



**A SEMANTIC STUDY OF ANXIETY IN
ARABIC LITERATURE AND ITS
PSYCHOTHERAPY IN THE WORKS OF
SELECTED EARLY MUSLIM SCHOLARS**

by

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**A dissertation submitted in partial fulfillment of
the requirement for the degree of
(Doctor of Philosophy in Islamic Civilization)**

**International Institute of Islamic Thought and
Civilization (ISTAC)
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JULY 2005

ABSTRACT

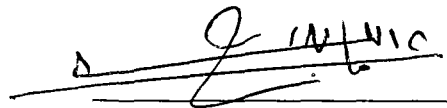
Anxiety, which is a general state of apprehension and worry, is one of the most prevalent mental disorders suffered by human beings. It is often associated with inability to cope with true or imaginary hardships. Anxiety-ridden people are really in need of an effective remedy that truly cures. Nowadays, the most dominant theories of anxiety, its diagnosis and treatments, which influence people all over the world including the Muslims, stem from Western secular minded psychologists. Since their secular and materialistic views of man as an animal are neither comprehensive nor really helpful because they reject the spiritual aspects of man, their theories could not serve as a proper solution to the problems of anxiety particularly with Muslim patients. Islamic psychology, on the other hand, looks at man in a comprehensive manner that takes into consideration his spiritual and physical aspects. This provides a better understanding of anxiety and its treatments. It could help to solve this problem truly and not superficially as in the case of Western psychology. Unfortunately, such contents of psychology remain in the close folds of the writings of early Muslim scholars such as *Riyāḍah wa Adab al-Nafs* by al-Tirmidhī, *Iḥyā' 'Ulūm al-Dīn* by al-Ghazālī, *Al-Ri'āyat li Huqūq Allah* by al-Muḥāsibī, *Tahzīb al-Akhlāq wa Taḥīr al-A'rāq* by Ibn Miskawayh, *Ṭibb al-Rūḥānī* by al-Rāzī, *Maṣāliḥ al-Abdān wa al-Anfus* by Abū Zayd al-Balkhī, and *Al-Rūḥ* by Ibn Qayyim. Thus, the aim of my dissertation is to bring forward and highlight this useful heritage with the hope that it will serve the need of people especially the Muslims.

ملخص البحث

القلق (أنزيتي) - كما أُصطلح على تسميته علماء النفس العرب - حالة عامة من الخوف وعدم الاطمئنان النفسي وهو من أكثر حالات الاختلال الذهني التي يعاني منها بنو الإنسان. وترتبط هذه الحالة بعدم القدرة على التعامل السوي مع المشكلات، سواء كانت حقيقية أو متخيلة. فالناس المصابون بالقلق يحتاجون حقا إلى علاج فعال يساعدهم على التمكن من التغلب عليه. نجد اليوم أن أكثر النظريات والأفكار المتعلقة بالقلق وتشخيصه وعلاجه، والتي لها أثر كبير على الناس في العالم، بما في ذلك المسلمين منهم؛ هي تلك التي تأتي من علماء النفس الغربيين ذوي الترة العلمانية. وبما أن نظرتهم العلمانية المادية تعتبر الإنسان حيوانا، فإنها إذن لا تتمتع بالشمول ولا تعين حقيقة على فهم المشكلات، وذلك لأنها ترفض الجوانب الروحية الدينية لكيان الإنسان. وبالتالي فإن نظرياتهم لا تستطيع أن تؤدي الدور الأمثل لحل مشاكل القلق خاصة التي يعاني منها مرضى مسلمون. ومقابل ذلك نجد أن علم النفس الإسلامي ينظر إلى الإنسان نظرة شاملة واضحة في الاعتبار الجوانب الروحية والجسمانية. وبذلك فهو يعطي فرصة أفضل لفهم القلق ولعلاجه، وهو يساعد في حل المشكلة حلا حقيقيا وليس حلا سطحيا كما هو الحال بالنسبة لعلم النفس الغربي. إلا أنه مع الأسف نجد أن مكونات هذا العلم موجودة في طوايا كتابات علماء النفس الأوائل مثل "الرياضة وأدب النفس" للترمذى، و"إحياء علوم الدين" للغزالي، و"الرعاية لحقوق الله" للمحاسبي، و"تهذيب الأخلاق وتطهير الأعراق" لابن مسكويه، و"الطب الروحاني" للرازي، و"مصالح الأبدان والأنفس" لأبي زيد البلخي، و"الروح" لابن قيم. لأجل كل ذلك، فإن الغرض من رسالتي هذه هو تقديم هذا التراث النافع للناس آملا أن يخدم حاجتهم، خاصة المسلمين منهم.

APPROVAL PAGE

The thesis of Abdul Latif bin Abdul Razak has been examined and is approved by the following;

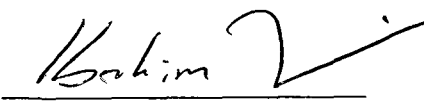


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DECLARATION

I hereby declare that this thesis is the result of my own investigations, except where otherwise stated. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at IIUM or other institutions.

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To

my mother, Siti Aishah Ahmad,

my father, Abdul Razak Musa,

my wife, Hafizah Ali,

my son, Nu'man Hakim and Muhammad Khairil Hakim

and my daughter, Farhah Fatini.

ACKNOWLEDGMENTS

In the name of Allāh, Most Gracious, Most Merciful. Praise to Allāh Most High, who inspired His Last Messenger, Muḥammad (P.B.U.H), the Qur'ān and Wisdom, as a mercy unto the worlds. May peace and blessings of Allāh be showered on His beloved Muḥammad, his folk and his truthful Companions and followers.

Thank God with Whose assistance and guidance I was able to complete my thesis. And since Allah will not be grateful to someone who has not been grateful to the people, it is my obligation to express my gratitude to some of those who have contributed to this success. Thus, firstly, I would like to extend my gratitude to Professor Syed Muhammad Naquib al-Attas, the Founder-Director of ISTAC, who has opened my mind to a better understanding of the Islamic worldview. Secondly, my gratitude must be expressed to Professor Wan Mohd Nor Wan Daud, who paid particular interest and concern, even before I began to embark on this study, in the progress and the completion of this thesis. My gratitude goes also to administrative personnel of the Institute and the Kulliyyah of IRKHS whose support made my study at ISTAC accomplished.

I wish to express my special gratitude to my respected supervisor, Professor Malik Badri, for his guidance and painstaking assistance throughout the completion of this thesis. It is my pleasure to acknowledge his numerous valuable suggestions and meticulous pruning on the sentences and structures of my thesis. His help and guidance aided substantially in making this study a reality.

My sincere gratitude goes also to Mdm. Azura Abdul Razak and Mr. Azman Talib, lecturers at the English Division of IIUM, and Dr. Ajmal M. Razak, Deputy Dean, Research and Publication of ISTAC for their time and effort in improving the language and style of this thesis. Apart from my supervisor, they are most responsible for making it more readable and comprehensible.

May I also record my grateful thanks to my wife Hafizah Ali, who has provided the loving kindness necessary for the accomplishment of this dissertation. My father and mother who cherished and brought me up since I was a child, are very worthy of my dearest acknowledgment. May Allah accordingly shower His Mercy on them. Finally, I wish to thank my teachers and colleagues at ISTAC, the discussions and conversations with whom also played a significant part in my study. Without naming each of them, I wish to thank them all.

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CHAPTER ONE

INTRODUCTION

Significance of the Study

Anxiety, which is a general state of apprehension and worry, is one of the most prevalent mental disorders suffered by human beings. It is often associated with inability to cope with true or imaginary hardships. Anxiety-ridden people are really in need of an effective remedy to help them with their symptoms. The treatment of choice is based on psychotherapy with or without drugs. Nowadays, the most dominant theories of anxiety, its diagnosis and treatments, stem from Western secular psychologists. Since their materialistic views of man as an animal are neither comprehensive nor really helpful because they reject the spiritual aspects of man, their theories could not serve as proper solutions to the problems of anxiety particularly with Muslim patients.

The researcher is not stating that Western methods of the diagnosis and treatment of anxiety disorders are without use. He is only showing that they are not effective, particularly when the problems of anxiety are related to major problems whose treatment would require the patients to change their whole outlook of life. For this reason, we find that modern Western therapies are quite helpful for simple anxiety problems dealing with mono-symptomatic issues such as phobias of specific things like heights or insects.

Literature Review

Islamic psychology, on the other hand, looks at man in a comprehensive manner, taking into consideration his spiritual, psychological, and physical aspects. This provides a better understanding of anxiety and its treatments particularly for Muslims. This comprehensive approach has been shown to be much more helpful in treating anxiety disorders from its deep roots.¹ Unfortunately, such contents of psychology remain in the close folds of the writings of early Muslim scholars such as *al-Ri'āyah li Huqūq Allah*² by al-Ḥārith al-Muḥāsibī (165 - 243 A.H./ 781 - 859 C.E.), *Risālat Ya'qūb b. Ishāq al-Kindī fi al-Ḥilah li daf' 'l-Aḥzān*³ by Ya'qūb b. Ishāq al-Kindī (185 - 252/ 801 - 866), *al-Hamm wa al-ḥuzn*⁴ by Ibn Abī al-Dunyā (208 - 279/ 823 - 894), *Maṣāliḥ al-Abdān wa al-Anfus*⁵ by Abū Zayd al-Balkhī (236 - 322/ 850 - 934), *Riyāḍah wa Adab al-Nafs*⁶ by al-Ḥakīm al-Tirmidhī (d. 255/ 869)⁷, *Tibb al-Rūḥānī*⁸ by Abū Bakr al-Rāzī (864 - 925 C.E.), *Kitāb Qūṭ al-Qulūb fi Mu'ālahat al-Maḥjūb*⁹ by Abū Ṭālib al-Makkī (d. 386/ 996), *Tahzīb al-Akhlāq wa Taṭhīr al-A'rāq*¹⁰ by Ibn Miskawayh (330 - 421/ 939 - 1030), *Kitāb al-Najāt*¹¹ and *Kitāb al-Shifā'*¹² by Ibn

¹ Malik Badri, "Counseling and Psychotherapy from an Islamic Perspective", *Al-Shajarah*, vol. 1, nos. 1 & 2, 1996, pp. 167-169.

² Al-Ḥārith al-Muḥāsibī, *Al-Ri'āyah li Huqūq Allah*, edit., Abdul Qadir 'Atā', Dār al-Kutub al-'Ilmiyyah, Beirut, 1985.

³ Ya'qūb b. Ishāq al-Kindī, *Risālat Ya'qūb b. Ishāq al-Kindī fi al-Ḥilah li daf' 'l-Aḥzān*, edit., Abdul Rahman Badawi, Dār al-Fikr al-'Arabī, Cairo, 1978.

⁴ Ibn Abī al-Dunyā, *al-Hamm wa al-ḥuzn*, edit., Faṭḥ al-Sayd Majdī, Dār al-Salām, n.p, 1991.

⁵ Abū Zayd al-Balkhī, *Maṣāliḥ al-Abdān wa al-Anfus*, Johann Wolfgang Goethe University, Frankfurt, 1984.

⁶ Al-Ḥakīm al-Tirmidhī, "Riyāḍah wa Adab al-Nafs", *Majallah Kulliyat 'l-Adab*, edit., Abdul Muhsin al-Husaini, no. 3, 1946, pp. 62 - 108.

⁷ According to Haji Khalifah, the author of *Kashf al-Zunūn 'an Asāmi al-Kutub wa al-Funūn*, Maṭba'ah al-Bahiyyah, Beirut, 1941, vol. 1, p. 938.

⁸ Abū Bakr al-Rāzī, *Tibb al-Rūḥānī*, edit., Lajnat Ihyā' al-Turāth al-'Arabī, Dār al-Āfāq al-Jadidah, Beirut, 1977. Trans. Arthur J. Arberry, *The Spritual Physick*, John Murray, London, 1950.

⁹ Abū Ṭālib al-Makkī, *Kitāb Qūṭ al-Qulūb fi Mu'ālahat al-Maḥjūb* Maṭba'ah al-Maimaniyyah, Cairo, 1888.

¹⁰ Ibn Miskawayh, *Tahzīb al-Akhlāq wa Taṭhīr al-A'rāq*, Dār al-Maktabāt al-Ḥayāt, Beirut, n.d. Trans. Constantine K. Zurayk, *The Refinement of Character*, Centennial Publications, Beirut, 1968.

¹¹ Ibn Sina, *Kitāb al-Najāt*, Dār al-Āfāq al-Jadidah, Beirut, 1985.

¹² Ibn Sina, *Kitāb al-Shifā'*, edit., Al-Abbū Qanwātī and Sa'id Zāyid. 2 vols. Al-Hai'ah al-'Ammah li Shu'ūn al-Maṭābi' al-Amiriyyah, Cairo, 1960.

Sinā (370 - 428/ 980 - 1037), *al-Risālah al-Qushairiyyah fī 'ilm al-taṣawwuf*¹³ by al-Qushairī (376 - 465/ 986 - 1073), *al-Akhlāq wa 'l-Siyar fī Mudāwāt al-Nufūs*¹⁴ by Ibn Ḥazm (384 - 456/ 994 - 1064), *Ihyā' 'Ulūm al-Dīn*¹⁵ and *Mizān al-'amal*¹⁶ by Abū Ḥāmid al-Ghazālī (450 - 505/ 1058 - 1111), *al-Dharī'ah ilā Makārim al-Sharī'ah*¹⁷ by al-Rāghib al-Iṣfahānī (d. 502/ 1108), *Kitāb al-Nafs wa al-Rūh*¹⁸ by Fakhruddin al-Rāzī (544 - 606/ 1150 - 1210), and *al-Ṭibb al-Nabawī*¹⁹, *al-Dā' wa al-Dawā'*²⁰, and *al-Rūh*²¹ by Ibn Qayyim al-Jawziyyah (691 - 751/ 1292 - 1350).

It is only lately that a few Muslim psychologists have started to rediscover the psychotherapeutic wealth in the writings of these early scholars. Among those who brought the contributions of early physicians and scholars to light were the late Professor Muḥammad 'Uthman Najātī who completed his Masters thesis entitled "*Sense and Perception in the Works of Ibn Sinā*"²², Dr. Muḥammad Ajmal who delivered a special lecture on "Muslim Contributions to Psychotherapy" in 1966, Muḥammad Quṭb who wrote a book on "*Dirāsāt fī al-Nafs al-Insāniyyah*," and Malik Badri who presented a paper on "Muslim psychologists in the Lizard's Hole" at the fourth annual conference of the Association of Muslim Social Scientists held in

¹³ Al-Qushairī, *Al-Risālah al-Qushairiyyah fī 'ilm al-taṣawwuf*, Dār al-Kitāb al-'Arabī, Beirut, n.d. Trans. B. R. Von Schlegell, *Principles of sufism*, Mizan Press, Berkley, 1990.

¹⁴ Ibn Ḥazm, *Al-Akhlāq wa 'l-Siyar fī Mudāwāt al-Nufūs*, Dār al-Āfāq al-Jadīdah, Beirut, 1978.

¹⁵ Abū Ḥāmid al-Ghazālī, *Ihyā' 'Ulūm al-Dīn*, 5 vols. Dār Ihyā' al-Turāth al-'Arabī, Beirut, n.d.

¹⁶ Abū Ḥāmid al-Ghazālī, *Mizān al-'amal*, Dār al-Kutub al-'Ilmiyyah, Beirut, 1989.

¹⁷ Al-Rāghib al-Iṣfahānī, *al-Dharī'ah ilā Makārim al-Sharī'ah*, edit. Abū Yazīd al-'Ajāmī, 2nd ed., Dār al-Wafā', Egypt, 1987.

¹⁸ Fakhruddin al-Rāzī, *Kitāb al-Nafs wa al-Rūh*, edit., Muḥd Hasan al-Ma'sumī, n.p, Tehran, 1344. Trans. M. Saghīr Hasan Ma'sumī. *Imam al-Rāzī's 'ilm al-akhlāq*, Islamic Research Institute Press, Islamabad, 1985.

¹⁹ Ibn Qayyim al-Jawziyyah, *Al-Ṭibb al-Nabawī*, Dār al-Kutub al-Lubnānī, Beirut, n.d. Trans. Penelope Johnstone, *Medicine of the Prophet*. The Islamic Texts Society, United Kingdom, 1998.

²⁰ Ibn Qayyim al-Jawziyyah, *al-Dā' wa al-Dawā'*, edit., Muḥammad Muḥyiddīn 'Abdul Ḥamid, al-Maktabah al-'Aṣriyyah, Beirut, 1990.

²¹ Ibn Qayyim al-Jawziyyah, *Al-Rūh*, edit., Sheikh Ibrahim Ramadhan, Dār al-Fikr al-'Arabī, Beirut, 1992.

²² His other important works on Islam and Psychology are *Al-Qur'ān wa 'Ilm al-Nafs*, *al-Ḥadīth wa 'Ilm al-Nafs*, and *al-Dirāsāt al-Nafsiyyah 'ind 'Ulamā' al-Muslimīn*.

Indianapolis in 1975. His paper was later published in the form of the book entitled "*The Dilemma of Muslim psychologists*".²³

Objectives and Scope of the Study

Thus, the aim of this dissertation is also to bring forward and highlight this useful heritage with special attention to anxiety, its causes and treatments, with the hope that it will serve the need of people, especially Muslims. This is by improving the treatments of anxiety through Islamizing the secular and incomprehensive approach commonly used by present Muslim psychotherapists. In presenting this valuable heritage, the researcher will try to show the comprehensiveness of the Islamic conception of anxiety and the effectiveness of its treatments, in comparison to the secular theories and practical interventions of Western psychologists and psychiatrists. The researcher will also try to divulge that the roots of a good number of modern therapeutic concepts and techniques could be found in the writings of early Muslim scholars.²⁴ The term *early* here refers to the time span ranging from 150 A.H/750 C.E. to 750 A.H/1350 C.E. By so doing, it is aimed at creating the awareness that the discovery of, and progress in anxiety disorder, its diagnosis and treatments, that are exclusively attributed to modern Western psychologists and psychotherapists have indeed been achieved many centuries earlier by some Muslim scholars and physicians. This humble contribution indirectly adds to the present stock of Islamized works in the discipline of psychology.

²³ Two of his most recent books are *Contemplation. An Islamic Psychospiritual Study* and *The AIDS Crisis: A Natural Product of Modernity's Sexual Revolution*. For further detail about the pioneers of the Islamization of psychology, see Aid Smajic, Behaviour therapy in the works of selected early Muslim scholars. M.A. thesis. International Institute of Islamic Thought and Civilization (ISTAC), 2003, pp. 107 - 109

Methodology

Though there are a number of methodologies that can be applied in the study of anxiety in Islamic Literature, the author chose to first carry out a semantic study of the term. This was followed by a comparative study concerning the theories and therapeutic practices of anxiety in the works of early Muslim physicians and scholars weighed against the theories and therapeutic practices of anxiety in modern psychology. To our knowledge, this study is the first of its kind that analyzes the semantic aspects of the Qur'anic terms on emotion. Early commentators of the Qur'ān and later Muslim scholars seem to show little interest in differentiating between emotional terms related to anxiety, depression, frustration or other psychological disorders.

The present writer referred to a number of classical Arabic dictionaries and lexicons such as *Lisān al-'Arab* by Ibn Manzūr and *Tāj an-Arūs* by al-Zabīdī. With regard to the meanings of the Qur'anic terms referring to these painful psychological states, the writer referred to the semantic commentaries of the Qur'ān like *Rūh al-Ma'ānī* by al-Alūsī and *al-Kashshaf 'an Ḥaqāiq al-Tanzīl* by Zamakhsharī. In short, the present study is a critical and analytical evaluation, in a comparative manner, of the conception of anxiety and its treatments in modern Western and Islamic psychology and psychotherapy.

Outline

This dissertation is organized into six chapters. The first chapter is an introduction to the research in which the researcher delineates the problems, significance and

²⁴ Malik Badri, "Use and abuse of human sciences in Muslim countries", *Islamic Intellectual Discourse Series* 1, 1992, p. 8.

justification of his study, literature review, scope, the methodology of the research and outline. The second chapter gives a brief account on the definition of anxiety, its diagnosis and treatment in modern psychological and psychiatric literature. The researcher starts the discussion by presenting and analyzing some modern definitions of anxiety to show how diffused the concept of anxiety is. The researcher then proceeds to discuss it from normality and neurotic aspects. This is followed by the Western classification of anxiety and its relations to other emotional disorders. The chapter is concluded with an analysis and criticism of the secular and truncated conceptions of anxiety and its treatment in Western literature.

While Chapter Two deals with the modern conceptions of anxiety, Chapter Three serves as the door to our discussion on anxiety from the Islamic perspective. This is so because this chapter deals with various terms and concepts essential to the understanding of anxiety from the said perspective. Arabic terms frequently used to denote anxiety such as *ḥāẓān* and *ḥuzn*, *gham*, *ḥam* and *khawf* are thoroughly analyzed. This is done by referring to well-known Arabic lexicons and to references to anxiety in the Holy Qur'ān, *Aḥādīth* of the Prophet (P.B.U.H) and sayings of the companions. Our understanding of the uses of these terms in Arabic and Islamic literature will necessitate our understanding of early Muslim scholars' discourse on anxiety.

Most Western writings on anxiety are concentrated on its negative influence. In Muslim works, the researcher finds a rich literature on the positive aspects of this emotion. The fourth chapter is devoted to this issue. It begins with a discussion on the significance of anxiety in the life of Muslims. It shows how this blessed emotion is very much related to faith (*īmān*) and Godfearingness (*taqwā*). It also shows how the emotional symptoms of anxiety and fear, when mixed up with love and the hope of God's forgiveness, will lead a person to a tranquil state known as *khushū'*. The

discussion is then followed by illustrations of this positive impact of anxiety and fear from the biography of some of our early Muslim scholars and sages. The chapter is concluded with a discussion on the methods of treatment used by our early Muslim physicians and psychotherapists to show how generating a strong feeling of fear, anxiety and anger can be of therapeutic benefit.

The fifth chapter deals with the diagnoses and treatments of anxiety in the works of early Muslim scholars. The chapter begins with a brief account of the nature of anxiety from an Islamic psychological perspective. It is followed by a discussion of the causes of anxiety as postulated by early Muslim scholars that are directly and indirectly related to a lack of faith (*īmān*). This lack of *īmān* leads Muslims to develop false and negative beliefs in their minds. These major false beliefs are the false belief about God, about the nature of man, about the world and the hereafter. Besides these major causes, our early Muslim scholars had also not failed to identify two other contributing factors of anxiety, namely, ignorance of one's capability in tolerating problems and biochemical causes. The discussion proceeds with Abū Zayd al-Balkhī's classification of anxiety which was done more than ten centuries before modern Western classification. Al-Balkhī classified anxiety into four types of emotional disorders, namely, anger (*al-ghaḍab*), fear and panic (*al-khawf wa al-faza'*), sadness and depression (*al-ḥuzn wa al-jaza'*), and obsessive-compulsive disorder (*al-waswasah*).

In the last chapter, Chapter Six, the researcher looks at the various methods of the treatment of anxiety as proposed by early Muslim physicians and psychotherapists. After reading some of the major works of early Muslim scholars, the researcher found that most of their discourse on the treatment of anxiety revolves around restoring *īmān* to patients. So, as the first method of healing anxiety, the researcher begins with a technique known as *īmān restoration therapy*. This

technique comprises two important aspects. The first, representing the theoretical part, is knowledge instilment, while the second aspect is discipline (*riyāḍah*) and inner struggle (*mujāhadah*) that exemplify the practical or behavioral aspect. Then we will proceed to discuss some other techniques such as reciprocal inhibition, modeling, and relaxation that early Muslim scholars were the first to use, but were later claimed to be new discoveries by Western modern psychologists and psychiatrists. This chapter is concluded with a deliberation of the growing acceptance of religious and spiritual approaches by present Western psychologists and psychotherapists.

It is the researcher's hope that this dissertation will attract the attention of the contemporary Muslim psychologists and psychotherapists to the fairly rich and valuable literature of the early Muslim physicians and psychologists and toward the comprehensiveness of their psychotherapeutic measures. It is hoped that it will become known that they do not need to wait for Western psychotherapists to offer their secular, materialistic and culturally bound prescriptions in order to be able to treat emotional problems faced by their Muslim patients. It is also hoped that this research can enlighten further research on the Islamic concept of mental health.

CHAPTER TWO

DEFINITION OF ANXIETY IN MODERN PSYCHOLOGICAL AND PSYCHIATRIC LITERATURE, CAUSES AND ITS TREATMENTS

Before discussing anxiety in the early works of Muslim scholars, as the title of this dissertation states, it will be expedient to discuss first anxiety in modern Western psychology and psychotherapy. This discussion, however, is not a mere representation of the works of modern Western secular psychology and psychotherapy on anxiety, but it is indeed an attempt by the author to briefly analyze and evaluate their works. Since the concept of anxiety is so nebulous, we feel that it is important at this early stage to agree upon a common understanding of it.

Definition of Anxiety

Anxiety comes from a Latin word *anxietas* which literally means “troubled in the mind”.²⁵ Technically, there are indeed almost similar definitions of anxiety in modern psychological and psychiatric literature.²⁶ All the definitions revolve around a vague, unpleasant emotional state with qualities of apprehension, dread, distress and uneasiness. All these qualities are also present in the definitions of other affective disorders, namely depression, stress, and fear.²⁷ Wolmen, in his book *Anxiety and Related Disorders*, has inserted another important characteristic that may distinguish

²⁵ Sara Tulloch, edit., *Oxford Dictionary and Thesaurus*, Oxford University Press, Oxford, 1995, p. 60.

²⁶ See for example, the definitions given by Arthur S. Reber, *The Penguin Dictionary of Psychology*, Penguin Books, New York, 1985, pp. 43; and Robert C. Carson, James N. Butcher & Coleman, *Abnormal Psychology and Modern Life*, HarperCollins Publishers, New York, 1992, p. 181.

²⁷ See below, pg. 16 - 17.

the definition of anxiety from others, that is, "...in the expectation of disaster".²⁸ With this additional characteristic, it simply excludes anxiety from those disorders. Thus, in order to simplify the matter and avoid confusion, we will refer to anxiety throughout this dissertation as a vague, unpleasant emotional state with qualities of apprehension, dread, distress, and uneasiness, because of the expectation of a disaster.

However, as we shall see later, the line of demarcation between anxiety, depression, and even anger, cannot be rigidly set. While depression is generally related to a real or imagined loss and not to an expected disaster, quite often, the loss incurred can cause an expected future calamity. In this case, anxiety and depression fuse into each other. Anger which is caused by being ill-treated by others can also lead to anxiety if the person inflicting the unjust treatment is too powerful for the victim to retaliate. In this case anger would be mixed with fear.

Richard Hallam in his *Counseling for Anxiety Problems*, listed the common referents for anxiety. In the list, he tried to relate this psychological state with human internal and external organs. According to him, anxiety involves experiences of bodily sensations associated particularly with activation of the autonomic nervous system. The activation triggers a strong urge to flee to a place of safety. Lack of control over thought and fine motor movements are experienced, and this will lead to the disability to think clearly or act in a coordinated manner especially in novel, conflictual or threatening situations.²⁹ In order to have a clear picture of this external and internal relation, and of what there is in an anxious mind, we need to have a look at the anatomy of anxiety.

²⁸ Benjamin B. Wolmen, *Anxiety and Related Disorders*, John Wiley & Sons, Inc., New York, 1994, pp. 5. See also Charles H. Elliott, *Overcoming Anxiety*, Wiley Publishing Inc., Canada, 2002, p. 11; Robert L. Du Pont, *The Anxiety Cure*, John Wiley & Sons, Inc., New Jersey, 2003, p. 33.

²⁹ Richard Hallam, *Counseling for Anxiety Problems*, SAGE publications, London, 1992, p. 2.

Anatomy of Anxiety

In the brain, interactions are going on between brain cells all the time. The vital groups of chemicals called neurotransmitters carry messages to all parts of the brain through nerves. They do not only transport information, but they also spur some nerves to be more activated and responsive while calming and forcing others to slow down and remain quiet. The messages tell different parts of the brain whether to be happy or sad, anxious or tranquil. They help the brain to decide whether there is a state of emergency or a danger to be avoided. Likewise, they also tell the brain when to relax when a safe situation is perceived.

Happy messages are carried by neurotransmitters known as "biogenic amines". They make us happy and feel vital and optimistic. Some examples of these transmitters include serotonin, noradrenaline³⁰ and dopamine. Meanwhile, sad messages, for example cortisol, tell the brain to be downhearted, cautious and dispirited. An excess of them makes one depressed and anxious. As long as these neurotransmitters are in balance, we are tranquil and happy. But when something happens that disturbs the balance and causes sad transmitters to dominate, tranquility turns to anxiety.³¹

For example, when the senses pick up a threat, they send it to the brain. The brain assumes that there is an emergency or danger, thus activates the fight-or-flight response. Our brain's sad transmitters take control. They mobilize the body's resources to deal with the emergency.³² As the level of anxiety escalates, these sad transmitters become dominant over the happy ones and without proper interference,

³⁰ The one which is produced in the brain, not by the adrenals.

³¹ Archibald D Hart, *The Anxiety Cure*, Word Publishing, Nashville, 1999, pp. 19 - 20.

³² Ibid., p. 22. Time magazine, in its special issue "Understanding Anxiety" 8 July, 2002, has given a very clear picture of this anatomy of anxiety

the whole brain is in a state of chemical imbalance. As a result of this imbalance, anxiety dominates and our brain's normal state of tranquility is disturbed. From this description, we can appreciate some of the underlying biological changes related to anxiety. However, we should not be led to consider all forms of anxiety as pathological or harmful. Anxiety at times can be beneficial to an organism.

Normal Anxiety

Every normal human being experiences anxiety. However, the degree that every man experiences varies according to living crises that one confronts. Its original function, as stated earlier, is to mobilize the body's resources to deal with an emergency. So long as it serves that purpose of facing a real danger, this unpleasant feeling is considered normal. It is a state in which the feeling is proportionate to the real threat of the danger situation.³³ Normal anxiety is a source of motivation. It is when the right amount of anxious feeling empowers one to act, move and quickly think in finding solution to the dangerous situations one is facing. Many, for example, without this feeling would not be greatly motivated to study hard or to spend hours on a job. This indicates the significance of anxiety in one's daily life.

In modern psychological and psychiatric literature, this kind of anxiety is not given proper attention. In many cases, it is mentioned merely in passing or as an introductory remark to the discussion of anxiety disorder or neurotic anxiety. Western authors generally neglect to dwell upon the benefits of anxiety in maximizing our psychological or physical production. As Muslims, anxiety related to the fear of Allāh Ta'ālā is the main motivator that shapes our personal and collective behavior. This will be elaborated further in the coming chapter.

³³ Rollo May, *Man's Search for Himself*, Dell Publishing Co. Inc., New York, 1953, p. 42.

It is unfortunate that Western psychology tends to concentrate its effort on the psychopathological aspects of man. This tendency makes it unable to see the miracle of this unpleasant feeling in acquiring psychological and spiritual development. It is important to mention that out of eight major schools of modern Western therapy, only one school, namely the school of existential therapy, gives proper consideration to this kind of useful anxiety. The rest concentrate only on the neurotic side of it.

Neurotic Anxiety

Contrary to the normal one, neurotic anxiety is one "that is characterized by a fairly long-lasting disruption of the individual's ability to deal effectively with stress and accompanied by feeling of fear and apprehension".³⁴ It is excessive and not proportionate to the real threat of the danger situation. Anxiety is also neurotic when it seems to come out of the blue and does not respond to environmental changes.³⁵

From the above-cited definitions, there are at least three elements that turn anxiety into neurotic anxiety, namely, a long-lasting disruption, excessiveness, and unreal or pseudo threat. Without these elements, anxiety is considered as a normal psychological state that helps man in facing his living threats. With these elements, this originally natural and helpful feeling becomes destructive. It impedes one's daily functioning, social life, psychological fitness and it may, when it exceeds its limit, cause the victim to commit suicide. It is in a way like electricity. The right amount of electricity powers our radio, lights our light bulbs and turns on our computer. On

³⁴ Peter Bankart, 1991, Anxiety, *The Encyclopedic Dictionary of Psychology*. 4 ed., The Dushkin Publishing Group, Inc., Guilford, p. 17.

³⁵ Jeffery S. Nevid, Spencer A. Rathus, Beverly Greene, *Abnormal Psychology In a Changing World*, Prentice Hall, New Jersey, 1993, p. 172.