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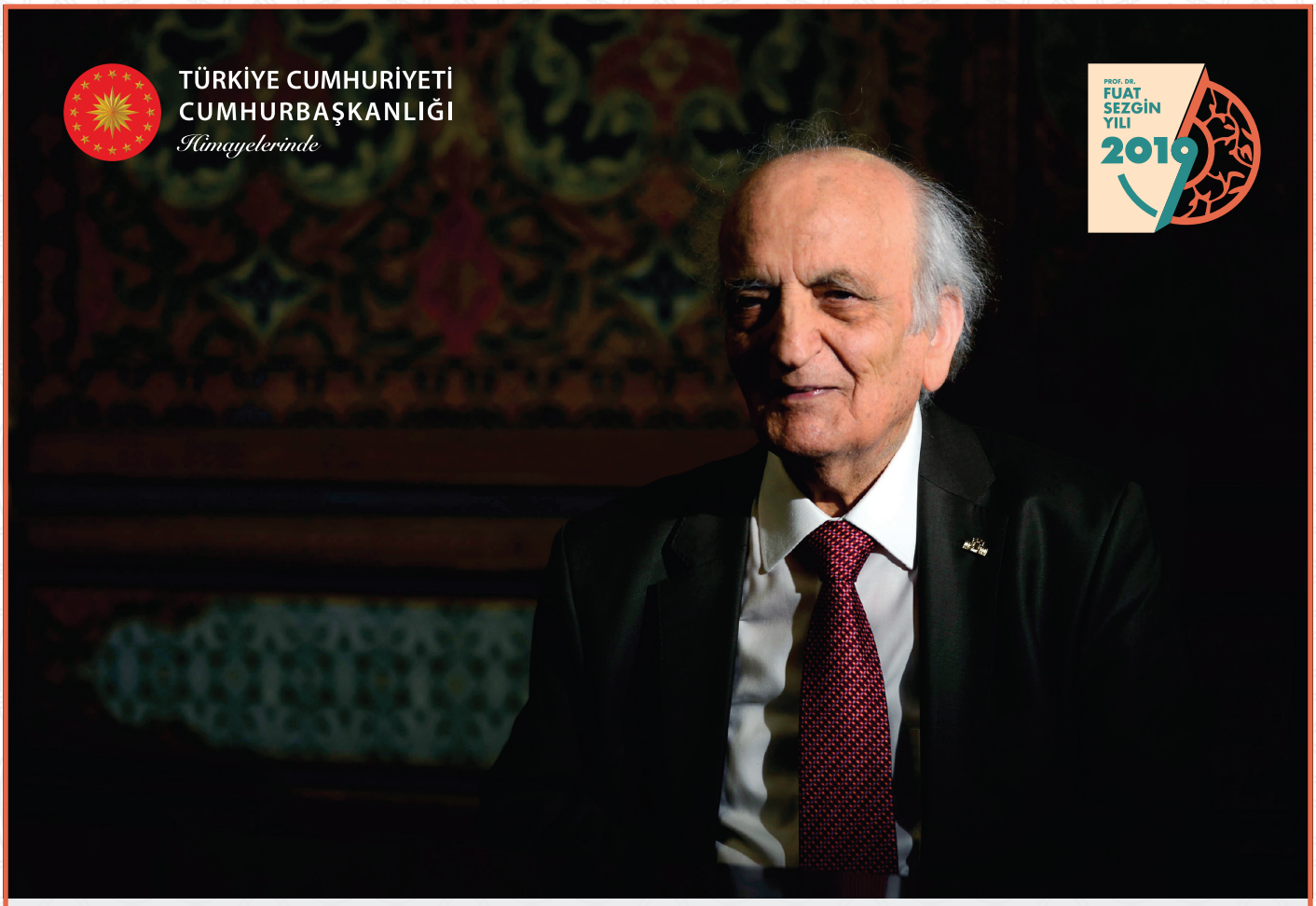
PROF. DR. FUAT SEZGİN YILI 2019



1. ULUSLARARASI PROF. DR. FUAT SEZGİN İSLÂM BİLİM TARİHİ SEMPOZYUMU BİLDİRİLER KİTABI

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Prof. Dr. Fahameddin Başar, Prof. Dr. Mustafa Kaçar, Prof. Dr. M. Cüneyt Kaya, Doç. Dr. A. Zişan Furat

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The Psychosomatic Medicine of Abū Zaid al-Balḫī

Abū Zaid al-Balḫī´de Psikosomatik Tıp

Zahide ÖZKAN RASHED*

ABSTRACT

Maṣāliḥ al-abdān wa-l-anfus, Sustenance for the Body and Soul is the title of the manuscript written in Arabic by polymath Abū Zaid al-Balḫī (850–934) at the close of the 9th century. In the following, the second part (*Maṣāliḥ al-anfus*, *Sustenance for the Soul*) is presented, based on the German edition first published by Özkan-Rashed as a doctoral thesis under the supervision of Prof. Dr. Fuat Sezgin (1924–2018) in 1990. A new edition was released in 2016 and 2019, including a new preface and chapter. Al-Balḫī's intention was to draw attention to the inseparability of body and soul, which was not respected because physicians (*aṭibbā'*) cared only for the body while philosophers (*ḥukamā'*) were in charge of psychological matters. As a consequence, the treatment of functional disorders or diseases was inadequate. According to the author, body and soul are equally important elements of a whole and are dynamically and functionally linked together. His medical system is divided into prophylaxis (for health preservation – *Ḥifẓ aṣ-ṣiḥḥa*) and therapy, each of which is subdivided into internal and external aspects. The goal is to maintain or restore the balance (*al-iʿtidāl*) among the soul forces – anger (*ġaḍab*), fear (*ḫauf*), sadness (*ḥuzn*), self-talk (*aḥādīt an-nafs*). As a result of exposure to excessive or enduring noxious agents, primarily physiological reactions can become pathological. The techniques presented by al-Balḫī involve aspects of the rational and cognitive therapy applied today. In his systematic and differentiated approach, some characteristic elements of neuroses and psychoses, as currently defined, are discernible.

Keywords: Abū Zaid al-Balḫī, *Maṣāliḥ al-anfus* (*sustenance for the soul*), psychosomatic medicine

ÖZ

Meşāliḥ el-ebdān we-l-enfus, *Ruh ve Beden Sağlığı* birçok bilim dalında faal olan alim Ebū Zeyd el-Belḫī'nin (850–934) IX. yüzyılda tıp alanında yazmış olduğu bir eserdir. Eserin ikinci makalesi (*Meşāliḥ el-enfus, Nefs Sağlığı*) üzerine Prof. Dr. Fuat Sezgin'in (1924–2018) danışmanlığı altında Özkan-Rashed tarafından hazırlanan doktora tezi 1990 yılında yayınlanmış, 2016'da yeni bir önsözle ve 2019 ilave edilen bir bölümle tekrar basılmıştır. El-Belḫī´nin bu eserindeki temel gayesi, beden ile nefsin ayrılmazlığını göstermektir. Zira eleştirisine göre o devirde beden ile tabipler (*eṭibbā'*), nefsani sorunlarla ise filozoflar (*ḥukemā'*) ilgileniyor ve bu nedenle sıhhi bozukluklarda tedavi yetersiz kalıyordu.

Ebū Zeyd el-Belḫī´ye göre beden ile nefs bir bütünün eşit parçalarıdır ve birbirlerine dinamik ve fonksyonel bir biçimde bağlıdırlar. Onun tıbbi sisteminde bir tarafta önleyici tedbirler (*Ḥifẓ aṣ-ṣiḥḥa*), öbür tarafta tedavi yer almaktadır. Bu iki bölümü el-Belḫī ayrıca iç ve dış unsurlara göre düzenlemektedir. Hedefi nefsani kuvvetlerin – *ġaḍab* (öfke), *ḫauf* (korku), *ḥuzn* (hüzün), *eḥādīt en-nefs* (içsel konuşmalar) – arasındaki dengeyi (*el-iʿtidāl*) sağlamak ve kaybolan sağlığı geri kazanmaktır. Eğer zararlı faktörlerin etkisi çok şiddetli olur veya uzun sürerse nefsani kuvvetler dengeden çıkar ve patolojik bir boyut alır, hatta bedende çok ciddi hastalıklara sebep olabilir. Ebū Zeyd el-Belḫī sistematik ve detaylı sunumunda günümüzün tanımlamasına göre nöroz ve psikozu niteleyen bazı unsurları dile getirmektedir. Önerdiği tedavi prensipleri zamanımızda uygulanan düşünsel ve rasyonel psikoterapiyle bağdaşmaktadır.

Anahtar Kelimeler: Ebū Zeyd el-Belḫī, *Meşāliḥ el-enfus* (*ruh sağlığı*), psikosomatik tıp

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Introduction

"According to the fact that when the body becomes weak, pain is felt and harmful symptoms befall it, this also prevents the forces of the soul, such as the mind, cognition, etc., from performing their functions in the right way, thus causing man to take actions that disturb and harm [the soul]; it is also the case that [when the soul falls ill] man is kept from perceiving physical pleasures and claiming them for himself appropriately. In the end, his life appears dull, his existence dark. Possibly the violent attack of mental pain even leads him to physical illnesses". (Abū Zaid al-Balkẖī, 1984, p. 273; Özkan-Rashed, 2019, p. 110).

In this central statement lies the core principle of the discipline which nowadays is called *psychosomatic medicine*.

Abū Zaid al-Balẖī devotes his second treatise to this subject thereby elucidating general as well as special aspects of the body-soul-relationship.

When body and soul are to be considered together who then is responsible for treatment of psychopathological processes – the philosopher or the physician? This is a further question in which al-Balẖī opposes the current practice at the turn of the 9th to 10th century.

With *Maṣāliḥ al-anfus, Sustenance for the Soul* we are confronted with a work of exceptional value not only for the time when it was produced but also for the modern age. The aim of this work is to substantiate this assessment with the contents to be presented.

1. Background of The Work

The author of the treatise, Abū Zaid Aḥmad b. Sahl al-Balẖī, was born in 236/850 in Balẖ (Afghanistan) and died in 322/934. He was known as a natural philosopher and author of approximately 70 books in several fields of science. *Maṣāliḥ al-abdān wa-l-anfus* was his only contribution to medicine.

The starting point of Abū Zaid al-Balẖī´s second treatise *Maṣāliḥ al-anfus, Sustenance for the Soul,* is the prevailing practice of his time that he severely criticizes: How can an optimal result be achieved when physicians (*aṭibbā')* are used to treat disorders manifesting in the body without including the soul and how can philosophers (*ḥukamā')* only care for the soul without regarding the body? Al-Balẖī sees a strong contradiction to the unity of body and soul in this attitude, being also reflected in the fact that aspects of the soul are not mentioned in medical literature. He intends to fill this gap by presenting facts about body and soul in a single volume.

In matters of the body which was the object of the medicine of his time, he refers to the humoral model consisting of four fluids: blood, black bile, yellow bile and phlegm. It derived from around 400 BCE and was systematized in a major way by Hippocrates of Cos (d. *c.* 370 BCE). Galen of Pergamon (d. *c.* 216 CE) linked each humor to a pair of the four primary qualities (dry or wet, hot or cold). According to this system, blood is hot and wet, phlegm is cold and wet, yellow bile is hot and dry, black bile is cold and dry.

2. The Medical System of Abū Zaid Al-Balẖī

2.1. The Concept of Homeostasis

Health and illness are opposite poles of the psycho-physical existence. The border area is open and allows fluid transitions. As al-Balẖī says, "man can find himself in a state of integrity or deficiency, of health or disease and infirmity - being composed of body and soul this fact applies equally to both parts" (Al-Balkẖī, 1984, p. 270; Özkan-Rashed, p. 104).

Homeostasis, *al-iʿtidāl* guarantees health (Al-Balkẖī, 1984, p. 290; Özkan-Rashed, p. 46, 49, 60, 70, 144).

In the case of the body, an appropriate mixture of its fluids (blood, phlegm, yellow bile, black bile) and their right quality (hot versus cold, wet versus dry) is required (Figure 1).

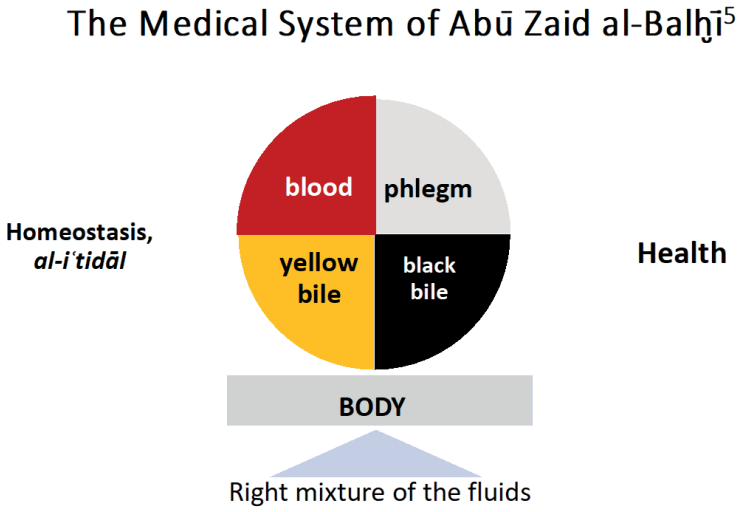


Figure 1: Homeostasis of humoral components.

As for the soul, balance is maintained when the soul forces anger (*ġaḍab*), fear (*ḫauf*), sadness (*ḥuzn*), self-talk (*aḥādīt an-nafs*) are in a steady-state (Figure 2).

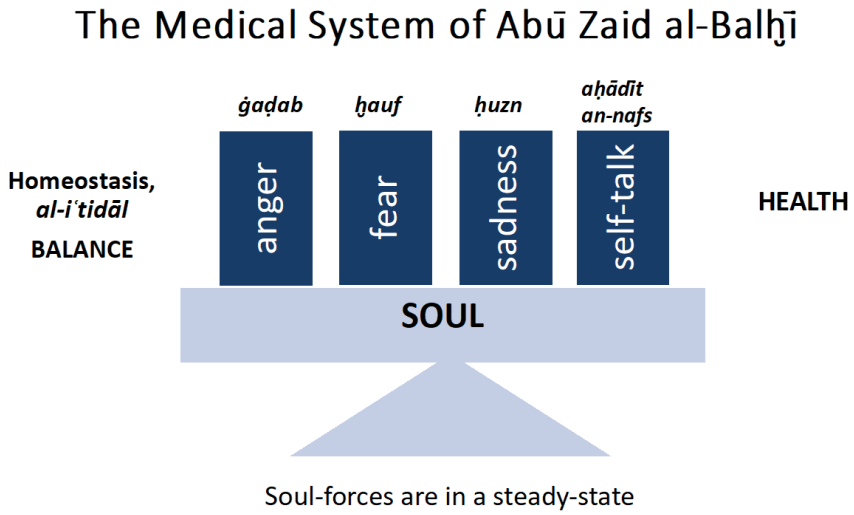


Figure 2: Homeostasis of soul forces.

Imbalance causes disease (Abū Zaid al-Balkḫī, 1984, p. 275, 290; Özkan-Rashed, 2019, p. 46, 114, 144).

According to the ancient system, the body becomes ill when the humoral fluids are not in the correct ratio (as an example black bile is dominant in Figure 3).

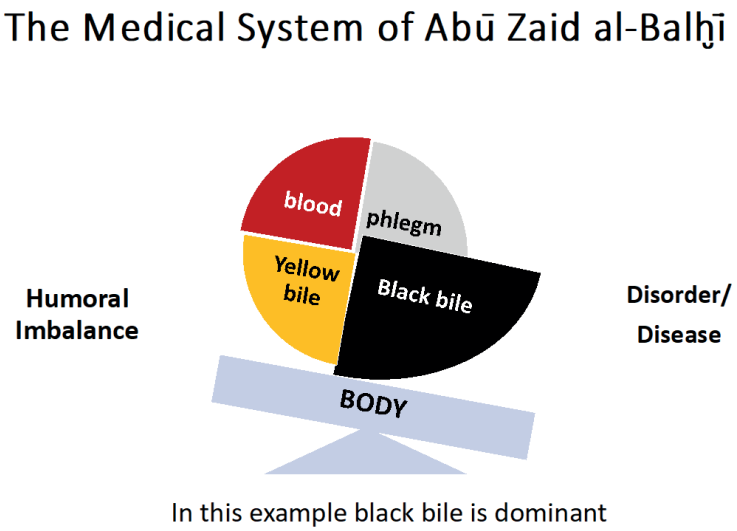


Figure 3: Impaired homeostasis through humoral imbalance.

The soul is afflicted when intensive or chronic affect (symptom) leads the soul forces into an uncontrolled action (as an example anger is in excess and has risen to aggression in Figure 4).

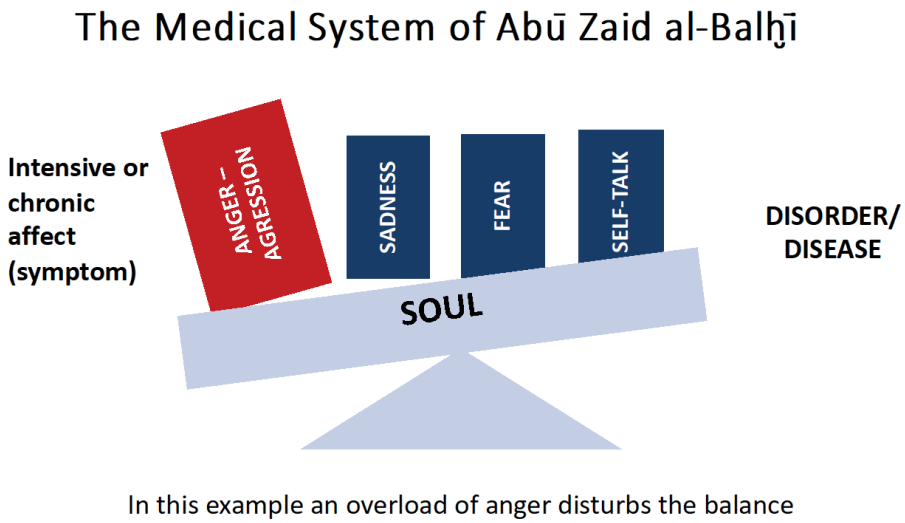


Figure 4: Impaired homeostasis through imbalance within the soul forces.

Causes for disorder can have an external or an internal origin.

2.2. The Human Being between Environment and Genetics

An individual is influenced by external factors which involve the social environment –e.g. personal relations, status, political position – and nature – e.g., climate, heat, cold, natural disasters – and internal factors which consist of predispositions – e.g., genetics, gender, age, constitution - and acquired attributes such as education, knowledge and experience (Özkan-Rashed, 2019, p. 48). Figure 5 demonstrates the various influences on a human being within a *bio-psycho-social system*.

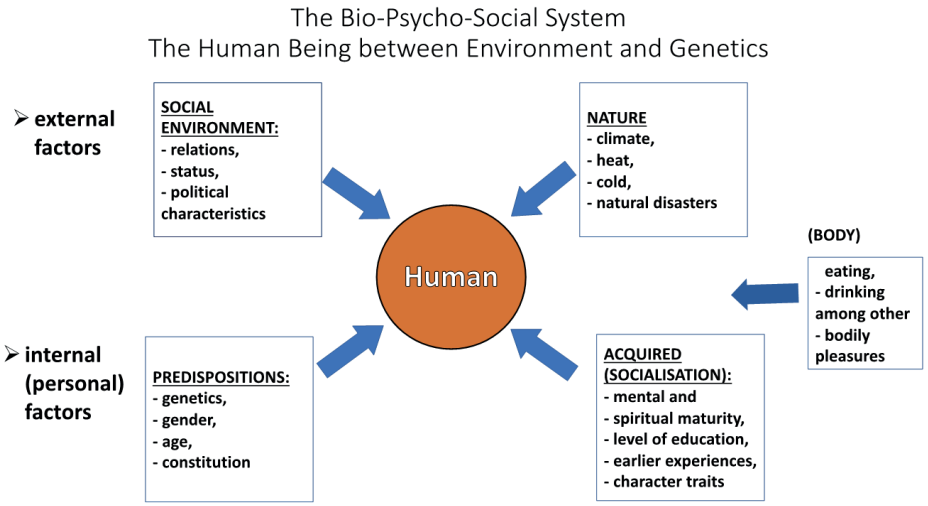


Figure 5: The bio-psycho-social system.

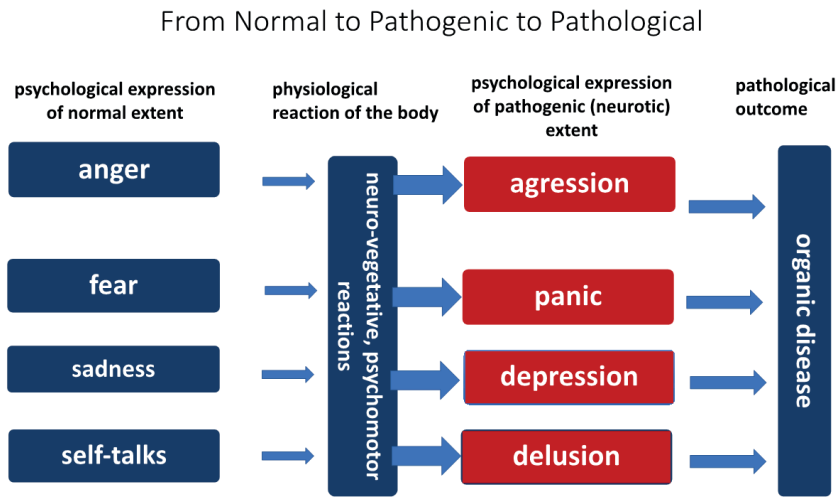


Figure 6: Transition of psychological phenomena from normal to pathological range.

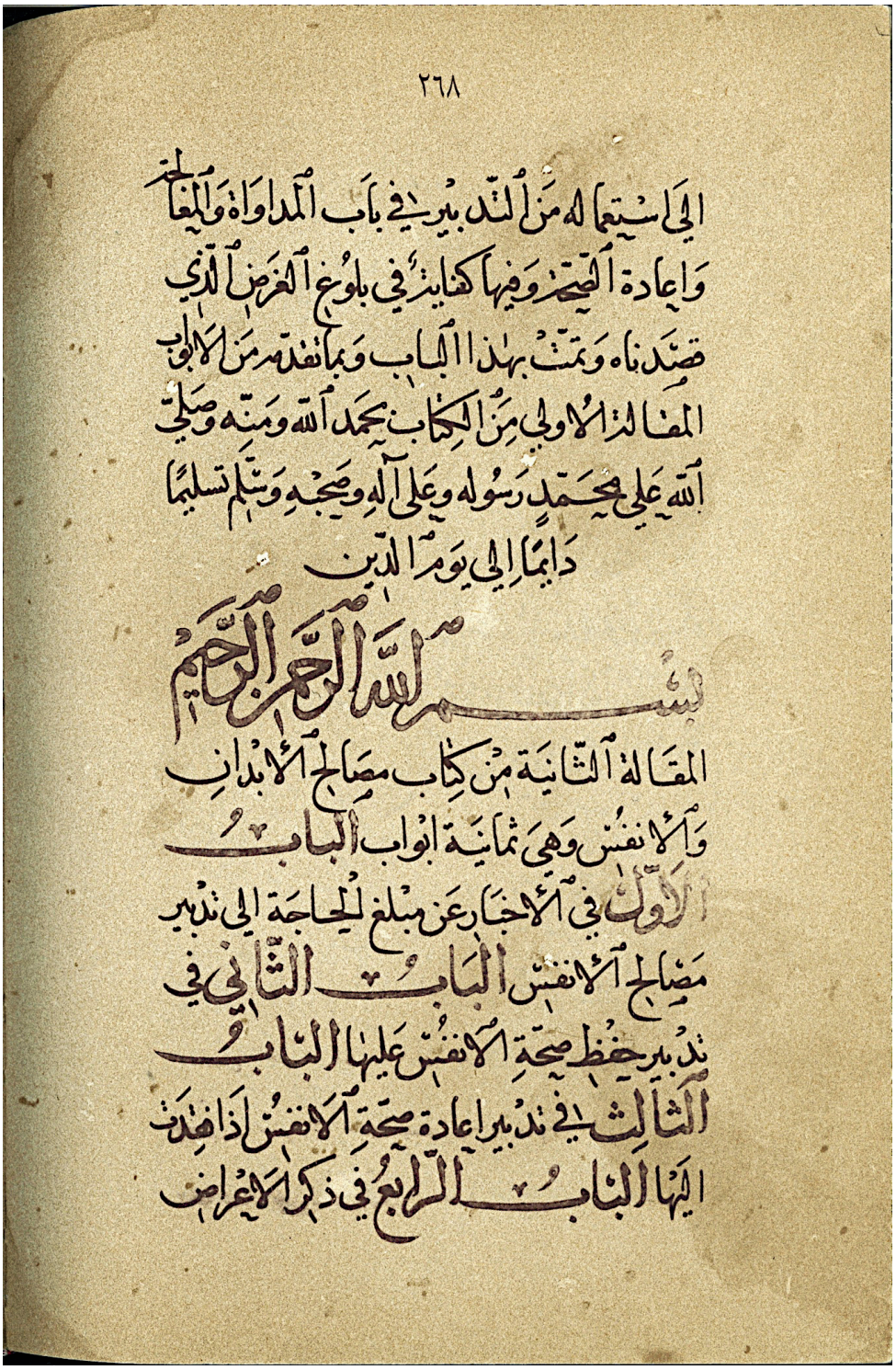
Al-Balḫī takes the complexity of the human being into account by emphasizing not only general factors but also individual variations, e.g. personal sensitivity and tolerance threshold (Abū Zaid al-Balkḫī, 1984, 271, p. 306; Özkan-Rashed, 2019, p. 60, 106, 176).

The body can be struck by harmful influences like heat, cold and misfortune.

An inner influence that produces a disturbance in the mixture of bodily fluids is bad food and drinking or a generally frivolous way of life (Abū Zaid al-Balkḫī, 1985, p. 276; Özkan-Rashed, 2019, p. 116).

An external origin for the imbalance of the soul forces would be the sensory perception of pathogenic or associatively menacing environmental stimuli, or confrontation with bad messages.

In case of an internal origin the source is located in the individual himself. Useless and unnecessary brooding over something without any reason and having mostly negative thoughts which do not correlate with reality, can disturb the balance of the soul.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الى استعماله من التدبير في باب المداواة والمعالجة
واعادة الصحة وفيها كفاية في بلوغ الغرض الذي
قصدناه وتمت بهذا الباب وبما تقدم من الابواب
المقالة الاولى من الكتاب بحمد الله ومنه وصلى
الله على محمد رسوله وعلى آله وصحبه وسلم تسليما
دايما الى يوم الدين

بسم الله الرحمن الرحيم

المقالة الثانية من كتاب مصالح الابدان
والانفس وهي ثمانية ابواب الباب
الاول في الاخبار عن مبلغ الحاجة الى تدبير
مصالح الانفس الباب الثاني في
تدبير حفظ صحة الانفس عليها الباب
الثالث في تدبير اعادة صحة الانفس اذا فقدت
اليها الباب الرابع في ذكر الاعراض

Figure 7: Beginning of *Maṣāliḥ al-anfus*

Loneliness and inactivity can foster adverse rationalizations. As al-Balḫī explains, human beings are not created to be alone. This is reserved for people who need it for their special tasks, namely for rulers who have to reflect on responsible decisions, for scholars who do research, and for pious ascetics so that they can face God alone. The majority, on the other hand, needs the community and an occupation in order not to turn inwards in such a way that uncontrolled inner impulses gain power over their lives (Abū Zaid al-Balkḫī, 1984, p. 336; Özkan-Rashed, 2019, p. 236).

Abū Zaid al-Balḫī´s medical system implies a permanent interaction of body and soul. This interaction functions in both directions (Abū Zaid al-Balkḫī, 1984, p. 273; Özkan-Rashed, 2019, p. 41, 110).

The somatopsychic pathway starts in the body as pain or other symptoms, e.g., fever. These physical symptoms "affect the soul forces such as the mind and cognition, preventing them from performing their functions in the right way. As a result, man is induced to take actions that upset and harm [the soul]", as al-Balḫī says (Abū Zaid al-Balkḫī, 1984, p. 273; Özkan-Rashed, 2019, p. 110).

Thus, a disturbance in the body affects the soul, whose sensual perception of stimuli and rational processing is impaired. This can lead to inadequate actions.

If the origin of the disturbance is in the soul, it also manifests itself in the body, which corresponds to a psychosomatic mechanism.

Emotional outbursts and intense thoughts trigger neuro-vegetative und psychomotor reactions. These are primarily useful in so far as they protect against danger to life (in order to be able to run away from danger the heartrate increases as an example for a neuro-vegetative reaction and the legs get into motion as an example for psychomotor reaction).

Al-Balḫī describes it as follows: "Thus vehement anger sometimes triggers befuddlement and trembling and also creates pallor. Similar changes are caused by panic and fear, so that the body heats up or cools down and makes the person appear gloomy" (Abū Zaid al-Balkḫī, 1984, p. 288; Özkan-Rashed, 2019, p. 140).

As a result of the intensive and chronic effects of a noxious agent, organic disease can develop, thereby losing its functional connection to the affect. Mitscherlich called this mechanism *the uncoupling of the primarily psycho-physical process* (Allert, 1983, p. 153).

In al-Balḫī's words: "When the soul falls ill, man is prevented from perceiving physical pleasures and claiming them for himself accordingly. Finally, his life and his existence appear gloomy to him. Possibly the violent attack of mental pain even leads him to physical illnesses" (Abū Zaid al-Balkḫī, 1984, p. 273; Özkan-Rashed, 2019, p. 110).

2.3. Pleasure-Pain Principle – Reality Principle

Distress (*ġamm*) and joy (*faraḥ*) are primary undifferentiated basic feelings from which different psychological phenomena such as anger, fear, sadness, or self-talk emerge as specific answers to a noxious stimulus (Abū Zaid al-Balkḫī, 1984, pp. 288–289; Özkan-Rashed, 2019, pp. 51–52, 140, 142). This is reminiscent of Freud's *pleasure-pain principle* according to which the mind strives for pleasure and avoids pain (Gay, 1989, p. 80, Freud, PFL 11, p. 36).

A cognitive and rational confrontation with any situation is favorable for managing it in a personally and socially acceptable manner, which is similar to Freud's *reality principle* (Freud, PFL 11, p. 36). Al-Balḫī illustrates the personal and social consequences of an emotionally guided misconduct very vividly using the example of anger (Abū Zaid al-Balkḫī, 1984, pp. 293–294; Özkan-Rashed, 2019, p. 150, 152).

2.4. From Normal to Pathogenic to Pathological

Anger, fear, sadness and self-talk as psychological expressions of normal states trigger neuro-vegetative and psychomotor reactions in the body which are initially physiological.

When they become pathogenic in the sense of neurotic, the quality of the psychological phenomena changes. Anger develops into aggression, fear into anxiety or panic, sadness into depression and self-talk into delusions. It is even possible that an organic disease can occur as a more extreme, i.e. a pathological effect of emotional outbursts (Abū Zaid al-Balkḫī, 1984, pp. 291–292; Özkan-Rashed, 2019, p. 146, 148).

2.5. Prophylaxis

Prophylaxis has priority over therapy, since in the case of therapy the noxious agent has possibly led to a permanent impairment of the person.

Health preservation (*Ḥifẓ aṣ-ṣiḥḥa*) is a major concern in al-Balḫī´s work. Although this issue has preoccupied former civilizations, it has taken on greater significance among Arab scholars (Ebū Zeyd el-Belhī, 2012, pp. XVII-XXI).

An external prophylactic strategy for body and soul is exposure prophylaxis in the sense of a selective approach to stimuli. This involves avoiding stimuli that have a negative effect on well-being. People should avoid encountering terrifying scenes and keep horror news out of reach (Al-Balkḫī, 1984, pp. 275–276; Özkan-Rashed, 2019, p. 114, 116).

As already mentioned, loneliness and inactivity as permanent conditions are unfavorable for mental balance (Al-Balkḫī, 1984, pp. 339–340; Özkan-Rashed, 2019, p. 242, 243).

Internal prophylaxis succeeds through personal maturation and increased strength which is promoted through acquisition of knowledge and experience, with a particular focus on religious principles and philosophical wisdom. The following cognitions are important:

Humankind is integrated into nature (disposition) and the environment.

Individual differences are to be taken into account (e.g., personal sensitivity and tolerance threshold), developing self-awareness strengthens and provides stability.

Al-Balḫī's words on this aspect are as follows:

> If man knows his nature and the limits of its strength and how far it can master tasks, then he will align his ambitions and goals accordingly, whether he is king or subordinate. If he [finds] that his soul [nature] is capable of accomplishing great deeds and coping with drastic events, he will face them. If he [on the other hand] feels softness in the composition of his soul and weakness in its structure, he will avoid the various risks in [the fulfilment of] his desires and goals, will not give in to the manifold temptations and will stay away from what those tackle who are of strong nature, broad-minded and of firm character; he will [instead] direct his [desires and goals] towards the salvation and satisfaction of the soul and the calmness of the heart, whereby he must renounce many ambitions and desires. [However], this is more important to him than the realization of most hopes, which would be connected with risks, seduction and undertakings, which - if they entail unwanted things - would make him lose patience, make him uneasy and possibly cause him great damage to body and soul. (Al-Balkḫī, pp. 279–280, Özkan-Rashed, p. 122, 124).

Striving for harmony with the environment has a preventive effect against malfunctions or diseases.

Self-responsibility is necessary not only in order to establish a solid basis for a healthy existence, but also to actively participate in the personal recovery process.

Participation in social life is desirable and maintains a steady connection to life, since humans are created for living in a community in which meaningful engagement in a self-responsible way contributes to harmony and thus health preservation.

Experiences and adventures are valuable for the future (psychotraining).

Al-Balḫī phrases it this way:

> If he is practicing to endure the least while keeping his peace of mind, then he will get used to endure much greater and more powerful things of importance and unpleasantness that unexpectedly befall him. This is the way to train both body and soul. (Al-Balkḫī, 1984, p. 278; Özkan-Rashed, 2019, p. 120).

It is everyone's responsibility to equip themselves with the necessary knowledge and to shape their own experiences in order not to be completely dependent on outside help. This is especially true because the concerned always plays an important role himself, regardless of whether and to what extent he receives external support.

2.6. Therapy

If prophylaxis is inadequate, therapeutic tools are necessary.

External therapy for the soul is based on support from family and friends or from professionals who function only as a mediator and catalyst for the natural healing process. Fellow humans serve as a standard for critically viewing a person's self-perceptions and make a reality check possible. This comparison of perceptions and interpretations is particularly effective in self-talk:

> If he finds that the others are free from what occupies him and has impact on him, and they have similar interests in life as he does, which are just as important to them as they are to him, then this is an argument against his detrimental thoughts and bad assumptions. (Al-Balkẖī, 1984, p. 345; Özkan-Rashed, 2019, p. 254)

Music and visual enjoyments, e.g., art or other sensory/spirtual pleasures (*laḏḏāt rūḥānīya*) have a supportive effect (Özkan-Rashed, pp. 47–48): In al-Balẖī's words:

> So, everyone who suffers from this kind of [complaints] has to make sure that he is constantly – with whatever – busy. If he is a subject, this is done by earning his living and taking care of his gain. If he is a king, then his interest should be in the affairs of his exercise of power, to weigh up [different] opinions, arrange them, and make them [public]. If he is tired of this kind of [activity], may he spend the rest of his time left over from his nights and days satisfying his needs for [bodily] pleasures through food, drink, sexual pleasures and music that stimulate the soul forces, and may he also enjoy the sight of pleasant and beautiful pictures. (Al-Balkẖī, 1984, p. 340; Özkan-Rashed, 2019, p. 244)

Internal therapy for the soul means self-help and is based on rational-cognitive mechanisms (Badri, 2012). Conscious retrieval of acquired information, insights and experiences enables critical review and judgment of the current situation, which enables an adequate response.

Conceptions based on religion are integrated in the use of critical sense and moral principles.

An interesting means for overcoming an intense emotional release is *reciprocal inhibition*. First developed in 1906 by the neurophysiologist Charles Scott Sherrington, the term *reciprocal inhibition* was transferred in 1954 by Joseph Wolpe (1915–1997), American psychiatrist and psychotherapist, to a similar principle of action in behavioral science. It is an important element of Wolpe´s *systematic desensitization*, which today is often used to treat anxiety disorders.

This tool requires the ability to orchestrate an auto-suggestive self-provocation through mental confrontation with a current emotion. As a result, a different strong feeling can emerge and suppress the primary sensation, e.g. fighting anxiety by provoking another strong feeling by means of mental association.

In accordance to external therapy the effect of internal therapy is not intended to be in every case curative but sometimes a symptomatic or palliative result is also acceptable.

As Balhi clarifies this mechanism as follows:

> It can also help him to use the power of anger to keep the damage that fear [causes] away from him by understanding the following. If one shows fear and panic, it is [a sign of] weakness and discouragement, which is typical of the weak souls of women, children, and their kind. So, he will be [probably] angry with himself and find it reprehensible to discover fears in himself in the same situations where [weak women and children] lack steadfastness, harshness and

> independence in relation to inconveniences and incisive events. There is no weapon for man that would be more effective and indispensable in this context than pride. (Al-Balkḫī, 1984, pp. 308–309; Özkan-Rashed, 2019, p. 180, 182)

Despite his autonomous way of thinking, Abū Zaid al-Balḫī could not quite escape the biases of his time with regard to his judgment of women. He puts them on the same level as children and argues that they naturally have less control over their feelings (Al-Balkḫī, 1984, p. 271; Özkan-Rashed, 2019, p. 106).

According to the prevailing opinion, women were believed to be unable to cope with more demanding tasks and to face great challenges which required steadfastness, courage and rapid response.

Apart from the clichéd general character of the judgement, his observation of gender-linked deviations cannot be completely dismissed, because even today differences between men and women in reaction patterns and in the prevalence of certain disorders can be observed.

However, it is necessary to bear in mind that women were the victims of generalized judgments, which deprived them of opportunities and placed them at a low level in the social hierarchy.

Being judged solely by their supposedly greater emotionality meant that often other valuable resources remained undiscovered, and thus the potential contribution of women to social development was only realized to a smaller extent.

In the comments on therapy, al-Balḫī also clarifies the following conclusion: therapy does not claim to be always curative in the sense of full recovery and a return to a normal state. Some dysfunctions can only be treated symptomatically or palliatively. No matter how hopeless the disorder may seem, no matter how desolate the condition of the person concerned may be, an effort should always be made to achieve an improvement, because God has provided remedies or solutions for every suffering.

Al-Balḫī's remarks on this subject are:

> Nor should he depart from the use of remedies against this symptom in the belief that some people will have to submit to it and that there is hardly anything that can be done to eliminate it. This opinion is wrong. Rather, one must be convinced that God, the Blessed and Exalted, has made remedies for every suffering that afflicts body and soul, and has provided healing for every pain that seizes both. If he encounters suffering with the [appropriate] remedy, he will in any case receive one of two [possible results]. Either [suffering], whether physical or mental, is completely eliminated, so that man is completely free of it; or the unpleasant and the perishable is diminished. (Al-Balkḫī, 1984, 335; Özkan-Rashed, 2019, p. 234)

2.7. Differentiation of Disorders in Relation to Etiology and Course

Abū Zaid al-Balḫī distinguishes between disorders in terms of their etiology and course.

If the disorder can be attributed to an identifiable causative factor to which it is a direct reaction, then its etiology is *exogenous*.

If the extent of the noxious agent is small, the quality of life is not significantly compromised and full recovery is possible.

If its extent is excessive, the disorder is not completely reversible and can reach a neurotic level or even cause a chronic disease.

An *endogenous* source of the noxious agent corresponds to a substrate of hereditary origin (organic: e.g. black bile dominating). It may manifest either early or later in life. A late onset predisposes to a psychotic course (Özkan-Rashed, 2019, pp. 67–68).

2.8. Exceptional Position of Self-Talk

The aforementioned category includes self-talk reaching the level of delusionality. Among the mental phenomena sorrow, anger, fear and sadness, the psychotic dimension of self-talk takes a special position, since it is not purely *mental*, but also has primarily physical components. According to the humoral medicine practiced in al-Balḫī´s day black bile was thought to be the cause of negative thoughts, disturbing self-talk, invasive notions and obsessive thinking.

If black bile dominated from the very beginning of a person's life, its severity was less than in the case of a manifestation later in life. The latter was based on a *chemical* transformation process in which the black bile emerged as the dominant fluid only as a result of a reaction of the yellow bile with the phlegm. As the reason for the better outcome of the primarily congenital variant, al-Balḫī referred to the fact that people become accustomed to something that exists from the beginning and is permanent; they come to terms with it (Al-Balkḫī, 1984, pp. 325–326; Özkan-Rashed, 2019, p. 214, 216).

As the author points out, the difference between the two variants also becomes apparent in people's external appearance:

When the black bile dominates from birth on, the person is totally affected by the products of the black bile, which are "a compact bone structure, rigid nerves, dry skin, thick blood, weak hair growth, firm constitution, dark color*"*. The character traits involve "a bad mood, an austere face and a sinister look, constantly lowered head, frequent silence, slow motions" (Al-Balkḫī, 1984, p. 327; Özkan-Rashed, 2019, p. 218).

In the case of later onset, the features of phlegm still show through and weaken the effect of the black bile. In this case, the traits exhibited by the afflicted person are the opposite:

> If his body is loose, his nerves soft, his skin tender, if he appears relaxed, if he is eloquent, and if he approaches people with affection and love, if his anger quickly turns into reconciliation and reconciliation quickly into anger, which means he hardly remains in a certain condition, if he has a soft heart and appears without hardness and brutality, qualities which arise from the composition of the nature of phlegm and yellow bile, so know that this symptom, which comes from black bile, is not original to him, but has occurred only [secondary]. (Al-Balkḫī, 1984, p. 328; Özkan-Rashed, 2019, p. 220)

In this context, a further aspect should be mentioned. Al-Balḫī classifies the disorder according to the specific contents of the delusional thoughts.

The obsession can relate to a psychotic, because excessive, all-consuming love or to life-threatening and frightening topics whereby the latter do not allow any feeling of happiness, joy or pleasure. By contrast, being obsessed by contents involving love and passion also keeps him from leading a normal life, but to a certain extent compensates by leading to a gain in pleasure (Al-Balkḫī, 1984, p. 331; Özkan-Rashed, 2019, p. 226).

Al-Balḫī's description of what characterizes a psychosis today is striking.

Self-talk is normal as *inner dialogue* (*aḥādīt an-nafs),* but pathological (*wasāwis aṣ-ṣadr, aḥādīt an-nafs),* when compulsive and excessive as well as lacking a sense of reality.

Al-Balḫī provides the following information:

> Of the damages of this symptom in the person affected and haunted by it, is that his soul pretends something that frightens him and is far away from him as something close to him, and that he finally directs his thoughts and his imagination at all times towards it as if he [actually] perceives and sees it and it threatens to become real. This distracts him from experiencing sensual pleasures and satisfying his needs in a way others do. Whenever he wants to devote himself to something that needs to be done, or when he is interested in a conversation, he moves away from it to something that frightens him, namely those self-talks and compulsive thoughts. (Al-Balkḫī, 1984, p. 332; Özkan-Rashed, 2019, p. 228)

3. Particularities of Endogenous Depression

Within the disorders presented, "endogenous" depression is a further outstanding disease entity.

At this point it must be mentioned that since the 10th revision of the International Statistical Classification of Diseases and Related Health Problems *ICD 10* in 1989 the term *endogenous* is no longer used; frequency and severity are the differentiating criteria for a *depressive episode* or a *recurrent depressive disorder*, corresponding to *major depression* with a single or repeated episodes, according to *DSM-5*, the classification system of the American Psychiatric Association.

Sadness in the process of normal grief over a loss is different from depression, which is the pathological dimension of sadness. Due to its obsessive and obstructive quality, a high level of suffering occurs which has psychosocial consequences.

Especially on the basis of an inner disposition, the emotional suffering can become chronic, losing its primary link to the traumatic trigger, like "heat remaining after a blazing fire" (Al-Balkẖī, 1984, p. 315; Özkan-Rashed, 2019, p. 194). Sometimes a causative or real motive is even absent from the very beginning. Because it has an *organic* root, the disorder is classified as *endogenous* or in modern terms *major depression*. Its therapy requires both a mental approach and body-related treatment.

Al-Balḫī illustrates it as follows:

> There are two forms of sadness. In the one case, the cause is known, as it can be [observed] in a person who mourns the loss of a loved one, a fortune or a thing of particular value. In the second, the cause is unknown, in which man most of the time feels a sorrow deep in his heart that inhibits him from acting, radiating joy, and truly experiencing something pleasurable and desirable without realizing the reason for that fatigue and despondency. The sadness of unknown cause goes back to physical symptoms, so it arises from the low clarity, in the cold and change of blood. The means to fight it is based on the one hand on the treatment of the body - in which the blood is clarified, warmed and diluted - and on the other hand on the treatment of the soul, in which it is in the foreground, to bring joy to the soul through conversations and cheerful conviviality, as well as through the enjoyment of all that does the soul good and stimulates the power of joy, such as soothing sounds and the like, which cheers the person up and drives the grief out of his soul. (Al-Balkẖī, 1984, pp. 316–317; Özkan-Rashed, 2019, p. 196, 198)

4. Characteristics Corresponding to "Psychosis" and "Neurosis"

A critical overview of al-Balḫī's work reveals a differentiated nosology, as can be seen from the previous statements (Badri, 2013).

He describes neurosis, which is an affective disorder, as a response to an intensive or enduring noxious stimulus. Its characteristic is the continued existence of a sense of reality.

In psychosis self-perception and perception of the external world are impaired. There is no connection to reality. These specifics can be found in full expression in self-talk.

5. Rational-Cognitive Psychotherapy

Al-Balḫī's psychological methods include psychodynamic aspects and from today's perspective are based on rational-cognitive psychotherapy (Badri, 2013):

Faulty thinking, irrational conceptions and unrealistic expectations are to be rectified and to be used for modification of behavior.

In this context, it is worth reflecting on the historical development of modern psychotherapy. In the 1960s criticism arose of classical theories which, taken alone, were considered insufficient to explain behavior. In the 1970s, perception

and interpretation as a cognitive element were integrated into the concept. This is how modern cognitive behavioral therapy came into being. Albert Ellis (a US psychologist and psychotherapist, 1913–2008) and Aaron T. Beck (a US psychiatrist and psychotherapist, born 1921) were regarded as pioneers in its practical establishment.

An interesting technique that al-Balḫī cites as a therapeutic measure is to suppress or combat an agonizing state of mind by deliberately provoking a stronger emotion than the one that currently exists (e.g., fear versus anger). In principle, this is reminiscent, although modified, of the mechanism known today as *reciprocal inhibition*, an important element of *systematic desensitization*, which is often used to treat anxiety disorders (see above).

Systematic desensitization confronts the emotionally stressful situation in order to experience it anew as something not as overwhelming and menacing as it seemed. It also works as a hardening and personally strengthening agent through habituation when the frightening moment is repeatedly encountered.

In al-Balḫī´'s words:

Our explanations [thus] point out that the most effective means by which [man] can diminish fear and panic is ultimately to expand his knowledge and understanding of things, to accustom the senses of hearing and seeing to it by looking at the terrifying, listening to unpleasant sounds, and exposing himself to this toil several times until he becomes familiar with it and accustomed to it. Then [namely] his consideration and attention for it decreases. Bearing this hardship is an exercise for his soul. (Al-Balkḫī, 1984, pp. 313–314; Özkan-Rashed, 2019, p. 190, 192)

Conclusion

Body and soul are equivalent parts of a unity and are linked with each other in a dynamical and functional way. Al-Balḫī provides evidence for this interdependence which is to be taken into consideration when dealing with disorders or diseases. As these are always psychosomatic or somatopsychic a physician cannot exclude matters of the soul and leave them to philosophers.

Abū Zaid al-Balḫī´s medical system is highly differentiated and complex, its presentation didactically elaborated and systematically structured.

In this system, which is applied to both body and soul, the human being is embedded in a bio-psycho-social system. In consequence, the medicine propagated is multidimensional and as such founded on a bio-psycho-social concept. This concept is categorized in etiology, prophylaxis and therapy, of which each field is further divided into endogenous and exogenous factors. *Homeostasis* (balance) is the basis for health, when it is disturbed a holistic approach is sought for its restoration.

In this context, al-Balhi emphasizes the particular importance of prophylaxis which has priority over therapy. The idea of health preservation (*Ḥifẓ aṣ-ṣihha)* can be traced back to the early civilizations of human history (Ebu Zeyd al-Belhi, 2012, pp. XVII–XXI). Among the Arabic-Islamic scholars it gained a higher value which is seen in al-Balḫī´s dedication to the subject.

Beside general aspects of psychological disorders al-Balhi describes characteristic elements of neuroses and psychoses, as currently defined (Badri, 2013). The techniques he discusses indicate elements of today's rational and cognitive psychotherapy (Badri, 2013, Özkan-Rashed, 2019).

The psychosomatic medicine in the book of Abū Zaid al-Balḫī displays striking parallels to the present day. With his *holistic* approach to the affairs of body and soul al-Balḫī was far ahead of his time. His work has a pioneering significance in the history of sciences and deserves closer examination.

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