PSYCHOTHERAPY: A COMPARISON BETWEEN ABU ZAYD AL-BALKHI AND CBT

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ABSTRACT

Mental health problems are still prominent topics among countries in the last few decades, and Indonesia is no exception. According to the World Health Organization (WHO), a healthy mental state entails individuals realizing and maximizing their potentials, effectively managing life's pressures, excelling in their studies and work, and making meaningful contributions to society. Promotion of the importance of mental health and its treatment has been abundant, but psychotherapy with a religious approach has not received much attention. This study reviews the thoughts of Abu Zayd Al-Balkhi as a pioneer in cognitive therapy, positive psychology, and its relation to the development of Cognitive Behavioral Therapy (CBT) which was first developed by Aaron T. Beck and further developed in the era of modern psychology. There are several similarities in Al-Balkhi's thoughts and the concept of CBT, including views on depression, its symptoms and treatment, as well as the importance of cultivating positive and rational thoughts in treating patients with psychological disorders. The difference between the two lies in the perspective of religiosity instilled by Al-Balkhi, that faith is important in observing worldly problems, and the awareness that true happiness lies in the hereafter. In addition, CBT has undergone significant development both in terms of the disciplinary aspects of psychology and its application in people's lives. The results of this qualitative study are expected to provide an alternative psychotherapy in dealing with mental health problems for Muslim communities.

Keywords: Abu Zayd Al-Balkhi, Cognitive Therapy, CBT, Islamic Psychotherapy, Islamic Psychology

INTRODUCTION

Mental health is a fundamental right needed by every individual. A healthy mental condition is a state in which individuals are able to realize and to optimize their potential, are able to cope with the pressures of life, learn and work well, and contribute to society (WHO, 2021). The good mental health in a person will have an impact on a person's level of productivity (Koopman in Aziz et al, 2017).

Concern for mental health is inseparable from the increasing rate of mental health disorders in the last 30 years, both globally and in Indonesia (Nurhasim, 2022). According to data compiled by Dattani, et al., (2021), mental health disorders occupy the top ten level as a disease burden in the world. In Indonesia, until 2019, the number of mental health disorders' sufferers was 14,551,015 for female and 12,984,840 for male (Dattani, et al., 2021).

In Indonesia, over 19 million people aged 15 and above have mental health disorders, with 12 million suffering from depression (Rikerdas, 2018). The prevalence of mental disorders among the population was currently 1 in 5, according to the Ministry of Health's data until 2021. The Indonesia National Adolescent Mental Health Survey in 2022 found that 1 in 3 adolescents has mental health problems, with the most common being

anxiety disorder (3.7%) and major depression (1.0%).

The data regarding mental health experienced by productive age population need special attention. This is because the mental health condition of a society will have significant impact on the level of productivity in a country (Khairunisa, et al., 2019). Indonesia, which will experience a demographic bonus in 2030-2040, will be more or less affected by the mental health conditions of the productive age population (Nurizal, 2022). Thus, handling mental health problems should be one of the priorities using various approaches.

Previous research has found that religion is a predictor of mental health, particularly in Indonesia, which has the largest Muslim population (Affandi & Diah in Mulyaningsih, 2019). The religious approach can be used to improve mental health, including through psychotherapy. Abu Zayd Al-Balkhi is one of the figures who became a pioneer in mental health science and Islamic psychotherapy.

Psychotherapy is a treatment for psychiatric or mental disorders based on psychological sciences. In the Middle Ages, there were two models of Islamic psychotherapy. The first model used medicine, focusing on pharmacology and physiological analysis. The second model, using psychology/sufism, focused on changing behavior, reconstructing cognition, and seeking meaning in life. Key figures in the second approach included Al-Ghazali and Abu Zayd Al-Balkhi.

This article explored Abu Zayd Al-Balkhi's contributions to the development of psychotherapy in Islamic perspective. Despite the significance of his theory, there has not been much research to explore the ideas he brought. The article also compared his ideas to the concept of cognitive therapy developed by Aaron T. Beck.

The author analyzed Al-Balkhi using literature from the man himself, other Muslim researchers, and psychologists. The author also explored Cognitive Behavior Therapy from Aaron T. Beck's literature, contemporary researchers who developed the concept, and scientific articles on its effectiveness.

RESEARCH METHOD

This research was conducted by using qualitative approach with a descriptive-analytical method based on data collection in the form of literature studies. One of the elements in the qualitative approach according to Salim (2006) is an effort to maintain a rich description of the social world which contains many perspectives. Poerwandari (2011) describes another characteristic of qualitative research, namely the existence of a holistic perspective and the view that humans are dynamic and are developing beings.

The author used this approach as an exploration for the richness of Abu Zaid Al-Balkhi's thoughts and examined how far the meeting point with the Cognitive Behavior Therapy's thought that developed in the contemporary era is. The data sources were taken from books, articles and previous research related to Al-Balkhi and Cognitive Behavior Therapy.

RESULTS AND DISCUSSION
Biography of Abu Zayd Al-Balkhi

In his youth, Abu Zayd Al-Balkhi went to Baghdad and spent 8 (eight) years studying Shari'ah. It was there that he met Abu Yusuf Ya'qub bin Ishaq Al-Kindi, a well-known philosopher who was given the title *Failosof Al-'Arab*. Al-Balkhi then studied with Al-Kindi and made his scientific interaction with Al-Kindi, the basis for the next development of subsequent scientific studies (Musfichin, 2019).

Al-Balkhi's introverted and introspective character, combined with his sharp mind and

patience, enabled him to write the book *Masalih al-Abdan wa al-Anfus*. In the 9th century, it was difficult to explore psychosomatic disorders and distinguish them from neurosis and psychosis, but Al-Balkhi's insights and sharp analysis made it possible (Badri, 2013). He also classified types of depression and pioneered the use of cognitive therapy as a form of treatment, a breakthrough at the time.

Examining the development of the concept and the position of mental health, Al-Balkhi lived when the periodization of Islamic medical had matured and was freed from the shadows of Greek thought. He grew up when Muslim scientists in the Abbasid era began to criticize and modify Greek thought, and the learning process he went through eventually started a new period in which the *tajribiy* (experimental) method and modifications were carried out.

The social situation experienced by Al-Balkhi encouraged him to learn various things, apart from the support and the recognition for knowledge possessed by the rulers of that era. Therefore, many years later Al-Balkhi became known as a polymath or a figure who has abilities in various scientific disciplines, including geography, medical education, theology, politics, philosophy, poetry, literature, Arabic, astronomy, mathematics, and other sciences.

This research elaborated more on Al-Balkhi's thoughts in the field of psychology contained in *Masalih Al 'Abdan Wal Anfus*. The work was divided into two parts; the first part discusses the health of the body (*masalih al-'abdan*) which is divided into 14 chapters and the second part discusses mental health (*masalih al-anfus*) which is divided into 8 chapters. In this study the author will examine the second part which describes Al-Balkhi's thoughts regarding mental health, especially depression, and the management of mental health recovery.

Mental Health in the View of Abu Zayd Al-Balkhi

Abu Zayd al-Balkhi can be said to be the figure who first discovered cognitive and medical psychology. He was the first to distinguish between neurological diseases (neurosis) and psychiatric disease (psychosis), and to classify nervous disorders (neurotic disorders). He classified neuroses into four emotional disorders: (1) fear and anxiety (*al-khauf wa al-faza*), (2) anger and aggression (*al-ghadhab*), (3) sadness and depression (*al-huzn wa al- jaza*), and (4) obsession (*al-waswasah*) (Haque, 2004).

He also compared physical and psychological disorders, the relationship between the two can cause psychosomatic disorders. He suggested that just as healthy humans consume drugs for urgent situations that affect their physical condition, humans must also maintain healthy thoughts and feelings so that they are prepared in facing emotional shocks. The balance between mind and body will nourish the human soul, while an imbalance between the two will lead to a particular disease.

Unfortunately, unlike physical health, which often gets good attention, mental health usually receives less attention. According to Al-Balkhi, it is because a person to a certain degree usually rejects the factors that ultimately cause the soul to feel sickness and depressed. He called this mechanism as "*madfu' ila maa yata'adzdza bih*". (Istikhari, 2021). According to Al-Balkhi, among the crucial things that cause a person to be depressed are desires and expectations that are not in accordance with reality.

In relation to this, in his manuscript Al-Balkhi defined that being mentally healthy means there is inception of balanced energy. Under these conditions, a person will not be affected by mental illness and will not be defeated by the influence of negative emotions such as aggression, panic, depression and

things that could potentially disturb the mind. If a person manages well to deal with negative emotions, the soul will be healthy and calm (Istikhari, 2021). Thus, a person who is mentally healthy understands how to manage their desires and their hopes and when there are unexpected bad conditions happen, he has a good emotional response mechanism to deal with those conditions appropriately.

The key word initiated by Al-Balkhi was the concept of balance (adjustability) in psychic and physical energy. In addition, Al-Balkhi also emphasized that mental health was very closely related to empirical factors and cognitive approaches. This can be seen from how Al-Balkhi identified aspects that cause mental imbalance. If this imbalance is not handled immediately, it might encourage the emersion of mental illness.

According to Al-Balkhi, there were two factors that must be maintained so that an individual's mental health could be well maintained, namely: (1) avoiding external aspects (*an tushana al-a'radh al-kharijah*) which are captured through the five senses; and (2) self-maintenance from the internal aspect (*an tushanaa al-a'radh al-dakhirlah*) which involves cognitive processes. Empirically, these two factors occur factually, where mental imbalance occurs because of missed-adjustment between the absorption of the senses of sight and the senses of hearing.

The basic thing that must be considered in order to achieve a healthy mental state is self-awareness of the structure of the soul. The structure referred here according to Al-Balkhi is the level of a person's ability to receive and to respond to the circumstances that come from outside and are captured by sensory stimuli. The same problem has a different impact on two people, depending on the ability and the potential of each individual to cool off their hearts or quite the opposite.

From Al-Balkhi's explanation, it shows the importance of self-knowledge that influences cognitive aspects. The more a person knows himself and his limits, the more he will be able to control the responses appear during turbulence. Pressure that comes from outside should be sorted based on individual emotional capacity. This ability can be gained when the mind does not dramatize any particular events excessively. From the cognitive aspects, the mind is able to imagine and to enlarge the space for possibilities towards positive things, so that it can also manage the stress and will not easily be reactive and be emotional. This power of thought comes from internal conditions. As for external factors, a person needs to increase knowledge about the conditions around him, and receive advice from outside regarding their self-improvement.

As for his views about depression, it can be said that Al-Balkhi was a pioneer at that time in diagnosing the type of depression and treatment according to the respective conditions (Zafar et.al, 2018). Al-Balkhi divided depression into three groups, namely (1) normal sadness (*huzn*) or normal depression that is commonly found in daily life; (2) reactive depression and (3) depression from within the body.

The first type of depression, known as normal depression, is the sadness encountered in daily life. Al-Balkhi recognized that problems and suffering are inherent to life. Therefore, this type of sadness is unavoidable for every human being, but it can generally be overcome independently. This type of depression is recognized as normal depression in the DSM IV.

The second group is called reactive depression, which is influenced by external conditions. Among the causes are the loss of a material possession or the lost of loved ones. People with this type of depression do not need to be hospitalized, because they will recover on their own, time over time. However, Al-Balkhi

recommends that clients in this phase to get cognitive therapy.

The third group is called depression that comes from within the body (physical). This condition is usually not easily identified but causes people within the phase to experience interference in carrying out daily activities. Symptoms can include changes in blood pressure, fatigue, loss of interest and motivation in things that were previously fun, changes in mood to be very sad for a long time without any particular cause.

Modern psychology classifies it as one type of major depressive disorder. Today's researchers also cannot determine the definite causes, but in general genetic and biological influences determine the appearance of this disease. Al-Balkhi recommended that people or sufferers of this kind of depression can be treated medically with drugs along with psychological therapy.

Awaad & Ali (2015) argued that Al-Balkhi's views on depression represented a significant breakthrough in the 10th century regarding *Obsessive-Compulsive Disorder* (OCD), predating Western psychological discoveries in the 17th century.

Counseling and Psychotherapy in the View of Al-Balkhi

Among the brilliant thoughts possessed by Al-Balkhi was his more humanist approach to human. Although he paid special attention to patients with neuroses and psychiatric disorders, Al-Balkhi also paid attention to normal people who experience emotional disorders. More specifically, he did not refer people with neurotic disorders as "patients", rather as "people who have overreactions tendency and then become habits." (Badri, 2013). This approach has recently been applied by modern psychologists in treating the patients.

The therapeutic approach taken by Al-Balkhi was based on cognitive management (behavior and thought management). One application that we can see is the treatment for phobias. This was inseparable from Al-Balkhi's findings on phobias at that time, which were referred as "*al-faza'a*". These findings paved the way for the development of diagnosis in phobias, today known as specific phobias (Ghozali & Hawadi, 2022).

Awaad & Ali (2016) emphasized that Al-Balkhi's views on phobias represent a breakthrough, both in the context of Western scientific development and among Islamic scholars. In earlier eras, phobias were still classified as a form of melancholic disorder. Al-Balkhi, however, categorized them as distinct mental disorders, addressing them comprehensively not only in theoretical terms but also in terms of diagnosis and treatment methods.

Al-Balkhi's therapeutic approach to phobias stands out in contrast to the traditional approach taken by doctors and psychiatrists at that time. He rejected the use of drugs and instead believed that people with phobias should be gradually exposed to the object they fear. This process, known as "*riyadah al-nafs*," involves training the senses and the psyche to accept and ignore small disturbances and gradually work up to larger ones. This approach is similar to modern cognitive-behavioral therapy, which also utilizes gradual exposure to overcome fears.

What sets Al-Balkhi's approach apart is his emphasis on cognitive therapy and rational knowledge. He calls his therapy "*al-ma'alijah al-ma'rifiya*," which roughly translates to cognitive therapy. The goal is to eliminate ignorance about the nature of existence and cultivate correct and rational knowledge, which empowers individuals to have control over their emotions and resist being easily influenced by others. This approach is similar to modern cognitive-behavioral therapy, which also focuses on changing thought patterns to improve emotional regulation.

Al-Balkhi's emphasis on knowledge is based on the idea that a free individual is not formed from an empty space, but rather from reflection and cultivation of knowledge about oneself and one's environment. He calls this basic knowledge *"al-ma'rifah al-manthiqy,"* which is similar to the concept of self-knowledge in modern psychology. This aspect of knowledge is related to the element of the human soul called *"aql,"* which is the location where cognitive processes occur. According to research in Islamic psychology, there is a strong relationship between aql and qalb, which is where the emotional aspect resides. This reflects the idea that the cognitive and emotional aspects of the human soul are interconnected, and that improving one can lead to improvements in the other.

In summary, Al-Balkhi's therapeutic approach to phobias and cognitive therapy emphasizes the importance of gradual exposure, rational knowledge, and reflection. This approach is rooted in Islamic psychology, which sees the cognitive and emotional aspects of the human soul as interconnected.

Al-Balkhi also focused on balance, both between body and soul and within the mind. He emphasized correcting inner thoughts to maintain mental health. Dialogue with wise experts was one form of mind therapy, aimed at removing unnecessary prejudices and misinformation to promote positive thinking.

Philosophically, the spirit brought by Al-Balkhi lied in strong optimism in living life (Mishry in Istikhari, 2021). In his introduction, there was a theological foundation that formed the principle of his thought which was the belief that God does not send down any disease unless accompanied by the cure.

Healthy people must maintain optimism to keep being healthy, while those who are feeling unwell have to build optimism to get well soon. The scent of optimism can also be seen from the selection of title used by Al-Balkhi in the book *Masalih al-abdan wal anfus*. He always begins each of his titles with the term "*fii tadbiir*" which means to improve, to regulate, to manage, or to strive for, instead of using the term '*ilaj*' (to treat).

Al-Balkhi encouraged clients to imitate successful individuals who had overcome suffering and difficulties in the past, as well as realize that they are not alone in facing their challenges. He believed that grief can negatively impact physical health and ruin one's life. By understanding that others are also suffering, clients can reduce their sadness and depression. (Zafar, et.al, 2018)

Al-Balkhi's view about the importance of mental health was inseparable from the ultimate goal that humans want to achieve in their lives. He said that the goal is to achieve happiness and to find the meaning of life, so that life becomes more productive. Happiness is a fundamental human desire to be achieved when he is physically and mentally healthy.

Worldly happiness as a goal that humans generally want to achieve, was reinforced by Al-Balkhi's point of view as a Muslim. In the psychotherapy that he applied, he also emphasized that people must realize that this world is not a place where all desires can be fulfilled. The true happiness is in the hereafter.

The significance of Al-Balkhi's thoughts was described by Badri (in Ghozali & Hawadi, 2022) as the principle for the development of Islamic psychology. According to him, if Muslim psychologists and psychotherapists diligently and patiently read the literatures from Muslim doctors and psychologists such as Ibn Sina, Al-Ghazali and Al-Balkhi, then Muslim psychologists in the contemporary era will be able to become pioneers for the most modern psychotherapy. A theme that took more than 70 years in the Western world so that it can develop until today (Ghozali & Hawadi, 2022).

The Concept of CBT (Cognitive Behavioral Therapy)

Cognitive Behavioral Therapy (CBT) has philosophical roots in Stoicism, a school of thought in Ancient Greek. It was developed by various psychologists, including Cicero, Seneca, and Epictetus, who believed that positive thoughts have a great influence in a person's life, allowing one to control their emotions. CBT has been developed into a "river" of many streams, including classical and operant conditioning, as well as learning theory, initiated by behavioristic figures like Bandura (Vernon, 2012). The development of CBT could not be separated from the development of psychoanalytic therapy, which at that time could not fully cure depressed patients.

In the 1930s, when psychology was growing in the Western world, this concept was developed by Albert Ellies with his theory known as Rational Emotive Therapy. The principle of the therapy developed by the marriage and family counselors was about the importance of rational mindset.

Aaron T. Beck developed the concept into Cognitive Behavioral Therapy (CBT). Initially a follower of psychoanalysis, Beck's research contradicted this theory regarding dreams and depression. He found that those with depression had negative self-thoughts, rather than thoughts of opposition. In 1960, Beck further concluded that dreams reflected one's self-image in a conscious state, refuting psychoanalysis' belief that they serve as a form of anger and self-defense against unresolved issues with others (Beck, 2019).

From a number of studies he conducted, Beck later believed that humans have the potential to absorb various thoughts, both rational and irrational, and each of these thoughts has an effect on how he responds to his life. Beck reinforced Ellis' opinion regarding self-statement, regarding the existence of an automatic mind that controls

one's underworld and tends to rise maladaptive behaviors (Beck, 2019).

According to Beck et al (1987), CBT differs from other psychotherapy models in two ways: interview structure and problem focus. CBT involves a more active therapist-patient interaction to manage the patient's confused, depressed, or split concentration, guiding them through a structured process to manage thoughts and behavior.

CBT prioritizes addressing present issues over dwelling on past traumas, unlike psychoanalytic therapy which can exacerbate depression by prompting patients to recall traumatic experiences. CBT briefly collects childhood memories to confirm certain things without overwhelming the patient. Rather than uncovering the root of psychological symptoms, CBT focuses on what patients can change in their present and future. It reformulates patients' thoughts about three basic aspects of their lives: beliefs about themselves, their past experiences, and their future. These three aspects are systematically tested for validity to produce better thoughts and ultimately improve patients' lives (Vernon, 2012). CBT also emphasizes transparent treatment therapy, where both the therapist and client are aware of the treatment process and work towards certain common goals.

CBT therapy has concrete goals in the behavioral and experiential aspects of the patient, for example, for those with agoraphobia, CBT aims to help them work outside the home by reducing anxiety symptoms in unsafe places. Patients also learn to understand that their somatic symptoms are normal and not indicative of major destruction (Ost & Clark, 2013). In CBT's view, abnormal cognitive processes trigger psychopathology that can interfere with an individual's life and others. These cognitive abnormalities are related not only to distorted deficits but also to cognitive distortions. Cognitive deficits make it difficult to plan steps to solve problems,

while cognitive distortions lead to negative and unrealistic thinking, with a focus on negative and illogical events in personal performance (Stallard in Fauzie, 2016).

CBT does not aim to teach positive thinking as a solution for client problems, but to make clients realize that they can evaluate experiences and problems they have from different perspectives. During the evaluation process, clients can obtain accurate and realistic conclusions and solutions to their problems (Rector in Wahidah, 2019). Thus, CBT trains a client to be able to help himself even without the presence of a therapist.

Heimberg (in Septilia, 2014) identified four primary approaches in CBT therapy: exposure, cognitive restructuring, and social skill training. During the exposure stage, individuals face their fears on a scale from low to high in order to decrease or eliminate their anxiety. In the cognitive restructuring stage, clients learn to understand how their mind works before, during, and after facing anxiety triggers.

The next stage is relaxation, the therapy process that focuses on the client's efforts to control physiological reactions when a stimulus appears through relaxing. The final stage is social skills training. Social skill training is where a client is trained to be able to establish interpersonal relationships by developing their social skills to mingle with other people.

Several previous studies also confirmed the role of CBT in reducing social anxiety in college students (Septilia, 2014) and increasing self-esteem in children and adolescents (Wahidah & Adam, 2019). In research conducted by Wahidah & Adam (2019), CBT interventions carried out on adolescents who have low self-esteem have proven effective in changing negative thoughts, beliefs, and emotions they experience to be more positive. Meanwhile, through the techniques of cognitive restructuring and relaxation taught, adolescent self-esteem increases in a much better way.

Comparative Analysis of Abu Zayd Al-Balkhi Thoughts and CBT

The root of the concept of CBT is the philosophy of Stoicism initiated by Zeno from Citium. Other Greek figures who echoed this philosophy were Cicero, Seneca, and Epictetus, who saw the importance of controlling the mind in order to control emotions. As Epictetus said, a person can be disturbed not because an obstacle. It actually depended on how he perceives the obstacle itself (Beck, 1987).

Al-Balkhi, a scholar from the Middle Ages, may have influenced the concept of CBT. During the Abbasi era, he learned from Al-Kindi, a bridge between Ancient Greek and Islamic thought (Madani, 2015). Baghdad was a hub for scientists from all over the world, where interaction between Muslim and European scientists led to a new approach to science, including a philosophical approach. This approach formed the basis for Muslim scientists to explore deeper aspects of human existence, including psychology and mental health (Haque, 2004).

Al-Balkhi also grew as a scientist during the development of Islamic scholarship in which he was living and interacting with Greek thought, even at a more mature stage, where Islamic thinkers had the courage to criticize and modify Greek thought. This made Al-Balkhi's thoughts regarding mental health was more comprehensive and was more advanced at that time.

Another resemblance point was the view of depression. Both Al-Balkhi and CBT, developed by contemporary researchers, emphasize that depression was closely related to anxiety or in Arabic it is called "*al-ghamm*". According to Al-Balkhi (2022), anxiety is the root and the beginning of all other symptoms and innate, for example, before someone feels

angry, he will definitely be anxious and depressed according to the situation that triggers his anger.

CBT recognizes the link between anxiety, depression, and anger. Individuals with depression often struggle to control their anger, either by not expressing it or by having emotional outbursts. CBT helps individuals distinguish between constructive and destructive anger. Destructive anger involves fighting, blaming, or holding grudges instead of solving the problem, while constructive anger allows a person to defend their principles and reject uncomfortable conditions in a positive way (White & Freeman, 2005).

Likewise, when someone feels sad, at first there is a feeling of anxiety that he might lose something or someone he loves. When something or someone he loves is truly lost, feelings of sadness arise which will culminate into depression when the sadness is not immediately treated. A state of extreme melancholy, lost of temper, which are closely associated with depressive symptoms in the Arabic term is called "*jaza*". Depression at its extreme state is like a blazing coal fire, while sadness is like coal that continues to burn even though the fire has gone out (Al-Balkhi, 2022). When these disturbing symptoms are allowed to continue, they weaken the energy, affect the physical health, and eventually diminish the enthusiasm to lead a better life.

In CBT's point of view, sense of loss is one of the things that causes a person to feel depressed, especially when they cannot admit that they are grieving over the loss. The rejection of this feeling of grief makes a person unable to recover rather bury in deep sadness within himself. Therapists in CBT help someone to clearly see the emotions they are experiencing, why an individual feels lost, and helps the client to accept the circumstances and emotions they feel about (White & Freeman, 2005).

Sadness can be caused by more than just the loss of loved ones; it can also be triggered by other factors. Sometimes, a person may feel sad for no apparent reason due to changes in their body mechanisms. Symptoms of grief can be treated with both physical and psychological therapy. Psychological therapy can be as simple as having a warm chat with someone to bring back happiness. Physical therapy options include purifying the blood, raising body temperature, and promoting blood flow (Al-Balkhi, 2022).

Al-Balkhi's therapeutic process had similarities with CBT and consisted of four techniques. Firstly, he asked the client to remain calm and remember that their problem is part of natural law. The second technique was known as "reciprocal-inhibition" (*al-'ilaj bi al-did*) or desensitization. Thirdly, he used rational cognitive therapy to change the client's thinking patterns. Lastly, he applied psycho-spiritual religious cognitive therapy, reminding the client that anxiety and sadness are part of this world and that eternal happiness and tranquility can only be found in the hereafter.

Compared with the general process contained in CBT, the first stage implemented by Al-Balkhi was similar to the relaxation process, the second stage was similar to exposure, the third stage was similar to cognitive restructuring and social skill training. The last stage in al-Balkhi therapy was essential to distinguish it from CBT therapy. It was where there was a religious aspect instilled in the patient regarding his views on the nature of the world and the hereafter.

Modern Psychology as a scientific discipline naturally develops quickly. While Al-Balkhi pioneered cognitive therapy, CBT has made faster and more detailed progress in treating psychological disorders. There are many successful forms of CBT application combinations being tested and used today.

CONCLUSION

Abu Zayd Al-Balkhi as a Muslim scientist in the Middle Ages became one of the pioneers in Islamic psychology. Although initially he had a scientific discipline as a philosopher and used a medical perspective in viewing the human soul, the process he went through made him a comprehensive figure in viewing aspects of human health. Among them were his discovery of the close relationship between physical and mental health, classification of the types of depression, and the most popular was the cognitive therapy approach which was then widely applied in modern psychology.

Al-Balkhi also laid down the basic principles in CBT, including in calculating rational thinking as a deterrent from cognitive distortions or known as cognitive restructuring and speaking techniques and dialogue with counselors/wisdom experts. Another similarity was how Al-Balkhi took a positive psychology approach to clients, in which he instilled optimism and fostered enthusiasm to pursue happiness as something that humans naturally want to achieve. In addition, the meeting point between the Al-Balkhi concept and the CBT concept was in the perspective of depression, the symptoms that cause the depression and how to deal with it appropriately.

Meanwhile, the distinction with the concept of CBT which is applied in the contemporary era, lies in the starting point of Al-Balkhi's perspective where he believed that the Islamic conception was related to the mortality of this world and the importance of faith in Allah. When these beliefs were embedded in cognitive aspects, they could reduce symptoms of emotional and psychiatric disorders. Al-Balkhi repeatedly reminded that depression and anxiety are
reminders for humans that this world is not a place where all pleasures and desires could be perfectly fulfilled (Badri, 2013).

The acknowledgment of God's existence as an amplifier for the presence of positive thoughts cannot be separated from the human tendency to seek meaning and the transcendence beyond his own existence. This is interesting to study or to examine. It shows that the process of development of Western psychology offers more and more alternatives to spiritualism, so that the God-based CBT concept initiated by Al-Balkhi is a promising alternative to be re-developed in the contemporary era.

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