Final Independent Study

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Introduction

I have spent much of my life being drawn towards intersectionality. For example, as someone who has an interest in the world's spiritual paths and wisdom traditions, I often find myself resonating with the spaces between spiritual paths or theories. There has always been something about meeting places between ideas which empowers me, inspires me, and seems to offer a heightened sense of *connection*. Fortunately for me, as a therapist in training, I found a great freedom in being able to integrate various approaches and practices into my own cohesive, theoretical model.

Being a Muslim convert of close to two decades, as well as having a belief that the body and mind are much more connected than modern medicine tends to believe, I naturally began hunting for links between Islam and body-mind holism when writing this paper. I imagined my findings would serve three different purposes. First off, it would be meaningful to myself both personally and professionally to find such a connection. Secondly, I felt it could assist in removing stigma for Muslim clients who might be seeking therapy. Finally, it could provide a platform for anyone to learn about Islamic knowledge and history, but more specifically clinicians who wanted to widen their understanding of this important population.

The Mind-Body Problem

While mainstream modern medicine has only recently begun to embrace the interplay between body and mind, Islamic physicians and psychologists have long considered and believed in the importance of a holistic approach to health, one which bridges body and mind. So when I began deepening my search for connection between these two areas I was grateful to receive a

suggestion from my advisor for this paper, Dr. Robert Frager, that this interplay was already recorded and written about in striking detail—from within the Islamic tradition—by Abu-Zayd al-Balkhi, an 8th-century polymath and "encyclopedic genius" who may now offer us one of the earliest recorded perspectives on the body-mind problem (Khan, 2015, p. 167). Born in present-day Afghanistan in 849 CE, Al-Balkhi was outspoken towards the medical establishment of his day arguing against their narrowness for focusing on the physical and neglecting the mind when diagnosing and treating patients. He elucidated on the importance of upkeep of the mind when considering overall health, referring to it as the "sustenance of the soul". Al-Balkhi says;

"No man should be heedless of being concerned with the sustenance of his soul or neglectful in making an effort to shield it from disturbance and anxiety…such psychological symptoms can thus be comparable to bodily symptoms that cause a person pain or illness…" (Balkhi, Badri, 2013, p. 29).

His manuscript of the same name, *Sustenance of the Soul*, is seen as a prototype "self-help style manual" providing tips on "mental hygiene and preventative mental health" (Balkhi, Badri, xxxiv). The text is eight chapters in length, each one with a different point of focus. For example, he names four different neuroses as areas to explore: fear and anxiety, anger and aggression, sadness and depression, and finally obsessions, suggesting various cognitive treatments for all of them in a way that is surprisingly accessible to this day, well over a millennium later.

Al-Balkhi believed that psychological instability could just as easily cause illnesses on a physical level, saying psychological suffering can make the person "lose its natural ability to enjoy pleasure" finding it leads to life becoming "distressed and disturbed." (Khan, p. 168) (Balkhi, Badri, p. 29).

Mainstream medicine is increasingly embracing the idea that psychological stress can cause a variety of physical ailments. For example, daily stress can slowly release cortisol in the brain, a stress hormone meant to mobilize energy in a flight or fight scenario. While cortisol aids the body for short periods of time providing energy and increased cognitive abilities, it has debilitating effects on the body when produced over longer periods of time, including weakened immune systems, compromises in brain functioning and learning, as well as weakened synaptic connections in the brain. (Austin, 2006) (Hanson & Mendius, 2006) (Cozolino, 2002). This is one of many examples.

As a side note, it would be important to mention that al-Balkhi was not alone in the early Islamic medical community in promoting both the mind's effect on the body as well as the importance of counseling with patients. Ali Ibn Sahl Rabban At-Tabari, a 7th century scholar accredited with penning the first medical encyclopedia, was also known to be a proponent of the body-mind connection and "emphasized the need for psychotherapy," saying that physicians should use "wise counseling" with their patients (Haque, 2004, p. 361). Another 8th century physician, Al-Rhazi was also known to have promoted the importance of "hopeful" and "encouraging" comments from doctors, and how mental stability for patients promoted physical wellness, and a "speedier recovery" (Haque 362). Finally, Al-Majusi, similarly to al-Balkhi, emphasized preventative approaches to health, and only considered medical treatment and drugs as a last resort (Haque, 363).

Despite these and other thought leaders from early Islamic medicine promoting a holistic approach to health, Al-Balkhi was the most intriguing to me, and I found myself returning again and again to *Sustenance of the Soul,* to dig for more intersectionality.

Anxiety/trauma

Any clinician serving Muslims in this day and age will most likely agree that trauma-informed approaches to therapy must be considered when working with this population. Many of today's Muslim-majority nations are war-torn, or are at a minimum areas where conflict and terrorism (or threat thereof) is not the exception, but the norm. Muslims that live in safer communities (often in the West), still face daily stressors from misunderstanding, oppression, or racism.

The ever-evolving term "trauma" as we know it in the West, was only first considered to be other than physical starting the end of the first world war when it became clear that the horrors experienced on the battlefield were causing prolonged mental anguish and suffering (Jones, 2012, p. 18). Historically, it would be of importance to once again look to al-Balkhi, in chapter six of *Sustenance of the Soul*, entitled *Tranquilizing Fear.* In this section, he lays out what might be one of the earliest written definitions of terror or panic, which comes quite close to our modern-day definition of trauma. He starts by making a clear delineation between terror/panic and worry/distress, saying,

"What terrorizes a person and agitates his soul is something that is quite threatening to him, that he thinks about or hears or sees. To cause terror or panic, the alarming object or frightening situation must be either directly perceived or expected to turn up or occur in a short time." He states that simple worry or distress is often caused by a fearful event which is far off in the future, as opposed to a fearful event which is imminent, which would cause what he calls terror, an "extreme form of fear." (Balkhi, Badri, p. 44) He goes on:

"However, real fear and terror are immediately felt when the individual is threatened by

an impending danger that may cause him possibly unbearable pain or death…this is the emotion

that scars and agitates and shows itself in the external behavior of the person and his facial

features." (Balkhi, Badri, p. 45)

      To me, al-Balkhi's description of fear seemed to be similar to The American

Psychological Association's modern definition of trauma, which is "emotional response to a

terrible event like an accident, rape or natural disaster" (APA website, n.d.). Interestingly, Al-

Balkhi alludes that one could simply hear terrible news or even imagine that something terrible

may happen to experience this terror, which is similar to what is listed in the diagnostic criteria

for post traumatic stress disorder in the DSM-V when it states that one could simply learn of a

traumatic even which happened to a family member or friend. (DSM-V, p. 271) I was also

interested in how he named both external behavior and facial features when describing terror, as

this seemed to point to the clinical importance of tracking somatic cues. We now know that a

large percentage of communication is unspoken, and for the psychotherapist especially a

somatic-based one, it is foundational for facial features and body movement to be tracked and

noted during therapy. (Goleman, 2005, p. 152)

Interventions/Counseling

      Al-Balkhi also wrote how one might use the mind to help overcome debilitating symptoms

of fear; it is fascinating to note that he does not fall too far from techniques we currently know

and use in mindfulness-based cognitive interventions, where increased self-awareness aims to

interrupt dysfunctional patterns of emotions or thoughts. For example, in chapter two titled

Sustenance of Psychological Health, Al-Balkhi mentions that one way a client could begin to

experience less anxiety would be to train oneself to slowly be able increase tolerance of "anxiety-provoking elements" that one might experience. Al-Balkhi even suggested his patents could "store" rational and positive thoughts to call upon at a later time if they became triggered, showing symptoms of the neuroses.

It is reminiscent of the trauma-informed "window of tolerance" first promoted by Dan Siegal and how basic mindfulness-based skills can aid one in expanding the window of what one can tolerate, particularly in challenging situations (Siegel, 1999). Mindfulness, defined as the ability to sit with what is happening in the moment with minimal judgment, is used to help with trauma symptoms by interrupting the ruminating "debilitating, repetitive cycle of interaction between mind and body" which keep the traumatic event real and alive for the traumatized. (Kring, 2012, p. 216) (Ogden, 3). This skill of awareness and acceptance—essentially self-regulation—can help those suffering from anxiety by teaching them how to separate themselves from their thoughts and emotions, or "gain some distance from their experience" (Armstrong, 2011, p.134). When one is able to inch towards what is uncomfortable, one can slowly build tolerance to handle such pressures with more ease. We can think of mindfulness-based interventions aiding these processes by encouraging "acceptance rather than rigid avoidance of one's experiences" which can result in increased anxiety and obsession (Follette, 2011, p.53).

Al-Balkhi would note that emotional disorders often stem from "learned habits" in a way that is almost humanistic in its approach; Al-Balkhi uses a common therapeutic technique of normalization when discussing emotional disorders and neuroses by noting that anyone can have abnormal emotional reactions which become habitual, leading to psychological suffering (Balkhi, Badri, p. 14). He continues normalizing fear and anxiety, saying all humans experience

it, and also have the shared experience of realignment afterward when the fear was "exaggerated or unfounded" saying, "In most cases…the expectation of a threatening experience is much greater than the real experience itself" (Balkhi, Badri, p. 46).

Conclusion

With ongoing shame in Muslim society—both in the United States and abroad—related to therapy, self-disclosure, and mental illness, I have found it urgent to help destigmatize therapy in my community. By showing that holistic approaches to health have been promoted historically from within the Islamic tradition, I hope that more Muslims will be open to embracing therapy and counseling when the need arise, without fear. A holistic approach to health has indeed been a practice of the Muslims, even long before it was an approach in the West.

Carl Jung had a term, which I deeply resonate with as I close this paper, *gnostic intermediary*. It means someone who transmits spiritual wisdom from one culture to another, in a way that is easily understood, or with what the Buddhists refer to as "skillful means." (Caplan, 2009, p. 247). While I don't feel comfortable making the lofty claim to be a gnostic intermediary quite yet, I am setting an intention to become one. It is my hope that this humble paper may introduce some non-Muslims to understand an often misunderstood community, and that Muslims can look upon holistic approaches to mental wellness with less stigma in the future.

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