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بُونَيَرِيسْتِيْ اِسْلَامْ اِنْتَارْ اِنْتَسَابَا مِلْدِسِيَا

OBSESSIVE-COMPULSIVE BEHAVIOR IN THE  
WORKS OF SELECTED EARLY MUSLIM  
SCHOLARS AND PHYSICIANS

BY

MANAL MOHAMMAD ASIF

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## ABSTRACT

A number of etiological theories have been propounded in the West to explain the onset of obsessive-compulsive disorder. These theories addressed the disorder from psychoanalytical, behavioral, cognitive and biological perspectives. Based on these theories many treatment methods were developed and were applied successfully. However these methods proved to be insufficient for many Muslim patients who suffer from obsessions related to their religious belief and practices. Despite the insufficiency of these methods for such patients, Muslim psychiatrists and psychologists continue to rely solely on them. This may be partly because most of them are unaware of the important role that Islamic interventions can play in the recovery of their Muslim patients. They may equally be unaware about the Islamic therapies that were used and suggested by early Muslim scholars and physicians for the treatment of obsessive-compulsive behavior. This study used the textual analysis method and thus, explored the treatment procedures in the original works of al-Balkhi, Ibn Taymiyyah, and Ibn Qayyim al-Jawziyyah. The study finds that these scholars and physicians of the past actually used some of the treatment methods the modern psychotherapists are presently using, such as behavioral and cognitive therapies. In addition, they also successfully used Islamic spiritual interventions which included various Islamic practices. Based on these findings it is concluded that synthesizing both the Western therapeutic methods and the Islamic spiritual interventions can be much more helpful for treating modern Muslim patients.

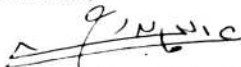
## ملخص البحث

لقد ظهرت في الغرب عدة نظريات في علم العلل والأمراض تبحث في أسباب وبداية بروز ما يعرف بالوسواس القهري. وركزت تلك النظريات في تحليلها للوسواس القهري على جوانب التحليل النفسي والسلوكي والمعرفي والبيولوجي للمرض. وعلى أساس تلك النظريات طورت جملة من الطرق العلاجية، وتم تطبيقها ميدانيا بصورة ناجحة للغاية. ومع ذلك فإن هذه الطرق العلاجية قد أثبتت أنها غير كافية لمعالجة العديد من المرضى المسلمين الذين يعانون من الوسواس الذي له صلة بمعتقداتهم الدينية وعمارساتهم التعبدية. وعلى الرغم من تأكيد قصور هذه الطرق العلاجية المطبقة على المسلمين، فإن علماء المسلمين المتخصصين في علم النفس التحليلي وكذلك علم النفس بصورة عامة ظلوا يستخدمونها بشكل كثيف. إن هذا الأمر ربما يرجع في بعض جوانبه إلى أن الكثير من هؤلاء العلماء ليست لديهم الدراية الكافية بالدور الذي يمكن أن تلعبه وسائل العلاج الإسلامي في معالجة المرضى المسلمين. وربما يكون الكثير من هؤلاء العلماء غير واعين بطرق العلاج النفسي الإسلامي وبالطرق التي اقترحها واستخدمها علماء النفس والأطباء المسلمين القدامى في تشخيص ومعالجة مرض وسلوك الوسواس القهري. ولهذا السبب فإن هذه الدراسة تحاول استكشاف الطرق العلاجية المثبتة في الأعمال الأصلية للبلخي وابن تيمية وابن القيم الجوزية من خلال منهج تحليل النصوص والبحث في دلالاتها النفسية والسلوكية. وقد وجدت الدراسة أن هؤلاء العلماء والأطباء السابقين كانوا يستخدمون بعض الطرق العلاجية التي يستخدمها أطباء النفس في العصر الحديث مثل العلاجات العقلية والسلوكية. بالإضافة إلى ذلك فقد استخدم أولئك العلماء المسلمون طرق العلاج الروحي الإسلامي بصورة ناجحة ويشتمل ذلك على عدد من الممارسات الإسلامية. وبناء على هذه النتائج يمكن الخلوص إلى أن المزاوجة بين الطريقة الغربية والطريقة الإسلامية المستمدة من المعالجات الروحية يمكن أن تساعد بصورة أكبر في معالجة المرضى المسلمين في العصر الحديث.

## APPROVAL PAGE

(For Master)

I certify that I have supervised and read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a thesis for the degree of Master of Arts (Islamic Civilization).



---

Malik Babiker Badri  
Supervisor

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a thesis for the degree of Master of Arts (Islamic Civilization).



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Amber Haque  
Examiner

This thesis was submitted to the International Institute of Islamic Thought and Civilization (ISTAC) and is accepted as partial fulfillment of the requirements for the degree of Master of Arts (Islamic Civilization).



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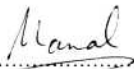
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## DECLARATION

I hereby declare that this thesis is the result of my own investigation, except where otherwise stated. Other sources are acknowledged by footnotes giving explicit references and a bibliography is appended.

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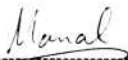
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Obsessive-Compulsive Behavior in the Works of Selected Early Muslim Scholars and Physicians

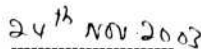
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# CHAPTER ONE

## INTRODUCTION

### 1.1 Definition of obsessive-compulsive disorder

According to the DSM-IV (American Psychiatric Association 1994) obsessive-compulsive disorder is an anxiety disorder in which a person suffers from obsessions or compulsions. Obsessions are unwanted intrusive ideas, images and impulses, which recur to the person persistently. Whereas compulsions are behaviors that a person feels compelled to perform repeatedly according to specific rules or in a ritualistic, stereo typed manner, with the aim of neutralizing or reducing the anxiety resulting from the unpleasant obsessive thoughts.<sup>1</sup> This is the accepted definition of obsessive-compulsive disorder in Western textbooks and encyclopedias of psychology. Generally the individual tries to suppress or ignore his or her obsessions as he or she acknowledges that they are unwanted senseless products of his or her own mind (DSM-IV 1994).<sup>2</sup> This differentiates obsessive patients from psychotics such as schizophrenics who accept the thoughts that occur to them as real. In this case the thoughts of such psychotics are considered as delusions since they have no real existence. For the benefit of the non-professional reader let us give an illustrative example taken from an Internet

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<sup>1</sup> Richard P. Swinson, Martin M. Antony, S. Rachman, Margaret A. Richter, eds., *Obsessive Compulsive Disorder: Theory, Research and Treatment*, Guilford Press, New York, 1998, p.4. Also see. Melinda A. Stanley, "Obsessive-Compulsive Disorder", in *Encyclopedia of Psychology*, vol. 5, 2000, p.490. And. Melinda A. Stanley, Alisha L. Wagner, "Obsessive-Compulsive Behavior", in *Encyclopedia of Human Behavior*, vol. 3, 1994, p.333.

<sup>2</sup> Richard P. Swinson, Martin M. Antony, S. Rachman, Margaret A. Richter, eds., *Obsessive Compulsive Disorder*, p.4.

site on obsessive-compulsive disorder. In this site a patient summarized as follows:

I couldn't do anything without rituals. They invaded every aspect of my life. Counting really bogged me down. I would wash my hair three times as opposed to once because three was a good luck number and one wasn't. It took me longer to read because I'd count the lines in a paragraph. When I set my alarm at night, I had to set it to a number that wouldn't add up to a "bad" number.<sup>3</sup>

Getting dressed in the morning was tough because I had a routine, and if I didn't follow the routine, I'd get anxious and would have to get dressed again. I always worried that if I didn't do something, my parents were going to die. I'd have these terrible thoughts of harming my parents. That was completely irrational, but the thoughts triggered more anxiety and more senseless behavior. Because of the time I spent on rituals, I was unable to do a lot of things that were important to me. I knew the rituals didn't make sense, and I was deeply ashamed of them, but I couldn't seem to overcome them until I had a therapy.<sup>4</sup>

In the *Encyclopedia of Human Behavior* it is stated that obsessive thoughts and compulsive behaviors are common among the general population. This, according to the encyclopedia, is based on a survey conducted in America in which it was found that about 80% to 90% of the individuals involved were reported to have experienced some type of obsessive ideation. However, when obsessive-compulsive behaviors occupy at least an hour a day and the individual experiences intense distress with an inability to carry on normally with his or her day-to-day activities, then he or she would be diagnosed as a patient of obsessive-compulsive disorder (OCD). Hence the symptoms of obsessive-compulsive disorder differ from normal obsessions and compulsions mainly in a quantitative

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<sup>3</sup> National Panic & Anxiety Disorder News (1996). *Obsessive-Compulsive-disorder*. Retrieved on 10<sup>th</sup> August 2003 from NEW NPADNEWS.COM Website: [http://www.npadnews.com/obsessive\\_compulsive\\_disorder.asp](http://www.npadnews.com/obsessive_compulsive_disorder.asp)

<sup>4</sup> Ibid.

manner. Mild obsessive behavior and a few intrusive thoughts are considered to be a normal experience at one extreme of a continuum and a diagnosable psychiatric disorder at the other extreme.<sup>5</sup> There are studies conducted on obsessive-compulsive disorder, which show that some types of obsessions may be more prevalent in men than women and *vice versa*.<sup>6</sup> Richard P. Swinson, Martin M. Antony, S. Rachman, Margaret A. Richter, in their book *Compulsive Disorder: Theory, Research and Treatment* present the finding of Lensi et. al. (1996) and others. They say:

... men, compared to women, reported more sexual obsessions (27% vs. 12.7%), obsessions concerning symmetry and exactness (28.6% vs. 8%), and more odd rituals (34.8% vs. 22.1%). Women reported more aggressive obsessions (26.2% vs. 15.3%) and cleaning rituals (59.6% vs. 43.7%) than did men. The finding that women are more likely to engage in washing and cleaning rituals than men is supported by other research as well (Castle et. al., 1995; Drummond, 1993; Khanna and Mukherjee, 1992; Noshirvani et. al., 1991; Rachman & Hodgson, 1980).<sup>7</sup>

Richard P. Swinson and his colleagues also write that sometimes the content of obsessions may be religious in nature because of the religiosity or religious upbringing of the patient.<sup>8</sup> They state:

...there is reason to believe that religion may play a role in the severity and content of OCD symptoms for some individuals.... the content of OCD symptoms is more likely to be related to religion in individuals with OCD who are more religious (Greenberg & Witztum, 1994; Steketee et. al., 1991). In fact, studies of OCD patients who live in countries where conservative religious upbringings predominate, such as Saudi Arabia (Mahgoub & Abdel-Hafeiz, 1991) and Egypt (Okasha, Saad, Khalil, Seif

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<sup>5</sup> Melinda A. Stanley, Alisha L. Wagner, "Obsessive-Compulsive Disorder", in *Encyclopedia of Human Behavior*, vol. 3, p.333.

<sup>6</sup> Richard P. Swinson, Martin M. Antony, S. Rachman, Margaret A. Richter, *Obsessive Compulsive*, p.15.

<sup>7</sup> *Ibid.*

<sup>8</sup> *Ibid.*, p.18.

El Dawla, & Yehia, 1994), have found that religious themes dominate the content of obsessions and compulsions.<sup>9</sup>

The content of obsessions in Muslim majority countries where Islamic culture is dominant will be mentioned later in the last chapter.

## 1.2 The meaning of *waswās* in the works of early Muslim physicians and scholars and how it differs from the word *khātirah*

Early Muslim scholars have given obsessive-compulsive disorder the term *waswās*. This Arabic word generally refers to various kinds of concealed thoughts or whispers. In the Qur'ān *waswās* refers particularly to the evil whispers of Satan, or Satan himself<sup>10</sup> since his whisper is one of his crafty deceptive designs that he uses to lead man astray from the right path. The latter meaning is understood from the following Qur'ānic verse:

من شر الوسواس الخناس. الذي يوسوس في صدور الناس من الجنة والناس<sup>11</sup>

From the mischief of the whispers (Of Evil), who withdraws (After his whispers). The same who whispers into the hearts of Mankind. Among *Jinn* and among Men.<sup>12</sup>

*Waswasah* and *waswās* also refer to the inner speech of the soul (*ḥadīth al-nafs*). In other words, it is the whispers directed to man from his own soul (*nafs*) or his

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<sup>9</sup> Ibid.

<sup>10</sup> Abu al-Fadl Jamal al-Din Muhammad bin Mukrim, *Lisan ul Arab*, vol. 15, Dar al-Masadir, Beirut, 1990, p.365.

<sup>11</sup> Al-Qur'ān, Sūrah al-Nās 114: 4,5,6

<sup>12</sup> Abdullah Yousuf Ali, *The Glorious Kur'an: Translation and Commentary*, The Call of Islamic Society, Libya, 1973, p.1810.

thoughts, so to speak.<sup>13</sup> This meaning is inferred from the following verse of the Qur`ān:

اولقد خلقنا الإنسان و نعلم ما توسوس به نفسه ونحن اقرب إليه من حبل الوريد<sup>14</sup>

It is We Who created man, and We know what dark suggestions his soul makes to him: for We are nearer to him than (his) jugular vein.<sup>15</sup>

Most of the early Muslim scholars like al-Ghazālī, Ibn Taymiyyah, Ibn Qayyim al-Jawziyyah and al-Balhkī have based their definitions of *waswās* on the above-mentioned two meanings namely, the whispers of Satan and the inner speech of the soul. Thus *waswās* is always related to negative and bad inner thoughts. But when reflections and inner thoughts are good, blessed or even neutral they are referred to as *khawātir*. Early scholars of Islam believed that all voluntary actions develop from *khawātir*. Al-Ghazālī, for example, explained that a *khātirah* (singular of *khawātir*), which creates a desire and a will to act, precedes any human conscious or voluntary behavior.<sup>16</sup> This view was shared by Ibn Qayyim al-Jawziyyah.<sup>17</sup> Malik Badri in his book titled *Contemplation: An Islamic Psychospiritual study*, elaborately discusses Ibn Qayyim's view on the development of *khawātir* from a cognitive inner activity to an observable human behavior. He states:

Ibn al-Qayyim explicitly says that anything a person does begin as an inner thought, a concealed speech or an internal dialogue, for which he uses the Arabic word, *khawātir*. The word *khawātir* is the plural of

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<sup>13</sup> Abu al-Fadl Jamal al-Din Muhammad bin Mukrim, *Lisan ul Arab*, vol. 15, p. 365.

<sup>14</sup> Al-Qur`ān, Sūrah Qāf 50:16

<sup>15</sup> Abdullah Yousuf Ali, *The Glorious Kur`an*, p.1412.

<sup>16</sup> Al-Ghazālī, Abū Hāmid, *Iyā` Ulūm al-Dīn*, vol. 3, Dār al-Sabūnī, n.p., n.d., pp. 40-41.

<sup>17</sup> Malik Badri, *Contemplation: An Islamic Psychospiritual Study*, Medeena Books, Kuala Lumpur, 2000, pp.22-23.

*khūtīrah*, meaning a fast, inner, concealed reflection, notion or subvocal thought, which may come fleetingly.<sup>18</sup>

Badri compared the above mentioned notions of the early Muslim scholars of the term *khawātir* with the modern idea of 'automatic thoughts',<sup>19</sup> which was first presented in the 1970s by the well-known cognitive therapist Aaron Beck.<sup>20</sup>

So early Muslim scholars and physicians clearly differentiated between *khawātir* and *waswās* or *ḥadīth al-nafs*. They used the latter term to describe recurring unpleasant thoughts -presently known as obsessions-, which are psychospiritually harmful to the individual and may become pathological if they occur in a repetitive manner. Pointing to this negative cognitive state of the person, Ibn Qayyim al-Jawziyyah used the term *waswās* to describe these persistent thoughts of doubt about ones correctness in performing Islamic rituals like *wuḍū'* (ablution), *ṭahārah* (physical purification) and *ṣalāh* (prayers). These obsessions which create doubts, he explained, compel the sufferer to repeat the doubted act a number of times like excessive hand washing in *wuḍū'* or immersion in water during *ṭahārah*. He elaborated that at a pathological stage the patient may torture or harm his body due to the exaggerated compulsive behavior that ultimately occupies most of his time.<sup>21</sup> In this way he gives us an accurate textbook description of obsessive-compulsive disorder.

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<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

<sup>20</sup> Aaron T. Beck, *Cognitive Therapy and the Emotional Disorders*, New American Library, New York, 1976, pp. 29-35.

<sup>21</sup> Ibn Qayyim al-Jawziyyah, *Ighāthah al-Lahfān min Maṣā'id al-Shaytān*, vol. 1-2, Dār ibn Zaidūn, Beirut, n.d., p.141.



Al-Balkhī, who lived in the ninth century C.E., was probably the first Muslim scholar to clearly differentiate between normal repetitive thoughts and obsessions as a disorder. He described the stage at which repetitive thoughts can become pathological. He devoted a complete chapter in his book titled *Kitāb Maṣāliḥ al-Abdān wa al-Anfus* to explain the symptoms of obsessive neurosis and their treatment. He used *waswās* and *ḥadīth al-naḥs* interchangeably to refer to this disorder, and defined it as a psychological illness, which results from *wasāwīs al-qalb* (whispers of the heart). In this chapter, he wrote that the sufferer would be disturbed by unpleasant thoughts that recur persistently. These thoughts do not reflect reality. For example, a person may think that he or she is contaminated or diseased, while in reality he or she is not. They occupy his or her mind all the time, preventing him or her from thinking about anything else and diverting his or her attention so that he or she is incapable of fulfilling his or her daily responsibilities or satisfying his or her desires. This illness, he explained, is one of the most disturbing psychological disorders and makes life very distressful for the sufferer.<sup>22</sup>

### 1.3 Background of the study

After we have given the Western definition of obsessive neurosis as well as the notion of early Muslim physicians and scholars of this disorder and the term they used to refer to it, now we can briefly discuss about the background of our study.

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<sup>22</sup> Al-Balkhī, Abū Zayd, *Kitāb Maṣāliḥ al-Abdān wa al-Anfus*, ed. Fuat Sezgin, Institute for the History of Arabic- Islamic Sciences, Frankfurt, 1984, pp.324, 330-331.

According to Western historians of psychiatry, Esquirol in 1838 was the first to identify obsessive-compulsive disorder (OCD) as a clinical syndrome.<sup>23</sup> However, until the 60s Western psychologists took little interest in understanding the psychological causes and treatment of the malady.<sup>24</sup> They offered no alternative challenging paradigm to the then generally accepted Freudian psychoanalytic theories that relate obsessional behavior to psychosexual motivation. It was only after the first application of the learning theory approach by Meyer in the year 1966 as a behavioral treatment for the illness that the interest in studying the disorder began to grow. In spite of the modest success of behavior therapy in treating obsessive-compulsive disorder, little attention was paid by Western psychologists to further develop more effective psychological treatment procedures. At that time clinicians managed obsessive-compulsive disordered patients mainly by drugs. This was because they were under the wrong assumption that obsessive-compulsive disorder was an extremely rare disorder. Only recently, in the 1980s, findings performed from clinical and community samples showed that quite a considerable number of people were actually suffering from this disorder.<sup>25</sup> Thereafter, obsessive neurosis began to attract the attention of modern psychologists and psychiatrists and for the first time in the twentieth century, Western clinicians considered taking serious steps to discover its causes and find innovative and viable treatments for it.

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<sup>23</sup> Ricks warren, George D. Zgourides, *Anxiety Disorders: A Rational Emotive Perspective*, Pergamon Press, Inc., New York, 1991, p.110.

<sup>24</sup> Melinda A. Stanley, Alisha L. Wagner, "Obsessive-Compulsive Disorder", in *Encyclopedia of Human Behavior*, vol. 3, p.341.

<sup>25</sup> Richard P. Swinson, Martin M. Antony, S. Rachman, Margaret A. Richter, *Obsessive Compulsive*, pp.11-13.

Although, as mentioned, Western historians of psychiatry claim that this clinical syndrome was first identified by Esquirol in the 19<sup>th</sup> century, the fact remains that Muslim scholars like al-Balkhī, Ibn Qayyim al-Jawziyyah and Ibn Taymiyyah, some of whom lived as early as the 9th century C.E. had discovered, diagnosed and detailed its psychospiritual etiology and remedy. It is interesting to note that some of their treatment procedures were strikingly modern. They included behavioral and cognitive techniques that the modern Western world had not developed until the 60s of the twentieth century.

Today many modern psychologists and psychiatrists are unaware about the works of these early Muslim scholars and physicians. This is because researchers in the field of the history of psychology have neither mentioned them nor acknowledged the contribution of their works in the development of modern psychology and psychiatry. They attributed the origin of all modern Western achievements in psychology and psychiatry solely to the discoveries made by the ancient Greeks and later by Western scientists. In fact all Western historians of the physical, biological and social sciences have adopted this biased attitude.<sup>26</sup> In the book titled *The AIDS Crisis: A Natural Product of Modernity's Sexual Revolution*, Malik Badri has this to say in this connection:

The vast majority of Western books on the history of science, arts and philosophy start with the Greeks and then they leap to the Renaissance

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<sup>26</sup> Malik Badri, *The AIDS Crisis: A Natural Product of Modernity's Sexual Revolution*, Medeena Books, Kuala Lumpur, 2000, pp.35-36.

and the European Enlightenment bypassing the middle Ages, as if the Islamic and other civilizations were on the moon!<sup>27</sup>

Badri gives the chapter written by Marx and Hillix on the emergence of modern psychology as an example to show the unscrupulous denial of the contributions of early Islamic works by modern Western historians of psychology.<sup>28</sup> In the same book he says:

For example, Marx and Hillix in their well-known reference on the systems and theories of psychology (Marx & Hillix, 1979), write a comprehensive detailed chapter on the emergence of modern psychology in which they put two tables with summarized commentaries showing the major contributors to the development of psychology and that of science in general. They first honor the early contributors to psychology. After mentioning prominent figures like Pythagoras, Socrates, Plato and Aristotle who lived from the sixth century B.C. to the early fourth century B.C., they cite Euclid, 300 B.C. From Euclid they jump 15 centuries to Roger Bacon (1214-1294).<sup>29</sup>

It is with this background that our study hopes to delineate the contributions of some early Muslim physicians and scholars and to highlight their efforts in treating obsessive-compulsive disorder.

#### **1.4 A statement of the problem and the significance of the study**

None of the Western treatment methods used presently for treating obsessive-compulsive disorder looks into the spiritual dimension of the patient. Although these secularized methods may have been adequate for non-Muslim patients, they had proven to be insufficient for Muslim patients. This is because the spiritual dimension of Muslim patients, which develops as a result of their belief in, and

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<sup>27</sup> Ibid.

<sup>28</sup> For detail on Marx and Hillix's writings refer to their book *Systems and Theories in Psychology*, McGraw-Hill, New York, 1979, pp.36-37 and 331.

<sup>29</sup> Malik Badri, *The AIDS Crisis*, pp.35-36.

commitment to Islam is not addressed. It is a sad affair that in spite of knowing the inadequacy of secular treatment methods for treating Muslim patients, many Muslim psychologists and psychiatrists continue to rely solely on them. They neither discuss the spiritual dimension of their Muslim patients' behaviors during therapy sessions, nor do they make use of their Islamic worldview to help them recover. Such negligence may be due to two reasons: firstly, because they are not conscious about the important role that religious interventions can play in the recovery of Muslim patients. Secondly, because they are unaware about the contributions of the early Muslim scholars and physicians in the area of obsessive-compulsive disorder that can be used as a guide for developing an Islamically oriented approach.

In this thesis some works on obsessive-compulsive disorder of these early Muslim scholars and physicians who adopted not only a psychological approach but also a spiritual approach in understanding and treating the illness will be presented. It is hoped that such a presentation will draw the attention of modern Muslim psychologists and psychiatrists towards these rich materials so that they can be taken as a foundational basis for an Islamic approach in therapy sessions that can cater for Muslim patients who labor under the secular approach. Moreover, this humble work may be taken as a reference and a guide to the original Islamic literature written on obsessive-compulsive behavior for those interested in conducting further research in this area of psychology.

### **1.5 The objectives of the study**

Broadly speaking, this study attempts to bring to the limelight the invaluable contributions of the early Muslim scholars on the subject of obsessive-compulsive behavior. Specifically, however, this thesis aspires to achieve the following objectives:

1. To introduce to non-Arabic speaking Muslim psychologists the rich heritage left behind by early Muslims physicians and scholars on the subject of obsessive-compulsive behavior, which was originally written in Arabic.
2. To create the awareness that the discovery of, and progress in obsessive-compulsive behavior, which are historically attributed to modern Western psychologists and psychiatrists, had in fact been achieved much earlier by some Muslim scholars and physicians.
3. To make an effort to improve the treatment of Muslim obsessive-compulsive disorder patients by Islamizing the secular approach used presently in their management.
4. To make this humble contribution on obsessive-compulsive behavior an addition to the present stock of Islamized works in the discipline of psychology.

### **1.6 Chapter outline**

This thesis comprises four chapters. The introduction, which is also the first chapter of this thesis, gives the precise Western definition of obsessive-compulsive disorder with the necessary illustrative example. Then it briefly

discusses about the notion of some early Muslim scholars about obsessive-compulsive disorder and the Arabic term they used to refer to it. It also includes a background of this study, a statement about the problem and the significance of this work. Then it presents the objectives along with the chapter outline, methodology, sources and limitations.

Chapter two explains obsessive-compulsive disorder from the viewpoint of modern psychology and psychiatry. It mainly concentrates on the Western understanding about the etiology and the proposed treatment procedures of the disorder. Then it discusses about the secular approach adopted by Western psychologists and psychiatrists and looks into the underlying philosophical and psychological factors that led them to adopt it. It also touches on the influence of such a secular approach on Muslim psychologists and psychiatrists.

Chapter three elaborately highlights the profound understanding of three early Muslim scholars and physicians about factors that play an important role in causing obsessive-compulsive behavior and the psychospiritual state required for preventing or overcoming their psychopathological effect. During the discussion similarities between the therapeutic methods used by these scholars and the ones presently used by modern psychologists and psychiatrists are notified.

The last chapter provides suggestions on how Muslim psychologists and psychiatrists can effectively treat Muslim patients suffering from obsessive-

compulsive disorder by synthesizing Western and Islamic psychotherapeutic interventions.

### **1.7 Methodology, sources and limitations**

In this study, firstly, the Western efforts that had been made over the years in the diagnosis and treatment of obsessive-compulsive behavior were presented. Secondly, the ideas of selected early Muslim scholars and physicians on the subject were elaborately presented and the treatment procedures that were used by them were explored and thoroughly studied by a textual analysis method. Thirdly, a brief comparison was made between the approach that was adopted by those early Muslim scholars and physicians and that of modern Western psychologists and psychiatrists in the area of obsessive-compulsive behavior. Lastly, some suggestions were presented on how to synthesize Western interventions and Islamic interventions in order to treat Muslim patients suffering from obsessive-compulsive disorder.

In order to achieve the above, this thesis mainly relied on secondary and original sources written in both English and Arabic languages. In a study like this, various shortcomings were anticipated. Firstly, since most of the works of early Muslim scholars were written in classical Arabic, they had to be initially translated into English. In the process of transferring these ideas, it was anticipated, as in most works of similar nature, that some of the translations might not precisely convey the meanings contained in the original text, though the author is proficient in both