COGNITIVE-BEHAVIOURAL THERAPY: A GLIMPS INTO SOME EARLY MUSLIM SCHOLARS’ CONTRIBUTIONS

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ABSTRACT

Since ancient times, man has been facing various kinds of problems, and using various forms of treatments to get healed, mostly through religious and spiritual approaches. As psychologists gradually accommodate the concept of religiosity and spirituality into mainstream psychology, recent findings from researches have shown the links between psychology and religion. However, this recent recognition and inclusion of religion and spirituality into the world of psychotherapy have largely being reflecting Western and Judeo-Christain perspectives. This paper opens up the world of Islamic psychology and highlights the remarkable contributions of some early Muslim Scholars. Moreover, there are suggestions as to how Islamic teachings and principles can be integrated into psychotherapeutic approaches like Cognitive-Behavioural Therapy (CBT) thus, opening new windows of research and practice for counselors and therapists.

Field of Research: Cognitive-Behaviour therapy, Early Muslim Scholars, Spirituality, Islamic Psychology

1. Introduction

Over the time, one of the most effective approaches towards treating psychological problems was promulgated by a British behaviourist, Eysenck (1985). In his historic research, he compared neurotic patients that received treatments from psychoanalysts and patients that did not receive any treatment. After a year of study, results revealed that two-thirds of the patients that received therapies improved and that same amount of those without therapy also improved. Being the major contributor to the development of behaviourism in the field of psychology, Eysenck remained the most referenced psychologist as at the time of his death in 1997.

Another behaviourist, Wolpe (1958) embarked on another experimental study with cats in his laboratory in South Africa to prove that learning is the basis of human behaviour, and not unconscious drives and instincts. The findings of the research proved that neurotic symptoms were maladaptive learned behavioural habits acquired through conditioning which can be treated by behavioural techniques like, reciprocal inhibition and systematic desensitization. He wrote a book in 1958 titled “Psychotherapy by Reciprocal Inhibition” which remained a renowned and stimulating literature for the new generation of behaviourists. Reciprocal inhibition is a behavioural technique which involves treatment of psychological problems that is followed with the opposite and reciprocal methods with respect to the psychopathological symptoms. It is a technique used especially to treat phobias by repeatedly evoking a response that is physiologically incompatible with anxiety-related problems such as deep muscular relaxation, simultaneously with the anxiety-provoking or phobic stimulus, usually imagined rather than actually present.

In addition, behavioural therapy used to treat phobias and other anxiety disorders is a type of classical conditioning therapy developed by Wolpe (1958). To start with the process of systematic desensitization, relaxation is highly required in order to control fear, anxiety responses, and phobic
reactions. So, the gradual introduction of the feared object to the client should be followed with a careful arrangement of an anxiety or fearful hierarchy. The goal of this process is that an individual will learn to cope and overcome the fear in each step of the hierarchy, which will lead to overcoming the last step of the fear in the hierarchy. Part of these behavioural techniques includes assertive training and aversion therapies as they help people to overcome fears and empower themselves with courage, and teaches a client appropriate strategies and techniques in acknowledging and acting on their opinions and needs. For example, aversion therapy helps an alcoholic be able to associate the addiction with the negativity of electric shocks or seizures.

However, due to the nature in which western psychology is established, that is, on the so called secular paradigm, the field of behaviourist school is not an exemption. According to Sundberg (2001), some of the major characteristics of what serves as the foundation of Western behavioural therapies are; 1. Empirical (data-driven); 2. Contextual (focused on the environment and context); 3. Functional (interested in the effect or consequence behaviour ultimately has); 4. Probabilistic (viewing behaviour as statistically predictable); and 5. Monistic. (Rejecting mind-body dualism and treating the person as a unit).

Despite the fact that behavioural psychotherapeutic approaches are used in treating anxiety and stress-related problems, it seldomly solve chronic cognitive and mood-related problems like depression (Rachman, 1997). Consequently, Albert Ellis came up with his Rational Emotive Therapy, which gave birth to the introduction of Cognitive-Behavioural therapy, and eventually led to his popularity among behaviourists.

Over the years, some psychologists have probed the importance of religion in mental health and categorized religion as detrimental (Freud, 1961; Skinner, 1953). On the other hand, other psychologists have posited that religion has a positive role to play in client’s mental health (James, 1985; Shafranske, 1996). In recent times, research has commonly found a positive relationship between religiosity and physical human functioning and mental health (Koenig, McCullough, & Larson, 2001).

Several studies have shown the impact religion has on human physical and psychological health. For instance, religious faith and practices often help people in lessening the physical manifestations of stress, depressive symptoms and improved immune system functioning (Koenig, McCullough & Larson, 2001; Yi, Luckhaupt, Mrus, Mueller, Peterman, Puchalski & Tsevat, 2006), including reports of greater happiness and life satisfaction (Myers and Diener, 1995).

Consequently, as it is becoming more alarming that psychologists have posited that integrating religiousity into therapy may have important effects on outcome as it is often very important to individuals and supportive in matching therapy to the religious beliefs and values of clients (Wade, Worthington, & Vogel, 2007; Worthington, Kurusu, McCullough, & Sandage, 1996; Worthington & Sandage, 2002). Likewise in research, there have been findings correlating religious faith and psychological problems. However, some of these studies that found evidence on participants are based on how Christian cognitive therapy showed improvement in depressive symptoms (Johnson, Devries, Ridley, Pettorini, & Peterson, 1994; Propst, Ostrom, Watkins, Dean, and Mashburn, 1992).

Likewise, a few studies have also reflected the role of the Islamic faith and practices in the field of psychological research. For instance, two studies from Azhar & Varma, (1995), and that of Razali, Hasanah, Aminah, & Subramaniam, (1998) focused on treating depression with the use of Islamic
therapy among Muslim participants. In the latter’s study, participants in the Muslim psychotherapy condition showed equivalent improvement in depressive symptoms as did participants in the comparison condition, while in the former’s study, participants in Muslim psychotherapy condition showed more improvement in depressive symptoms than did participants in the comparison condition. Thus, it could be deduced that Muslim psychotherapy for depression should be viewed as an efficacious treatment.

The Islamic Factor

“But God has endeared to you faith and has beautified it in your hearts and has made disbelief and lewdness and rebellion hateful to you.” (Quran 49:7).

From the above Qur’anic verse, it is evidently clear that man is good and he possesses all the potentials (spiritual strength and virtues) to maintain an optimal psychological functioning. This is what recent positive psychologists are emphasizing as Seligman (2011) puts it;

We have discovered that there are human strengths that act as buffers against mental illness: courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, and perseverance, the capacity for flow and insight, to name several. Much of the task of prevention in this new century will be to create a science of human strength whose mission will be to understand and learn how to foster these virtues in young people.

In a more comprehensive analysis by Al-Attas (1990), the spiritual delicacy of man, which cannot be measured according to time or space, is known to be dynamic in terms of its functions. Al-Attas posited that when this spiritual entity is involved in intelligence and apprehension, it is called the aql (intellect). When it controls the body, it is called the nafs (soul). When it is absorbed with the function of receiving sensitive illumination, it is known to be the qalb (Heart). And when it relapses to its world of intangible entities, it is called ruh (Spirit). So in the real sense, the soul, mind, and the intellect indicate a similar entity.

So based on this Islamic perspective of human nature, the spiritual and the physical spheres are intertwined. This is to mean that human behaviour is a reflection of the state of his soul, as these actions equally influence the spiritual soul in turn. An in-depth analysis of the nafs according to Shah (1996) serves as one of those means through which a balance mental and spiritual health can be ensured. This is the basis through which previous Muslim scholars were able to establish a psycho-spiritual theoretical and therapeutic paradigm that as often been neglected till the present day.

A Glimpse into Some Early Muslim scholars’ Contributions

It is of great necessity to explore the contributions of early Muslim scholars particularly those that were in the helping professions, due to their relevance for the present day human states that is exposed to all forms of psychopathologies. Besides, modern day Muslims, who are generally oblivious of the rich legacy of their fore-fathers needs to understand and benefit from these great works that were generally based on Islamic principles, and relevant for all times and places. The greatest advantage of all is that their Islamic knowledge was guided by divine injunctions and thus, accepted to little human errors.
Abu Zaid Al-Balkhi

Abu Zaid Al-Balkhi, one of the early major psychologists, who contributed mostly on emotional problems and behavioural psychology. He, like other Muslim scholars, asserted that, man is a composition of body and soul. He posited that when the body falls ill, the soul loses its cognitive and comprehensive abilities, thereby experiencing a state of apathy. On the other hand, the body also experiences physical or psychological imbalance when the soul gets sick (Al-Balkhi, 1984). So, he is of the psycho-spiritual opinion that the balance state of the soul and body is a major factor of normal body functioning, and an imbalance of these two parts of human nature is what causes maladaptive and abnormal behaviours (Haque, 2004).

He categorised neuroses into four emotional disorders. These include, fear and anxiety, sadness and depression, anger and aggression, and obsessational neurosis. Under his classification of depression, Al-Balkhi (1984) posited that there are three kinds, the everyday normal depression, endogenous depression and reactive depression. He opined that endogenous depression is internal and originated within the body due to metabolic and biochemical dysfunctions, while reactive depression is external due to feelings of stressful life events or grief and most times tends to be milder in nature (Badri, 1998).

Al-Balkhi, who is the profounder of Reciprocal Inhibition as a form of psychotherapy, asserts that, the treatment of a body should be followed with the opposite and reciprocal approaches with respect to the psychopathological symptoms, and also suggests that, a gradual approach is needed to promote cognitive therapy (Al-Balkhi, 1984). This is what Joseph Wolpe brought to the limelight in 1958 as a form behavioural psychotherapy. A practical way of using a gradual approach can be found in the words of Badri (1996) that “Patients who suffer from social fear and anxiety with authoritative adults can be trained when relaxed to imagine themselves mixing only with children and gradually the age and number of people is raised until they achieve the ability to transfer the learning of the clinic to real life situation”

Abu Hamid Al-Ghazali (1058–1111)

A theologian and philosopher who can be presently referred to as a human behaviour and spiritual analyst, Al-Ghazali, who is also well known as a jurist, contributed immensely to the field of psycho-spiritual and behaviour psychology. Al-Ghazali wrote great works like “Revival of the Religious Sciences” (Ihya‘ Ulum al-Din), and “The Saviour from Error”(Munqid min ad-Dalal). In his works, he explained the concept of human nature in relation to self as a function of four innate and spiritual terms: Qalb, Ruh, Nafs, and Aql.

Al-Ghazali (1995) divides the soul to refer to two different meanings. It refers to the immaterial entity, commonly referred to as the lower self. This is embedded in animal faculties which are in negation to the rational faculties. On the other hand, a more vital is the abstract entity, which can tag human’s genuine nature and essence. According to Al-Ghazali (1954) this is the soul capable of being raised up towards the celestial world which is its origin. So, invariably, the soul can be referred to a dynamic entity which has both the instinctive faculties that often drag man low, and the higher faculties that can ascend the person in the direction of the Supreme Being.

Al-Ghazali (1995) termed the heart as the meditative aspect of the soul – contemplating about Allah (SWT). He opined that the heart is also of two meanings. Firstly is that of the physical heart, that is,
the piece of flesh in the breast of man which is the centre for blood circulation. As regards the intellect, Al-Ghazali (1954) portrays the intelligence as the noblest human attribute, and the key to ultimate felicity. He regards it as the privileged tool for receiving celestial illumination and grasping the inner science of exposing the heart to the experiential knowing of God.

More importantly, Al-Ghazali can be referred to as a behaviourist, due to his huge contribution to what is today called “Classical conditioning” or “Association conditioning” as claimed by the Russian Ivan Pavlov. Al-Ghazali (1995) proposed the system of ‘eliminating fears through the opposite’ based on the process of association between conditioned stimuli (CS) and unconditioned stimuli (UCS) which brings about a conditioned response (CR). He mentioned that an individual can imagine an association between a neural and a painful or palatable stimulus despite such an association is based on an unreasonable platform.

In his paradigm of association conditioning, there is an acquisition of a conditioned response due to the stimulus that is associated with a painful/palatable unconditioned stimulus through the form of a wrong imagination, thereby, resulting to a maladaptive behavioural response. So, Al-Ghazali’s (1995) position regarding maladaptive behaviours like phobias and anxiety-related problems is connected to this process of associative learning. Al-Ghazali narrated an example of a snake phobic person when he said “An example of the associative learning is that of a person who has a snake bite and become afraid of a coloured rope due to the pain he got from the snake bite. Therefore, whenever he sees the coloured rope (which looks like a snake), he judges it wrongly to be a snake. Based on this judgement of distorted imagination, he reacts with fear and anxiety, even though it’s not in accordance true reason and reality” (p 94.). Based on this example, we could deduce that, the coloured rope (neutral stimulus), which was associated with the snake (UCS) led to the fear of the coloured rope (CR) as a result of the fear of the snake (UCR). (Al-Ghazali, 1995).

Over the time, man has been in a state of freedom of deciding on what he wants for himself. This freedom of choice is as a result of the authority ALLAH (SWT) placed on man over other creatures due to his ability of thinking and reasoning, coupled with his ability to acquire spirituality. In addition, the nature of man as being good and the possession of all the potentials to remain and maintain this capacity of his position reflects that man is filled with precise cognition, psychological balance and above all, the spiritual strength to withstand any treat or exposure to any form of problems against its existence and functioning.

Our Creator, Allah (SWT) blesses man with the Qur’an in which he can acquire all forms of peace and tranquility if properly followed and adhered to, unfortunately Western and even some Muslim psychologists failed to accept this fact. So the acceptance of religion as a means of solving behavioural problems is a must. Allah (SWT) mentioned in the Qur’an, “The (Qur’an) is a guide and healing to those who believe” (Quran 41:44). Besides, another verse of the Qur’an states, “And establish regular prayers at the two ends of the day and at the approaches of the night: For those deeds that are good remove those that are evil...” (Quran 11; 114).

Looking at the position of Islamic psychotherapy, it is evidently clear that it expresses a holistic and comprehensive aspect of human endeavours. In the idea of Shah (1997), for instance, he asserts that the bedrock of Islamic psychotherapy cuts across the social, moral, and religious values in the cause of any psychotherapeutic and counseling intervention. Islamic psychological position views both the religious and spiritual beliefs are helpful in caring for the needs and yearnings of humans. It encompasses a holistic approach where the rituals are the source of spiritual development that promotes a major contribution to the psychological wellness of man (Murken, & Shah, 2002). Also, in
the assertions of Hamzah & Maitafsir, (2002), Islamic psychotherapy also, aims to build the understanding that human being is naturally good and have special purposes of existence in this world. It aims to foster a balanced personality in the client- from his physiological and rational, and to his emotional, and spiritual. Furthermore, Islamic psychotherapy helps in creating consciousness of Allah’s existence and the conviction in improving the client’s faith.

Pragmatically, the use of Islamic psychotherapy has been tremendously effective in relieving clients of their pathological states. This can be proved with some findings that indicated a tremendous role of religion in the behavioural dispositions and mental health of people. Among some of these findings is that of a European psychiatrist, Schmidt (1987), who came with the report of his findings from a group therapeutic session using Islamic religious approaches in treating drug and alcohol addicts in Brunei. He presented his findings at the third Pan Arab Congress on Psychiatry in Jordan. He narrated that, after making use of all the techniques and approaches he learnt during his training as a psychiatrist on the Muslim clients, he could not record any success. Alternatively, his attempt of taking these alcoholics and drug addicts to a camp outside the city, and subjecting them to a relentless program of Islamic prayers, remembrance of Allah, and physical activities involving, talks, and multimedia programmes, resulted to a very encouraging results of recovery.

Allah says; “Those who believe and whose hearts find peace and satisfaction in the remembrance of Allah, for without doubt in the remembrance of Allah do hearts find satisfaction and peace.” (Quran 13: 28).

Conclusion

From the above discussion, it is quite clear that the contributions of some early Muslim scholars are tremendous and significant to the modern day psychology. This is a clear indication that making use of religious teachings and principles can go a long way in helping not only religious-oriented clients, but also counselors and clinicians in their research and practice as to how well they adopt more effective techniques.

Furthermore, one major implication to research is that since there are great number of researches corroborating the relationship between religion and mental health, including the positive role that religiosity is playing in reducing mental health problems among non-Muslims, it is quite clear that there are limited number of studies integrating religiosity and psychological problems among Muslims. This is a great challenge and a clarion call to Muslim psychologists in particular.

Part of the new windows of research integrating Islamic teachings and principles with mainstream psychotherapy is incorporating positive cognitive concepts like hope and sense of gratitude into the cognitive element of CBT. Moreover, other psychotherapeutic approaches like logotherapy can be grossly analysed and see how the concept of suffering can be a source of meaningful life for patients with chronic illness.

References


