapy Skills Workbook: Practical DBT Exercises for Learning Mindfulness, Interpersonal Effectiveness, Emotion Regulation & Distress Tolerance* (Oakland, CA: New Harbinger Publ, 2007), 61.) DBT therapists encourage clients to prepare for distressing situations and create new coping thoughts that they can use in the future if and when they find themselves in similar types of situations (see McKay, Wood, and Brantley, 57–60.).

[I.e., "This too shall pass," "I can be anxious and still deal with the situation," "This is an opportunity for me to learn how to cope with my fears," (see McKay, Wood, and Brantley, 47–48.); "There is a purpose to my life, even though I might not always see it," (see McKay, Wood, and Brantley, 56.).]

and store [various] medications just in case there is a need, when symptoms or pains crop up and a physician is unavailable. If they happen to experience any sort of sickness or pain, they can [easily] access the appropriate remedies [they require] to find relief on their own.

So, at this juncture, we will proceed to outline all the advice that may be practically necessary to treat psychological disorders, which we shall detail in the following chapter. [By doing so,] anyone can benefit as per their [individual] need, by the will of Allah, the Exalted.

## 6 Explaining and Enumerating Psychological Symptoms. *Maṣālih al-Abdān wa-l-Anfus (Sustenance of the Body and the Psyche)* by Imam Abū Zayd al-Balkhī (d. 322 AH/934 CE)

### 6.1 *Author's Biography*

Abū Zayd Aḥmad ibn Sahl al-Balkhī was born in modern day Afghanistan in a city called Balkh. He was recognized as a polymath and spent significant time in Baghdad to further his education. His life was dedicated to the fields of psychology, science, literature, geography, Islamic theology, and theoretical medicine. He was a student of the renowned physician al-Kindī. He laid a great deal of importance to spirituality viewing religion as the greatest of all philosophies, understanding that in order to be a good philosopher one needed to be grounded in spirituality and be a sincere worshiper of Allah. The discovery of his treatise on physical and mental health entitled *Maṣālih al-Abdān wa al-Anfus* has led to an immense interest in the works of the classical Islamic scholars regarding human psychology. It is noteworthy that in his work, al-Balkhī's classification and symptomatology of obsessive disorders parallels the fifth edition of the modern Diagnostic and Statistical Manual of Obsessive-Compulsive Disorders (OCD). Al-Balkhī was well versed in the Islamic sciences as well, so his writings encourage patients to seek treatment for illnesses by reminding them of the prophetic tradition that Allah has created a cure for every illness.

### 6.2 *Text Overview and Significance*

In this chapter, al-Balkhī discusses the accompanying physical responses that can arise from acute emotional disturbances, such as panic or depression. As an example, he explains that intense anger can result in disorientation, tremors, and a pale complexion. However, he posits that the underlying cause of anger is rooted in grief. Regardless of the specific negative trait, al-Balkhī asserts that grief is the fundamental cause of all adverse physical responses,

while happiness serves as the foundation for all that brings about an overall state of serenity. Furthermore, al-Balkhī emphasizes that those who prioritize physical health must necessarily strive to alleviate distress in order to preserve and safeguard themselves. Given his belief that grief is the primary cause of all mental illness, he similarly suggests that individuals concerned with the well-being of their psyche should work towards freeing their consciousness of anxiety, and subsequently cultivating a state of serenity within it.

### 6.3 Arabic Text

الباب الرابع  
في ذكر الأعراض النفسانية وتعديدها  
إنّا إذ وصفنا جهة التدبير في معالجة الأعراض النفسانية، فمن الواجب بعد ذلك أن نصف ما هي ونعدها كما تفعلها الأطباء من ابتدائهم في كتبهم تعديد الأمراض البدنية وماهيتها، ثم العود بعد ذلك في وصف ما يعالج به كل منها، فنقول:  
إن الأشياء التي تنسب إلى النفس كثيرة، منها قوى فاضلة كالعقل والفهم والحفظ، والأخرى مستردلة هي أضرار لها، ومنها أخلاق محمودة كالعفة والسخاء والكرم، والأخرى مذمومة مضادة لها، ومنها أشياء عارضة تقع وترتفع سريعاً كالغضب والفرح وما أشبههما. والمقصود منا فيما نصفه مما يضاف إلى الأنفس إنما هو الشيء الأخير - نعني الأعراض التي تحدث وتزول - لأنها هي التي تتصل أسبابها بأسباب البدن فتقلقه وتغيّره، أو تؤثر فيه آثاراً كثيراً ما ترجع بالضرر عليه. فقد علم أن لكل واحد من هذه الأعراض النفسانية تأثيراً في البدن تغيّره تغييراً ظاهراً قوياً، وذلك مثل ما يفعله الغضب الشديد في الأحيان من الاختلاط والارتعاش للبدن، واصفرار اللون، وشيبه بذلك ما يفعله الفرح والخوف، حتى يسخن البدن عن ذلك أو يبرد، ويحدث فيه أحداث موحشة المناظر.  
فما وُجد من أعراض النفس على هذه السبيل فوجب على المعنيّ بصلاح بدنه أن يدبر في دفعه عن نفسه، وتسكين هائجه تدبيراً يكفيه مؤنته، ويقيه غائلته، فنقول:  
إن الذي يرأس هذه الأعراض المؤذية، وهو لها كالأصل إنما هو الغم، وهو مقدمة لجمعها، وموجود مع كل منها، كالغضبان، فإنه يغتم من الأمر، ثم يغضب بسببه، وكذلك الجزع والخائف.

و ضد الغم السرور، فإنه أصل لكل ما يوجد له الإنسان مرتاحاً ومهتراً له؛ فالغم من أعراض النفس موضوعٌ بإزاء كل مكروه يخلص إلى الإنسان، والسرور موضوعٌ بإزاء كل محبوب يناله، فالغم أقوى أسباب مرض النفس، والسرور أقوى أسباب صحتها، ولذلك يجب على المعني بمصالح نفسه أن يجتهد في نفي الغم عنها، واجتلاب السرور إليها،

كما يجب على المعني بمصلحة بدنه أن يجتهد في نفي الأسقام عنه، واجتذاب الصحة إليه.

ونقول بعد ذلك: إن من أعراض قوى النفس التي تتولد من الغم الغضب، وهو عرض يبلغ في تهيج الإنسان وإفلاقه وإثارة الدم في جسده وتغيير لونه وتحريك بدنه بالحركات المضطربة الموحشة ما لا يبلغه غيره من أعراض النفس، حتى يخرجها إلى مثل صورة المحنون؛ فربما يسخن الجسد - في حال الاستشاطاة له - تسخيناً يُعقب الحمى والحرارة المستبطنة للقلب المستولية عليه.

ثم من قوى أعراض النفس الفرع، وهو عرض يعتري الإنسان من شيء، ومخافته إياه، فالخوف مقدمة للفرع، والفرع إفراطه؛ وإذا قوي ربما وقع على الإنسان منه القلق، حتى يصفر لونه لغور الدم من ظاهر جسده إلى باطنه، وترتعش أطرافه من يديه ورجليه حتى لا يتماسك، وتتعلل عن أفعالها، ويُدهش الإنسان ويحيره، حتى يعجز عن وجه الاختيار للتخلص من الشيء الذي يحتفه ويفزعه، فربما عرضت له في مثل تلك الحالة علة بدنية قوية لتموج أخلاط بدنه واضطرابها، وزوال كل شيء منها عن سبيل الاعتدال.

وإنما يعتري الإنسان هذا العرض الذي هو الفرع - ومقدمته الخوف - من شيء يفكر فيه، ويروعه تخيلُه في نفسه، أو من شيء ينظر إليه، فيهُولُه منظرُه، أو من شيء يسمعه، كصوت شديد يتأدى إلى سمعه، فلا يحتمله لشدته وجهارته، فينجب قلبه، أو خبر يرد عليه يكون تحته أمرٌ مكروهٌ ومخيفٌ، فيرتاع لذلك، وتتغير منه نفسه، حتى يتأدى إلى الحالة التي وصفناها، وما يشبهها.

ومن قوى أعراض النفس الجزع، وهو عرض يعتري الإنسان من فقد محبوب من أهل أو مال أو شيء يحل موقعه منه، فيكون عزيزاً عليه، محبباً إليه، فتألم نفسه لفقده، ويعتريه لذلك حزن، ثم يشتد ذلك الحزن حتى يصير جزعاً. فحال الجزع مع الحزن كحال الفرع مع الخوف، وذلك أن الجزع إنما هو شدة الحزن، كما أن الفرع إنما هو شدة الخوف.

والجزع عرض يؤثر في الإنسان آثاراً موحشة من الإفلاق، وإعدام الصبر، حتى يُتخيّل الذي يغلب عليه هذا العرض - في عين الناظر إليه - بأوحش هيئة، ويُقدّم على أفعال تحاكي الجنون من مثل لطم الوجه، ونبث الشعر، والصراخ، وتمزيق الثياب، وأمور ليس لها نظائر دالة على ارتفاع حكم العقل والحياء عن صاحبها. وكثيراً ما يؤدي ذلك متعاطيه إلى علل بدنية تهتاج به، وتثور في تلك الحال حتى يصعب عليه تلافيها، ويشتد عليه معالجتها.

ومن قوى أعراض النفس الوسواس الذي يعتلج في صدر الإنسان، ويشير منه الخواطر الرديئة، وينغص عليه عيشه، ولا يكاد يتهيأ (\*يهنأ) معها بلذة من لذات بدنه، حتى تتأولها على وجهها. وهذا العرض هو الذي يُدعى حديث النفس، وهو من قوى أعراضها.

فهذه المعاني التي ذكرناها هي الأعراض النفسانية التي قلنا إنها تتصل بمضار الأبدان، وتؤدي في بعض الأوقات إلى عللها. وهي نظيرة الأوجاع التي تهيج بالإنسان في أعضاء بدنه، فتؤلمه وتقلقه، وتمنعه من تناول الأغذية والمرافق الجسدانية، والاستمتاع بشيء منها.

فكما تلزم الحاجة في المصالح البدنية إلى مداراة تلك الأوجاع بما يقمعهما من الأدوية، ويبرؤها من الأسقية كذلك تلزم الحاجة في هذه الأعراض النفسانية التي هي أوجاعها إلى مقابلتها من العلاجات التي بينا ما حذوها وجهتها في الباب المتقدم ما يشفيها، ويخلص من مكروهاها. ونحن ذاكرون ما يجب أن يقابل به كل منها فيما يتلو من القول إن شاء الله تعالى.

#### 6.4 English Translation

##### Explaining and Enumerating Psychological Symptoms

As we have already discussed the [main] ways to treat psychological problems, it is now necessary to describe what they are and enumerate them in the same manner that physicians do in the beginnings of their works. They [typically] categorize the physical diseases [first], [explaining details pertaining to] their nature. They then proceed to explain possible treatments for each of them.

We thus [begin by] stating that there are many features attributed to the psyche.<sup>45</sup> Some of them are virtuous, such as the faculties of intellect, comprehension, and memory.<sup>46</sup> Their opposites, by contrast, are [regarded as] reprehensible. Additionally, certain praiseworthy traits [are also attributed to the psyche] like self-control, munificence and nobility.<sup>47</sup> Their opposites are [similarly regarded as] vices, as are transitory emotions that [characteristically] arise and subside quickly such as anger, panic, and the like.<sup>48</sup>

45 Here, al-Balkhī is providing a clarification of his usage of the Arabic term *nafs* which has been translated as “psyche” throughout the text. In order to avoid confusion, al-Balkhī is outlining some of the potential contextual usages of the term, as *nafs* can have multiple meanings depending on the usage and context of the author.

46 *Nafs* can be used in the context of cognitive neuroscience or in the medical treatises in their discussions of cognitive faculties of the brain such as memory, executive functioning, etc.

47 Another usage of *nafs* and its accompanying discussions is within the context of character development, virtues, and vices.

48 Finally, al-Balkhī identifies his intended usage of *nafs*, situating his writing within a psychological context and in reference to psychological health or pathology, i.e., emotional disturbances, as he clarifies in the following paragraph.

Our sole purpose in outlining that which is affiliated with the psyche is the last [aforementioned] point: specifically, the symptoms that appear and disappear. This is because their causes are related to the causes of the body; they unsettle and alter it, or affect it tremendously in many ways, resulting in harm. It has [already] been well-established that each of these psychological symptoms has an effect on the body, provoking a considerably noticeable reaction. For example, severe anger can sometimes cause confusion, trembling of the body, and discoloration. In much the same way, panic and fear [can] increase or decrease the temperature of the body and contort one's [physical] appearance, making it unsightly.

Based on this, it is incumbent upon the one who cares about the health of their body to [actively] strive to eradicate all existent symptoms that afflict the psyche; one [must] adequately sedate triggers and [carefully] prevent that which causes them distress.

As such, we propose that the chief cause of all adverse symptoms is none other than grief. Indeed, it is the root [cause] and starting point of all other symptoms, and it [continues to] coexist with each of them. Hence, an angry person is [first] afflicted with grief over [a particular] issue, and then they become infuriated because of it.<sup>49</sup> Panic and fear are likewise similar.

Conversely, the opposite of grief is delight, which is the root [cause] of human solace and contentment. And so, grief is the [core] psychological symptom that accompanies every upheaval that a person [may] face, whereas delight coincides with everything desirable that one can encounter.<sup>50</sup> Furthermore, grief is the leading cause of mental illness, whilst delight is the main basis for mental well-being. Consequently, a person with due concern for the sustenance of their own psyche must strive to extricate all grief from [within] it and [likewise] imbue it with delight. [This should be done] in the same manner

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49 Contemporary studies similarly find a relationship between anger and grief. While this is not always the case, there are certainly instances when underlying frustrations can be the source of anger (see Lucia M. Walsh et al., "The Relationship Between Anger and Anxiety Symptoms in Youth with Anxiety Disorders," *Journal of Child and Adolescent Counseling* 4, no. 2 (May 4, 2018): 117–33.).

50 Cognitive models of anxiety describe it as the tendency to overestimate the perceived likelihood of harm; to overestimate the perceived negative outcomes of expected harm; or to underestimate the perceived ability to cope (see Aaron T. Beck, Gary Emery, and Ruth L. Greenberg, *Anxiety Disorders and Phobias: A Cognitive Perspective* (Cambridge, MA: Basic Books, 2005); Michel J. Dugas et al., "Worry and Problem Solving: Evidence of a Specific Relationship," *Cognitive Therapy and Research* 19, no. 1 (February 1995): 109–20; David A. Clark and Aaron T. Beck, *Cognitive Therapy of Anxiety Disorders: Science and Practice* (New York: Guilford Press, 2011); Mark Papworth et al., *Low Intensity Cognitive Behaviour Therapy: A Practitioner's Guide* (Los Angeles: SAGE, 2013).).

that someone concerned about their bodily health must endeavor to ward off all types of [physical] sicknesses and foster [physical] health.

Having said this, [one] of several symptoms engendered by inner grief that afflicts the faculties of the psyche is: anger. Indeed, anger is one of the most intensive symptoms that can aggravate a person. To a degree that exceeds all other psychological symptoms, it increases blood pressure in the body, causes discoloration, and [may even] trigger involuntary convulsions to such an extent that one might seem psychotic.<sup>51</sup> When it surges, [anger] can engulf the heart completely, causing it to boil from within; this can sometimes overheat the body, resulting in a fever.

Moreover, another symptom of the psyche's faculties is panic. It is a symptom that besets a person when they encounter something frightful. Hence, fear precedes panic, as panic is [a type of] excessively heightened fear. When intensified, it may incite anxiety within a person, [potentially] leading to pallidness because of blood rushing inwardly, [away] from the extremities of the body. [Consequently,] one's hands and feet could [start] trembling uncontrollably, [temporarily] hindering their normative function. Additionally, one may become so distraught, unfocused, and indecisive that they can not eradicate whatever is evoking their [sense of] fear and panic. In such a state, the onset of severe physical illness is also quite possible given the disturbance of balance and complete disarray of the body's humors.

A person only really experiences the onset of panic and fear by imagining or thinking about something that frightens them. Similarly, one may look at something [unsightly] which, in turn, horrifies them. Or one may hear something; either an overwhelming sound that is unbearable due to its startling intensity and loudness; or some unpleasant, dreadful news. As a result, such a person feels fear. Their psyche is [thus] affected by it like the extent to which we have described.

Next, another [similar] symptom of the psyche's faculties is depression.<sup>52</sup> It is a symptom that afflicts a person when they face the loss of a loved one,

51 This is very similar to Imam al-Ghazālī's discussion of anger. Similarly, both anxiety and worry are responses to threat.

52 The original Arabic term (*al-jaza'*) seems to have no equivalent in English that adequately conveys its meaning. While it does denote extreme sorrow, worry, and overwhelm, a person afflicted with such a condition functionally lacks the requisite forbearance to endure and overcome their condition. It is this inability to be patient that is associated with the term more so than the severity of sadness, although all such meanings are nonetheless included (see Malik Badri, *Abū Zayd Al-Balkhī's Sustenance of the Soul* (Herndon: Virginia: The International Institute of Islamic Thought, 2013), 38). Interestingly, the same trilateral roots of the word, if slightly rearranged, form the word that denotes inability (*al-'ajz*).

property, or anything else deemed personally significant and is therefore endeared. One suffers psychologically due to such a loss, and the consequent grief [gradually] deepens until it devolves into [a form of] depression.<sup>53</sup> The correlation between depression and grief is comparable to that of panic and fear; essentially, depression is acute sadness in the same way that panic is heightened fear.<sup>54</sup> Moreover, depression is a phenomenon that evokes rather dismal reactions [from] within a human being. [This] includes discomposure as well as a [distinct] lack of forbearance. Conceivably, one who is overcome by this symptom may appear to an onlooker as being totally uncivilized; mimicking actions [characteristic] of insanity like slapping [one's own] face, pulling out hair, shouting, tearing [one's] clothes, and many other [bizarre] things that have no parallel yet are completely indicative of a person who has lost both their mind and [sense of] propriety. Often, people who do those things eventually develop bodily ailments which further aggravate their condition, thereby making it hard to prevent it [from worsening] and more difficult to remedy. More rigorous treatment is then required.

Yet another symptom of the psyche's faculties is intrusive thoughts (*was-wasa*). It intrudes upon the human mind, stirring up negative thoughts. Life becomes straitened [by it]; one can hardly enjoy any single bodily delight unless it is done in a particular way [as per the obsession]. This symptom is referred to as the [inner] speech of the psyche, and it is [one] of the most pervading of its symptoms.<sup>55</sup>

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- 53 In his essay, *Mourning and Melancholia*, Freud argues that mourning occurs when a person is grieving the loss of a loved object, which is a healthy and a natural part of the grieving process. (see Freud Sigmund, *Mourning and Melancholia* (Merck, Sharpe & Dohme, 1972)). On the other hand, melancholia (depression) occurs when the person grieves for a loss that one is unable to fully comprehend or identify, and this form of sadness he considers as pathological.
- 54 This is an important distinction that al-Balkhī makes between grief and depression. While grief can be adaptive and necessary to process the loss of a loved one, prolonged grief is associated with features of hopelessness and can turn into dysfunctional depression (see Paul A. Boelen, Jan Van Den Bout, and Jos De Keijser, "Traumatic Grief as a Disorder Distinct From Bereavement-Related Depression and Anxiety: A Replication Study With Bereaved Mental Health Care Patients," *American Journal of Psychiatry* 160, no. 7 (July 2003): 1339–41.; Paul A. Boelen and Jan Van Den Bout, "Complicated Grief, Depression, and Anxiety as Distinct Postloss Syndromes: A Confirmatory Factor Analysis Study," *American Journal of Psychiatry* 162, no. 11 (November 2005): 2175–77.).
- 55 In the latter half of this section of his book, al-Balkhī goes on to describe obsessive compulsive disorders in detail. Awaad & Ali (2015) have conducted an analysis of al-Balkhī's classification of obsessive-compulsive disorder (OCD) and have found a full convergence between the diagnostic categories listed by al-Balkhī and the Diagnostic and Statistical Manual of Mental Disorders (DSM) for OCD.

To conclude, the concepts that we have discussed are precisely those psychological symptoms that, as we have stated, interlink [directly] with that which can harm the body, and may even lead to [various] bodily illnesses at times. They are [all] comparable to the bodily aches and pains that cause a person distress and discomfort, preventing them from eating food and enjoying any of the other [functional] amenities of the body. Consequently, just as the sustenance of the body necessitates treating such pains with medications and supplements for [subsequent] relief and cure, there is likewise a similar need to treat these psychological symptoms – which are sufferings of the psyche – with their corresponding remedies which we have clarified in the previous chapter. [This includes] their [general] scope, approach, what cures them, and eradicates their ill-effects. And we will elucidate what is required to deal with each of them [specifically] in what is to follow, if Allah so wills.