

# Obsessive Compulsive Disorder in a 9th Century Treatise

Insights from Abu Zayd Al-Balkhi's 'Sustenance of the Soul'

U. Abdul-Quayum, S.Jehanger, I.Ali



**BALKHI'S** 

**OUTER TX** 

FOR OCD

#### Abstract

This poster explores the early descriptions of obsessive-compulsive disorder (OCD) in a historical text, by Abu Zayd al-Balkhi, a polymath from the 9th century CE. Al-Balkhi's work provides one of the earliest systematic accounts of OCDlike symptoms, distinguishing his observations from those of earlier figures like Galen. Analysis of his main treatise has been conducted with use of the modern classification ICD-11, aimed to underscore the evolution of the conceptualisation and terminology of OCD over time. The findings indicate a more nuanced understanding in relation to aetiology, presentation, vulnerability factors and their relationships. This study hopes to emphasise the importance of historical perspectives in enriching our understanding of psychiatric disorders.

#### Introduction

Abu Zayd Al-Balkhi (850-934) was a notable polymath from ninth-century Persia & most famous for his contributions to the field of medicine. Only recently rediscovered and translated into the English language in 2013, Al-Balkhi's book 'Sustenance for Bodies and Soul' is arguably his most revered text of modern times. This book lays down groundbreaking concepts & Balkhi may have been the first to pioneer the complex interaction between one's mental and physical health – "If the psyche gets sick, the body may also find no joy in life with development of physical illness" [1] an idea which Western psychologists only began to explore a millennia later. This poster sets out to explore how OCD symptoms were historically described in a ninth century manuscript, in comparison to a modern-day classification of symptomatology as described in ICD-11. Further, this work explores how Al-Balkhi integrated a multifaceted social, psychological, and physical treatment plan for OCD.

### Results: Comparison of OCD in ICD-11 & Al-Balkhi's 'Sustenance of the Soul'

The results have been presented in the below two infographs:

. OBSESSIONS OBSESSIONS 2. COMPULSIONS 2. COMPULSIONS 1. Repetitive and persistent I.'Repetitive inner rumination', 'unrelenting Compulsions can cause 6,7 distress and are 'annoying' in Repetitive whispers and obsessive thoughts' thoughts, images, or behaviours/rituals, in impulses/urges 'Imagined imminent danger', 'This nature. There are physical response to miserable condition is comparable to one 2. Intrusive and unwanted, symptoms associated with obsessions. who is continuously subjected to horrible commonly assoc. with anxiety obsessions - however these nightmares from which he awakens in a 3. Individual attempts to ignore or are different and less severe suppress obsessions to neutralise in their effect on the body 3. NATURE OF them by performing compulsions 3. See below section on compulsions than those caused by physica **OBSESSIONS** 1. Time-consuming NATURE OF OBESSIONS 2. Causes significant distress 3. Causes significant magined imminent danger to enjoy an functional impairment **ICD-11** 4. BOUNDARY Balkhi (2019)(~870-934) WITH NORMALITY Intrusive thoughts, images and

general population. 5. COURSE Repetitive whispering can have an inherited Early onset more common, older age Γhough the obsessive symptom that originates fror onset less common. an inborn disposition is more frequently suffered In cases of late from during one's life, it is still less stressful than onset, there is often the one that suddenly afflicts the person at a late a history of chronic subclinical ige in a way that he has not experienced before Even if the symptom of the obsession is less pronounced in the second type, the afflicted will Onset is gradual. It continue to suffer much. That is so because this obsessive symptom, unlike the other symptoms the we have discussed, is very difficult to treat or to ge waxing and waning rid of. Furthermore, it does not have a

straightforward unambiguous cause'

oleasures or to concentrate on what i said to him or to socialise with others mpending danger and threatening whispers,' 'Such persistent thoughts dreadful incident is going to befall him or that a physical harm is about to badl 'When this sad state takes its toll, the his mental faculties to deal with anything else, and would be too busy with the imagined imminent danger to enjoy any pleasures or to concentrate on what is said to him or to socialise with others'

4. BOUNDARY WITH NORMALITY No human being is spared from occasional or frequent anxiety soul is not as common. A person may be spared from this symptom throughout his life without ever complaining from its harmful effect. This does not mean that he does not experience an inner self conversation of the soul since this is a common disposition of the human soul that is part of human nature. Wh we mean is that this monologue does not recur in an obsessive manner that interferes with everyday chores nor does it bring fearful thoughts or make one imagine dejecting things.

Types or

obsessions/compul

sions and range of

affects experienced

Interference with

Daily Activities

impulses/urges, as

prevalent among the

well as repetitive

5. COURSE

symptoms.

is a chronic

symptoms.

condition with

# BALKHI'S 'SUSTENANCE OF THE SOUL'

'This obsessive monologue of the soul is not limited to hateful thoughts. It can obsess with thoughts about something that one loves and deeply wishes to have ... Such thoughts about a beloved object may be so overwhelming that the person may be hindered from thinking about anything else concerning his livelihood or even his other pleasures'

See more on relationship between obsessional thoughts and physical symptoms below.

'When this sad state takes its toll, the person would find himself unable to use his mental faculties to deal with anything else, and would be too busy with the imagined imminent danger to enjoy any pleasures or to concentrate on what is said to him or to socialize with others'

On the impact of consequences of emotions: 'Rage and anger can agitate the soul and the body in a way that no other symptom can do. When a person is in a state of rage and fury, he embeds himself in a condition of nervousness that increases circulation of the blood, changes his colour, raises body temperature and causes him to perform uncontrollable movements'

Physical Manifestations

'It must be stated that recurring negative thoughts of the fearful and worrying type can also be harmful to the body. This is because as the symptom intensifies, the sickened soul would give the person afflicted a strong feeling of the distant event, in space and time, being imminent or about to happen'

'It is very important for the one afflicted to avoid being alone since loneliness would naturally stimulate negative thought and harmful self-talk'

'When in the company of other people, actively engaged in amusing conversation and discussion, he will find the influence of inner whispering much reduced'

Avoid Symptom triggers

Impact on Social

Interactions

'Externally, it is very important for the one afflicted to avoid being alone since loneliness would naturally stimulate negative thought and harmful self-talk...'

#### Methodology

The English translation of the manuscript 'Sustenance for Bodies and Soul' was initially studied by two researchers via the triangulation method, before the reading was verified by a third. A reading of the book took place in three stages. Firstly, to identify key words (including obsessions, sadness, mood, depression, anxiety, compulsions, fear, anger and isolation). Secondly to explore the usage of these core psychological terms and their definitions. Lastly, to compare & contrast the conceptualisation of OCD from Al-Bakhi's historical manuscripts findings against a modern classification approach, ICD-11. This allowed the development of central themes (grouped under aetiology, symptomology & therapeutic techniques).

### Al-Balkhi's Theory

Al-Balkhi's theory centres on anxiety as the root cause of mental health disorders. Whilst he identified  $^4$ obsessional behaviours as stemming from both psychological and physical factors, he also suggested that OCD has a strong heritable component. He recognised that obsessive thoughts negatively impacted on physical health and that sufferers might experience altered thinking, referred to today as cognitive distortions, such as catastrophic thinking—a central therapeutic component in cognitive-behavioural therapy (CBT). Al-Balkhi's OCD treatment includes methods he suggested for other disorders, like the 'exposure therapy' he recommended for phobias. He also noted the aggravation of symptoms through isolation and inactivity, highlighting social and behavioural strategies to mitigate symptoms, which again, resonates with modern therapeutic recommendations. The results of our analysis are summarised in two infographics, the first comparing Al-Balkhi's work to ICD-11's core features, and the second to its 'additional features'.

#### Discussion

Al-Balkhi's conceptualisation of OCD does not fully encompass all the criteria outlined in ICD-11. In select areas, his descriptions lack the depth and specificity provided in comparison. These are summarised in the following points:

- 1. Compulsions: While Al-Balkhi acknowledges the presence of physical symptoms associated with obsessions, he does not elaborate on the nature of these obsessions or their clinical manifestations to the extent detailed in ICD-11.
- 2. Insight Specifiers: ICD-11 introduces 'insight specifiers' that categorise the degree of a patient's awareness of their own condition into three broad categories. Al-Balkhi's work does not incorporate a similar framework or scale to quantify the severity of patients' symptoms or their level of insight.
- 3. Course Features: ICD-11 outlines various course features of OCD, including the typical age of onset—generally in the late teens to early twenties—and the gradual onset of symptoms. Although Al-Balkhi does not directly address the usual age of onset (which may nonetheless reflect differences in historical and cultural contexts of the condition), he does note the heritable nature of OCD and observes that diagnoses made later in life are often associated with poorer outcomes. Additionally, he also makes subtle mention of the fact that the condition 'does not have a straightforward, unambiguous cause.'

For OCD, Al-Balkhi gives a multifaceted treatment plan, acknowledging the complex nature of the condition. Management of OCD is divided into three 'outward' treatments and seven 'inward' treatments, as is delineated below.

#### **Outer Treatments (Tx) – Behavioural Advice**

**Internal Treatments (Tx) – Cognitive & Psychological Therapies** 

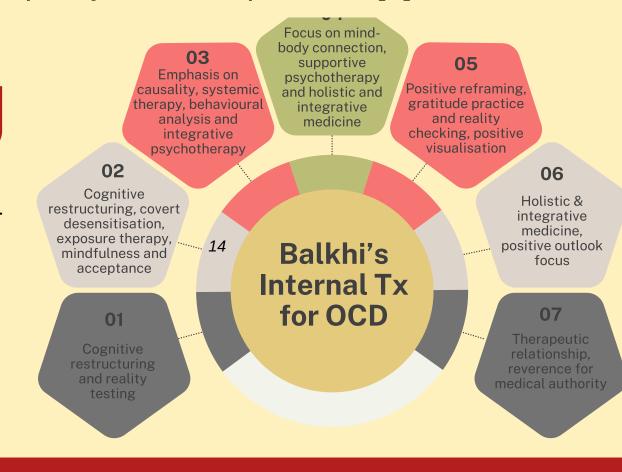
- 1..Firstly, Al-Balkhi recommends to 'avoid being alone since loneliness would naturally stimulate negative thought and harmful self-talk.' This advice may be less emphasised in contemporary treatment, where the medical model is populated. Recent studies confirm that social engagement can positively impact individuals with OCD. [2]
- 2. Al-Balkhi advises against idleness, as inactivity fosters internal rumination. Engagement in meaningful work or activities is emphasised by Balkhi; this can distract from obsessive thoughts, a notion supported by modern research, which shows that structured activities improve outcomes for OCD sufferers. [3]
- 3. Lastly, he encourages seeking counsel from trusted friends or relatives, who can offer support and challenge irrational beliefs. Receiving social support correlates with greater psychological and physical wellbeing. [4]

Al-Balkhi categorises internal thoughts into two types: those stored in memory when calm, and those generated during the onset of obsessive symptoms.

- 1. The first mental technique revolves around challenging catastrophic thoughts by observing how others react to these imagined dangers. If these thoughts had any basis, others would also be alarmed, but since they are not, the sufferer can conclude that these thoughts are unfounded. The techniques mentioned, such as cognitive restructuring and reality testing, have consistently reduced symptoms in trials.[5][6]
- 2. Al-Balkhi's second technique focuses on understanding the origin of one's psychological symptoms. By recognising that these thoughts are part of one's natural temperament, much like a chronic physical ailment, the sufferer can come to accept and tolerate them. This is similar to modern approaches like covert desensitisation and mindfulness, which encourage acceptance of distressing thoughts without judgement.
- 3.In his third treatment, Al-Balkhi uses metaphors about natural laws to explain causality and refute the idea that life can end without an external or internal cause. This addresses cognitive distortions common in OCD sufferers and aligns with modern CBT techniques that focus on understanding causality and challenging distorted thinking.
- 4. Al-Balkhi's later techniques further reinforce the importance of cognitive restructuring and mind-body connections. He highlights the value of the therapeutic alliance, which has been shown to be associated with positive outcomes in psychotherapeutic treatment, [7] a key aspect of supportive psychotherapy and holistic treatment models.
- 5. The treatise focuses on positive visualisation and gratitude practice aligns, which aligns with modern therapeutic techniques shown to reduce OCD symptoms significantly. [8]
- 6. Finally, Al-Balkhi integrates the predominant belief systems of his time, such as religious-based teachings on healing, into his treatment plan, demonstrating a holistic approach and wider understanding of his readership. He also emphasises the importance of trust in the medical profession, acknowledging that a positive patient-doctor relationship can greatly enhance treatment outcomes, as has been well documented in recent studies, where the strength of this relationship has been said to be directly correlated with functional outcomes, and also correlates with an improved quality of life for patients. [9]

# Conclusion

This study highlights how a modern understanding of OCD has been described in a historical 9th century text. This brings value to exploring other historical texts and developing an understanding of how new insights can be incorporated in clinical practice.



# References

- 1. Sustenance of the soul, al-Balkhi, International Institute of Islamic Thought, pg 13
- 2. MBCT in OCD: A qualitative study on patients' experiences. BMC Psychiatry. 2023.
- 3. Albert, U., Maina, G., Ravizza, L., & Bogetto, F. (2004). Work and social adjustment among patients with obsessive-compulsive disorder. Journal of Clinical Psychiatry, 65(8), 1006-1013.
- 4. Uchino B, Bowen K, Carlisle M, et al. (2012) Psychological pathways linking social support to health outcomes: A visit with the "ghosts" of research past, present, and future. Social Science & Medicine 74(7): 949–957.
- 5. Whittal ML, Woody SR, McLean PD, Rachman S, Robichaud M. Cognitive treatment of obsessions: A randomized controlled trial. Behav Res Ther. 2010;48(4):295-303. 6. Foa EB, Kozak MJ. Emotional processing of anxiety-provoking stimuli: exposure to corrective information. Psychol Bull.
- 1986;99(1):20-35. doi:10.1037/0033-2909.99.1.20. 7. Horvath A. O., Symonds B. D. (1991). Relation between working alliance and outcome in psychotherapy: a meta-analysis. J.
- Couns. Psychol. 38, 139–149 10.1037/0022-0167.38.2.139 8. Hofmann, S. G., & Smits, J. A. (2008). Cognitive-behavioral therapy for adult anxiety disorders: A meta-analysis of randomized placebo-controlled trials. The Journal of Clinical Psychiatry, 69(4), 621-632.
- 9. Berry, C., Hodgekins, J., Michelson, D., et al. (2021). A Systematic Review and Lived-Experience Panel Analysis of Hopefulness in Youth Depression Treatment. Adolesc Res Rev 2021, 1, 1-32.