



Abū Ishāq al-Shīrāzī's Model of Behaviour Modification: An Inductive Study on his Book "Al-Ṭib Al-Rūḥānī"

Abū Ishāq al-Shīrāzī'nin Davranış Değiştirme Modeli: "Al-Ṭib Al-Rūḥānī" Üzerine İndüktif Bir İnceleme

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Abstract

This study examines the behavioural modification model of Abū Ishāq İbrāhīm ibn 'Alī al-Shīrāzī. The model is explained in his book titled: "Al-Ṭib Al-Rrūḥānī" (The Spiritual Medicine). The proposed framework is developed by adopting treatment methodologies in organic medicine to behaviour modification. Thus, the model was developed to have four phases: identification of the disease, symptom, cause, and treatment. The researchers targeted two objectives; first, to investigate the theoretical basis of al-Shīrāzī's model, and secondly, to find ways to enrich the scientific domain by introducing al-Shīrāzī's contributions to the field of psychology and behavioural modification. In summary, this review study adopted the Inductive Content Analysis, which is based on the description and interpretation of textual data and the interpretation process aimed at developing knowledge and understanding of the phenomenon under study. Some notable behavioural theories were selected based on their change and modification paradigms, which were compared with those of al-Shirazi. This is intended to extrapolate the intellectual legacy of Abū Ishāq al-Shīrāzī, may God Almighty have mercy on him.

Keywords: Psychology of religion, Behaviour modification, Islamic Psychology, Al-Shīrāzī, Spiritual medicine

Öz

Bu çalışma, Abū Ishāq İbrāhīm ibn 'Alī al-Shīrāzī'nin davranış değiştirme modelini kapsamlı bir şekilde incelemektedir. Söz konusu model, "Al-Ṭib Al-Rrūḥānī" (Ruhsal İlaç) adlı eserinde detaylandırılmaktadır. Önerilen çerçeve, organik tıptaki tedavi yöntemlerinin davranış değiştirme süreçlerine entegre edilmesi yoluyla geliştirilmiştir. Bu bağlamda model, dört aşamadan oluşacak şekilde yapılandırılmıştır: hastalığın tanımlanması, semptomlar, nedenler ve tedavi. Araştırmanın iki temel amacı bulunmaktadır; birincisi, al-Shīrāzī'nin modelinin teorik temellerini derinlemesine incelemek, ikincisi ise al-Shīrāzī'nin psikoloji ve davranış değiştirme alanındaki katkılarını bilimsel literatüre entegre etme yollarını belirlemektir. Bu inceleme çalışması, metinsel verilerin tanımlanması ve yorumlanmasına dayanan İndüktif İçerik Analizi yöntemini benimsemiştir. Ayrıca, önemli davranış teorileri, değişim ve modifikasyon paradigması çerçevesinde seçilmiş ve al-Shīrāzī'nin yaklaşımlarıyla karşılaştırılmıştır. Bu çalışma, Abū Ishāq al-Shīrāzī'nin entelektüel mirasını gün yüzüne çıkarmayı hedeflemektedir. Allah rahmet eylesin.

Anahtar Kelimeler: Din psikolojisi, Davranış değiştirme, İslami Psikoloji, Al-Shīrāzī, Ruhsal ilaç

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Introduction

Behavioural modification is considered a human phenomenon associated with human existence on Earth. Man relies on many methods to achieve this. However, scientific blog posts on this subject appeared only in the late fifties and early sixties of the 20th century.¹ Based on the behavioural school, behaviour modification lays emphasis on transforming specific behaviours with less consideration of individual thoughts or feelings. Badri (2017) and Malika (1990) consider behaviour modification as a therapeutic and counselling practise developed on the writings and theory of Hans Eysenck and the practical applications of his learning theory, which is widely used in behaviour therapy. This theory found its way into practical application by the psychotherapist, Joseph Wolpe. Then, he developed his own technique, systematic desensitisation, which is considered by some to be one of the most important foundations for behavioural therapies, as he is considered to be the actual pioneer for the modification of therapeutic behaviour therapy.²

Behaviourists like Eysenck and Wolpe, including others like Skinner in the early 1950s, used the term behaviour therapy and were interested in modifying abnormal behaviour. Aside from this clinical background, therapeutic applications to anxiety and psychological trauma, for instance, have gained the attention of experts in the fields of work and organisational psychology. Here, the name Fred Luthans stands out as the first to introduce behavioural modification into the workplace and organisational context. Organisational Behaviour Modification (OBM), also called: Behavioural Performance Management Model came into the limelight.³ Luthans' definition of organisational behaviour is majorly concerned with understanding, expectations, and control of human behaviour in an organisation.

Based on the previous short history of the development of behavioural modification, it is evident that mainstream psychology is rapidly evolving. With the recent renaissance in adopting cultural and religious dimensions to psychology, Muslim experts' attention has been recognised. Moreover, the cultural disposition

- 1 'Abd Al' azīm, Hamdī 'Abdullah. 2013. *Barāmij ta' dīl al-sulūk wa Ṭuruq tasmīhā, majmū'at barāmij 'amaliyyah wa namādhij taqbikiyyah*. (Aljizah: Maktabat `awlād al-shīkh lil-turath, 2013), 29.
- 2 Malīkah, Luwīs kāmīl. *Al-'ilāj al-sulūkī wa ta'dīl al-sulūk*. (Al-kuwayt: Dār al-qalam lil-nashr wa al-tawzī', 1990), 10; & Badri, Malik. *Cultural and Islamic Adaptation of Psychology: A book of collected articles*. (Manchester: Human Behaviour Academy, 2017), 111.
- 3 Malīkah, Luwīs kāmīl. *Al-'ilāj al-sulūkī wa ta'dīl al-sulūk*. (Al-kuwayt: Dār al-qalam lil-nashr wa al-tawzī', 1990), 11; Stajkovic, A. D., & Luthans, F. "A meta-analysis of the effects of organizational behavior modification on task performance, 1975–95." *Academy of Management Journal*, 40/5, (1997), 1124; & Badri, Malik. *Cultural and Islamic Adaptation of Psychology: A book of collected articles*. (Manchester: Human Behaviour Academy, 2017), 112.

of any group of people tends to influence the nature of psychological disorders they suffer, the form of symptoms they experience, and the way they treat such disorders. Hence, this paper seeks to unravel some of the behavioural modification paradigm according to al-Shīrāzī, who contributed to the field of mental health and psychology. Also is to contextually analyse some modern paradigms related to behavioural modification and compare them with that of al-Shīrāzī in areas like depression and emotional disturbances, ethics, and behaviour modification among others. In essence, the remarkable contributions of al-Shīrāzī's emotional intelligence and its significance to the cognitive behavioural school remain the primary focus of this paper.

Religious dimensions of psychology and mental health have received greater attention over the last decade in both research and practise. For instance, studies have indicated that religiously oriented interventions have a positive impact on treating religiously observant patients when treatment goals are designed within their spiritual context.⁴ With many spiritually relevant resources to tap into in Islamic doctrine, there are several challenges facing Muslim psychologists with respect to unravelling some of the works of previous Muslim scholars and connecting them to modern-day relevance in psychology. In addition, recent intervention strategies need to be reviewed considering the classical contributions of Muslim scholars like al-Shīrāzī. This paper aims to examine and shed light on the theoretical and therapeutic aspects of al-Shīrāzī behaviour modification and how it can be applied to helping individuals with day-day emotional disturbances and behaviour modification. The study will be based on al-Shīrāzī's manuscript titled "Spiritual Medicine" in which he discussed mechanisms and methods for dealing with abnormal behaviour. This title cut across the bedrock of understanding psychology from an Islamic perspective that human functioning constitutes cognitive, emotional, behavioural, and spiritual dimensions.

Study Method

Researchers in the field of psychological and social studies can rely on scientific research methods to impart scientific credibility to their cognitive endeavours. The appropriate research technique is determined based on a set of relevant field data, the researcher's overall objective, and the type of research sample. Our study relies

4 Worthington, E. L., Hook, J. N., Davis, D. E., & McDaniel, M. A. "Religion and spirituality". *Journal of Clinical Psychology*, 67, (2011), 204; & Anderson, N., Heywood-Everett, S., Siddiqi, N., Wright, J., Meredith, J., & McMillan, D. 2015. "Faith-adapted psychological therapies for depression and anxiety: Systematic review and meta-analysis." *Journal of Affective Disorders*, 176, (2015), 183.

on books of Islamic heritage, which are the books and writings of Imam Abū Ishāq al-Shīrāzī. It would have been more appropriate to rely on a technique consistent with the present research to achieve the objective of the study, which is to extract the cognitive methodology used by Al-Shīrāzī in the process of behavioural change. Accordingly, in this study, we relied on the “Inductive Content Analysis Technique”, which is one of the recognised research techniques. It has been used in many fields of science and education, including the field of psychology of religion.

This technique is based on the description and interpretation of textual data using a systematic process of coding and interpretation, aimed at developing knowledge and understanding of the phenomenon under study.⁵ This method is appropriate for our study because it aims to extrapolate the main written and printed heritage of Al-Shīrāzī. In this way, we extract texts that help us elaborate on the characteristics of the scientific and practical methodology that Al-Shīrāzī proposed in his modification of human behaviour.

Some researchers believe that the technique of “Inductive Content Analysis” involves five important steps that must be performed to achieve the objectives of the study. These steps are as follows: The first step is to read and understand the texts under study. In the second step, the researcher obtains a comprehensive picture of the topic under study. The third step is to identify the meaning and exact texts that express the theme of the study. After the previous steps have been completed, the fourth step focuses on the qualitative points in the texts, which are considered the basic approaches to the components and elements of the study. Therefore, some researchers refer to this technique as “qualitative content analysis”. This technique ends with a fifth step, which consists of synthesising and interpreting the qualitative information obtained from the original texts or sub-texts and obtaining a new knowledge product.⁶

By performing the aforementioned steps, the technique of behaviour modification proposed by Al-Shīrāzī is defined. It should also be noted here that the method used in this study and the resulting cognitive findings are considered a prelude to their application in the field in later studies in which more detailed research methods, such as experimental and statistical approaches. The use of the qualitative analysis technique in this study is thus a methodological necessity to fulfil the condition of the structural hierarchy of knowledge.⁷

5 Paloutzian, R. F. *Invitation to the psychology of religion* (3rd ed.). (New York: The Guilford Press, 2017), 133-134.

6 Vears, D.F., & Gillam, L. 2022. “Inductive content analysis: A guide for beginning qualitative researchers. Focus on Health Professional Education”, *A Multi-Professional Journal*. 23/1, (2022), 115.

7 Paloutzian, R. F. *Invitation to the psychology of religion* (3rd ed.). (New York: The Guilford Press, 2017), 134.

Al-Shīrāzī's bibliography and its socio-political conditions

Abū Ishāq Ibrahim bin 'Ali bin Yousef al-Fayrūzabādī al-Shīrāzī, an 11th-century Muslim scholar of Persian origin, was born in Fayrūzabād province of Persia (Iran) in 393H/1003. He died in Baghdad (476 AH - 1083 AD), and Al-Muqtadī al 'Abbasī prayed for him. Being an embodiment of knowledge with the urge of learning. Then he went to Basra and from there to Baghdad (in 415 AH), where he studied under prominent Shafi'ī scholars where he continued his education. Under this jurist background, Al-Shīrāzī was known to be an expert in marriage and divorce, ritual worship, taxation, and the management of non-Muslim communities.

According to some scholars, Al-Shīrāzī's innovative ideas on Islamic jurisprudence or *qiyās* characterise an erudite form of reasoning that provides new epistemic insights into legal reasoning on the one hand and provides an unblemished pattern of reasoning that can be adopted in an inclusive series of problem-solving contexts. Al-Wazīr Nizām al-Mulk established Al-Nizamiyyah School for him on the banks of the Tigris River, where he taught and directed. He also authored many books, including al-Tanbih, al-Muhadhdhab fī al-fiqh, Al-Tabṣira fī Uṣūl al-Shafi'ī, Ṭabaqāt al-Fuqahā', and al-Lum' fī Uṣūl al-Fiqh.⁸

Furthermore, a periscope into his manuscripts reveals the theoretical and therapeutic aspects of emotional modification and its adaptability to help people with day-day cognitive, and behavioural disturbances. An in-depth review of one of his manuscripts, spiritual medicine, reveals a model for behavioural modification that can be tagged like that developed by Luthans (2011). In this volume of classical texts on psychological significance, al-Shīrāzī established a framework related to classification and treatment pattern systems. His four-step model requires a distinction between the disease, cause, symptom, and treatment.⁹

The Works of Al-Shīrāzī and the attribution of the "Al-Ṭib Al-Rūhānī" to him

In his book الطبقات Al-Ṭabaqāt,¹⁰ Al-Subkī mentioned a number of books that were authored by Al-Shīrāzī, namely: كتاب اللمع في أصول الفقه Kitāb al-Luma' fī Uṣūl

8 Rahman, S., Iqbal, M., Soufi, Y. 2019. *Introduction: The Life and Qiyās of Abū Ishāq al-Shīrāzī (393H/1003 CE-476H/1083 CE)*. In: Inferences by Parallel Reasoning in Islamic Jurisprudence. Logic, Argumentation & Reasoning, vol 19. Springer, Cham. (2019), 1-9.

9 Al-Shīrāzī, Abū Ishāq Ibrāhīm ibn 'Alī. 1319H. *Risālatu Al-Shīrāzī fī 'ilmi al-akhlāk -Al-Ṭib Al-Rūhānī-*. (Al-qāhira: Matba'at al-mawsū'āt, 1319H), 28.

10 تاج الدين السبكي، عبد الوهاب بن علي بن عبد الكافي. 1964. *طبقات الشافعية الكبرى*. ج4، مح: معبد الفتاح محمد الحلو، وحمود محمد الطناحي. (القاهرة: دار إحياء الكتب العربية، 1964)، 215.

المهذب في فقه الإمام الشافعي Kitāb al-Ma‘ūna fī al-Jadal.¹¹ كتاب المعونة في الجدل al-Fiqh.¹² Al-Mulakhkhaî fī al-Jadal.¹³ الملخص في الجدل Al-Muhadhdhab fī Fiqh al-Imām al-Shāfi‘ī. طبقات الفقهاء Sharḥ al-Luma‘ fī Uṣūl al-Fiqh.¹⁵ شرح اللمع في أصول الفقه al-Jadal.¹⁴ Tabaqāt al-Fuqahā.¹⁶ التنبيه في الفقه الشافعي Al-Tabfira fī Uṣūl al-Fiqh.¹⁷ التبصرة في أصول الفقه al-Fiqh al-Shāfi‘ī.¹⁸ نصح أهل العلم Nuṣḥu Ahli al-‘ilm.¹⁹ Al-Tanbīh

This last book has three titles, different in form and similar in content. In addition to Al-Subkī,²⁰ this book was mentioned by Ṭashkuprī Zāde in Miftah al-Sa‘adah²¹ under the title Nuṣḥu Ahli al-‘ilm “Advice to the People of Knowledge”. They mentioned that it is a book on ethics written by Al-Shīrāzī to make scholars, students, and teachers aware of the virtuous morals and vices they should avoid. This is in line with the historical fact that Al-Shīrāzī (may God Almighty have mercy on him) was the first teacher and supervisor of the regular school founded by the Seljūkī Al-Wazīr Niẓām al-Mulk in Baghdad, for which he had special respect.

The book was also mentioned in two other sources: معجم المطبوعات العربية المعجم الشامل للتراث العربي²² and “The Dictionary of Arabic Printed Books”²³ with two “The Comprehensive Dictionary of the Printed Arab Heritage”,²³ with two

- 11 Al-Shīrāzī, Abū Ishāq Ibrāhīm. *Kitāb al-Luma‘ fī Uṣūl al-Fiqh*. Translated by Eric Chaumont. Berkeley, (CA: Robbins Collection, 1999).
- 12 Al-Shīrāzī, Abū Ishāq Ibrāhīm, *Kitāb al-Ma‘ūna fī al-Jadal*, (Beirut: Dār al-Gharb al-Islāmī, 1988).
- 13 Al-Shīrāzī, Abū Ishāq Ibrāhīm, *Al-Muhadhdhab fī Fiqh al-Imām al-Shāfi‘ī*. 6 vols. (Damascus: Dār al-Qalam, 1992).
- 14 Al-Shīrāzī, Abū Ishāq Ibrāhīm. *Al-Mulakhkhaṣ fī al-Jadal*. Manuscript. From Atif Effendi Library, (Istanbul, dated from, 590AH/1194CE).
- 15 Al-Shīrāzī, Abū Ishāq Ibrāhīm. 1988. *Sharḥ al-Luma‘ fī Uṣūl al-Fiqh*. Edited by ‘Abd al-Majīd Turkī. (Beirut: Dār al-Gharb al-Islāmī, 1988).
- 16 Al-Shīrāzī, Abū Ishāq Ibrāhīm. *Ṭabaqāt al-Fuqahā*. (Beirut: Dār al-Rā‘id al-‘Arabī, 1970).
- 17 Al-Shīrāzī, Abū Ishāq Ibrāhīm. *Al-Tabfira fī Uṣūl al-Fiqh*. Edited by Muḥammad Ḥasan. Hītū. (Damascus: Dār al-fikr, 1980).
- 18 Al-Shīrāzī, Abū Ishāq Ibrāhīm. *Al-Tanbīh fī al-Fiqh al-Shāfi‘ī*. Edited by Ayman Ṣāliḥ. (Beirut: Dār al-Kutub al-‘Ilmiyya, 1995).

19 This book was not found under this exact title.

20 تاج الدين السبكي، عبد الوهاب بن علي بن عبد الكافي. 1964. *طبقات الشافعية الكبرى*. ج. 4، مح: معبد الفتح محمد الحلو، وحمود محمد الطناحي. (القاهرة: دار إحياء الكتب العربية، 1964)، 215.

21 طاش كبري زاده، أحمد بن مصطفى. *مفتاح السعادة ومصباح السيادة في موضوعات العلم*. بيروت: ج. 2، (القاهرة: دار الكتب العلمية، 1405 هـ/1985 م)، 289.

22 سركس، يوسف إلياس. *معجم المطبوعات العربية والمعربة*، ج. 2، (بيروت: دار صادر. . 1346 هـ/1928 م)، 1172.

23 محمد عيسى صالحية. *المعجم الشامل للتراث العربي المطبوع*، ج 3، (القاهرة: معهد المخطوطات العربية - المنظمة العربية للتربية والثقافة والعلوم، 1993)، 426.

different titles: *الطب الروحاني* "Al-Ṭib Al-Rūḥānī" and *رسالة الشيرازي في علم الأخلاق* "Al-Shīrāzī's Treatise on the Science of Ethics". Both books deal with sermons, good morals, their opposites, and what follows from them. According to sources, Al- Ṭib Al-Rūḥānī "Spiritual Medicine" was printed in 1299 AH/1881 AD by *جريدة المفيد* "Jarīdat Al-Mufīd" in Cairo. As for "Al-Shirazi's Treatise on the Science of Ethics", was printed in 1319 AH/1901 AD by the Encyclopaedia Press in Cairo as well, where it was edited by Abdūlalim Salih el-Muhāmī, and comprises 80 pages.

In this study, we used the version verified by Abdūlalim Salih el-Muhāmī. After reviewing this printed version, we found that Al-Shīrāzī indicates in his introduction that this book, *The Treatise of Ethics*, deals with the science of ethics, which is a spiritual medicine, where he says: "The science that is sufficient to explain the rules of purification ... is the science of refining morals, which is called spiritual medicine...".²⁴ Perhaps this is why this book is also called "The Spiritual medicine" by some scholars.

Therefore, and through our extrapolation of what has been written about this book, we claim that all the titles mentioned in this book refer to a single book, namely Al-Shīrāzī's *Treatise on the Science of Ethics* or *spiritual medicine*. Here, we also offer a platform for specialists to further research and investigate the details of this book. *A Treatise on the Science of Ethics*

The Two "Shīrāzīs" and the two Treatises of the Science of Ethics

While searching for the original manuscript of Abū Ishāq Al-Shīrāzī's treatise on the science of ethics, I found a manuscript titled (*The Treatise on the Ethics of Al-Shīrāzī*), written by Imam 'Aḍud al-Ddin al-Ijī al-Shīrāzī "عضد الدين الإيجي الشيرازي", and comprising (108) pages, in the electronic library of manuscripts of the Turkish Ministry of Religious Affairs under the number (297.8 ĪSC). This bibliographical research made us realise for a moment that the book we had attributed to Abū Ishāq al-Shīrāzī was, in fact, nothing other than Al-Ijī's book. These new data prompted us to deepen our research and verify the veracity of the book we were holding. After tracing the information about the manuscript of Al-Ijī, we realised that it had been printed in several editions with different titles, including: (*Explanation of Al-Akḥlaq Al-'Aḍudiyyah* *شرح الأخلاق العَضُديّة*) and (*Risala Al-Akḥlaq* *رسالة الأخلاق*), which are all titles of a book written by Aḍud al-Ddin al-Ijī al-Shīrāzī (756 AH) and expounded by Ṭashkuprī Zāde (968 AH).

From the printed copy we have obtained, we determined that the number of pages of the original book written by "Aḍud al-Ddin al-Ijī" is thirteen (13)

24 Al-Shīrāzī, Abū Ishāq Ibrāhīm ibn 'Alī. 1319H. *Risālatu Al-Shīrāzī fī 'ilmi al-akhlāk -Al-Ṭib Al-Rūḥānī-*.)Al-qāhira: Matba'at al-mawsū'āt, 1319H), 19.

pages in size, and each page contains at most (17) incomplete lines. In terms of size, it is a small treatise, but Ṭashkuprī Zāde's explanation has extended it to 175 pages.²⁵ In contrast, we find that the original text of Abū Ishāq Al-Shīrāzī's treatise on ethics contains fifty-nine (59) pages -from page 17 to 76- of medium size and each page comprises sixteen (16) lines. It can thus be noted that there is a great difference between the length of the "العقدية" "Aḍudiyah" treatise on morality and the treatise of Al-Shīrāzī, for the length of the latter is about five (5) times that of the "Aḍudiyah" treatise. First, this refers to form and size; however, what about content?

When we come to the content of the two treatises, we find something interesting, which we highlight at the end of this section. We find that the treatise "Aḍudiyah" Treatise, as its author calls it in the introduction, is a "summary" of the science of ethics, where he says: "...and thereafter: This is a summary of the science of ethics."²⁶ However, we note that Al-Shīrāzī's treatise on ethics contains no indication from the author that it is a summary or similar. Regarding the classification of the two books, we find that the "Aḍudiyah" treatise is divided into four articles: the first article is about "Theoretical Wisdom", the second article is about "Preservation and Attainment of Morality when it is not Innate", the third article is about "Internal Politics", and the fourth and final article is about "Administration of Cities". As for the organisation of Al-Shīrāzī's treatise was divided into three sections, each divided into two chapters (see Table (2) for more details).

If we look at the sections of individual treatises, we find that there are significant differences between them. It seems that Al-Shīrāzī's treatise is more detailed and elaborate than the "Aḍudiyah". This leaves no doubt that the two treatises. However, a detailed examination of the content leads us to hypothesise that the "Aḍudiyah" treatise is really just a summary of Al-Shīrāzī's treatise. Perhaps this is the reason why "Imam Aḍud al-Ddin al-Ijzī"s " wrote in the introduction of his book that it is a "summary" of the science of ethics, which we have already pointed out. We also note that the two treatises are based on the Aristotelian idea of dividing the faculties of the soul into three, namely: (Rational العاقلة), (Spirited الغضبية) and (Appetitive الشهوانية). We also note that the principles of virtuous morality are the same, namely: (Wisdom الحكمة), (Courage الشجاعة), (Chastity العفة) and (Justice العدالة). I Imam Aḍud al-Din al-Ijzī, however, did not mention "Justice" as a foundation of virtuous morality. After discussing the three foundations of morality: Wisdom, Courage and Chastity, Al-Ijzī instead considered "Justice" as the foundation of all other virtues.

25 الإيجي، عضد الدين. رسالة الأخلاق، شرح: طاشكبرى زادة. (الكويت: دار الضياء للنشر والتوزيع، 2018).

26 الإيجي، عضد الدين. رسالة الأخلاق. 37.

In general, we find that the two treatises are similar in content, except that Al-Shīrāzī's treatise is more detailed, extensive, and coherent, which, as we have already indicated, leads us to hypothesise that Al-Ijī's treatise is, in fact, only a summary of Al-Shīrāzī's treatise. The ancients were free to consider summaries and abbreviations as one of the chapters of their writing, so we find that they did not usually refer to the actual sources that had been abbreviated. This is another question that we raise among researchers to investigate the relationship between the two books, especially when we realise that the summary written by "Al-Ijī" was served by scholars and students of knowledge and became more famous and circulated among people than the original treatise of Al-Shīrāzī -as we claim-.

Al-Shīrāzī's model, among other Notable Behavioural Modification Models

Before we discuss the model proposed by Al-Shīrāzī, it is necessary to illustrate some notable models or theories of behaviour modification to identify the core concepts and meanings as well as their inherent limitations, as indicated in the following table:²⁷

Table 1.
Notable Behavioural Modification Models

Model/Theory	Emphasis	Focus area	Limitation
Health Behaviour Model	The possibility that an individual adopting a behaviour or action is a function of their belief in a personal threat or disease along with an eventual healthy behaviour or action.	Clinical problems and compliance with the Medical treatments.	The model does not consider the attitudes, beliefs, or other personal determinants that determine a person's acceptance of a health behaviour.
Theory of Planned behaviour	The TPB shows that behavioural intentions are inspired by attitudes about the likelihood that the behaviour will lead to an expected outcome, including the subjective evaluation of the risks and benefits of the outcome.	Healthy living and unhealthy behaviours such as drug use	TPB does not consider environmental and economic factors that may influence a person's intention to engage in a particular behaviour
Social Cognitive Theory (SCT)	SCT assumes that learning occurs in a social context with a dynamic and reciprocal interaction between the individual, the behaviour and the environment.	Behaviour regulation through control and reinforcement to achieve goal-directed behaviour.	SCT focuses mainly on the learning process and ignores biological or hormonal factors that can influence behaviour.

Source: https://sphweb.bumc.bu.edu/otlt/mphodules/sb/behavioralchangetheories/BehavioralChangeTheories_print.html

27 Miltenberger, R. G. *Behavior Modification: Principles and Procedures* (4th ed.). Belmont, (CA: Thompson Wadsworth, 2008), 273.

In terms of the organisational environment, one can deduce that Luthan's organisational behaviour modification (OBM) approach advocates mechanisms that promote desired performance behaviours and discourage undesired behaviour. Rather than focusing on the internal determinants of behavioural dispositions, the OBM approach provides a theoretical framework for management to make changes and provide positive direction to achieve organisational goals.²⁸ Thus, just like the behaviour change models selected above, one may conclude that Luthans' theory of organisational behaviour does not pay attention to the internal factors that determine human behaviour.

Al-Shīrāzī's Model for Behavioural Modification

About 90 years before the advent of Luthans's model, approximately 1025 AD, al-Shīrāzī described a significant approach to behaviour modification. The manuscript comprises 58 pages, including an introduction and conclusion sections. The 88-page thesis is divided into three sections, each containing two chapters, as shown in the following table:

Table 2.

Sections and Chapters of Al-Shīrāzī's Book of Al-Ṭib Al-Rrūḥānī²⁹

Sections	Chapters
Foundations of the science of morality (<i>Al-'Usūl al-kullīyyah li'ilm al-akhlāq</i>)	In its premises and principles. (<i>Fī Muqaddimātihi wa mabādī ihi</i>)
	In its claims and goals. (<i>Fī matālibihi wa maqāsidihi</i>)
Parts of morality virtues (<i>Al-Furū' al-juz'īyyah limahāsini al-akhlāq</i>)	Useful advice from mentors and scholars in all chapters (<i>Fī nasā'ihī al-hukamā' i al-'udabā' i al-nāfi'ati fī jamī'i al-abwāb</i>)
	The course of the proverbs of the rare words. (<i>Fīmā yajrī majrā al-amthāli al-ssā'irati mina al-kalimāti al-nmādirati</i>)
The virtues of the morals of kings and the etiquette of their retainers from among the servants and courtiers (<i>Fīmā yakhtā'u bimahāsini akhlāqi almulūki wa 'ādābi atbā'ihim mina al-khadami wa al-hawāshī</i>)	In the honourable morality of kings, especially (<i>Fī makārim akhlāq almulūki khāṭṭatan</i>)
	The etiquette of servants (<i>Fī 'ādābi al-khadam</i>)

28 Luthans, F., & Kreitner, R. *Organizational behavior modification*. (Glenview, IL: Scott, Foresman, 1975), 96.

29 Al-Shīrāzī, Abū Ishāq Ibrāhīm ibn 'Alī. 1319H. *Risālatu Al-Shīrāzī fī 'ilmi al-akhlāk -Al-Ṭib Al-Rūḥānī-*.)Al-qāhira: Matba'at al-mawsū'āt, 1319H), 21.

This study focuses on the first section of the dissertation. The reason is that its content is consistent with the nature of the study, as the researchers did not want to include many details that cannot be accommodated in this study. In this section, al-Shīrāzī talks about the mechanism of dealing with negative behaviours and how to replace them with positive, desirable behaviours. He likens spiritual medicine to an alternate concept of organic medicine. In this way, he wants to emphasise the idea that: just as organic medicine has laws and material foundations that govern it, the soul also has laws and foundations that govern it, just like the physical, organic side. The process of behavioural change is similar to the process of spiritual transformation. By comparing the treatment techniques used in treating organic diseases with those of spiritual medicine, Luthans arrived at a model of behavioural modification that is very similar to that of Luthans. Rather, it goes beyond this and incorporates some aspects of cognitive theory. In the following sections, the main structures of al-Shīrāzī approach is discussed.

Al-Shīrāzī structures for behavioural modification

Al-Shīrāzī summarised the structures of his model in four steps, which he derived from a unique approach to dealing with organic diseases and (congenital) behavioural diseases. As mentioned earlier, the management of organic diseases requires a distinction between four factors: the disease, cause, symptom, and treatment.³⁰ Each of these four elements represents a significant structure in dealing with pathological behaviour and determines the appropriate mechanism to modify it. The contents of the elements are as follows:

- 1. Disease المرض (Al-marād):** represents the identification, description, and definition of the behavioural problem.
- 2. Reason السبب (Al-ssabab):** It represents the identification and understanding of the reasons for the behaviour.
- 3. Symptom العرض (Al-'araḍ):** This is the stage of defining and recognising symptoms with two dimensions: internal symptoms that are known to the patient, who has a behaviour problem, and external symptoms that can be observed with the naked eye.
- 4. Treatment العلاج (Al-'ilāj):** Determine the appropriate treatment for the observed behavioural problems.

30 Al-Shīrāzī, Abū Ishāq Ibrāhīm ibn 'Alī. *Risālatu Al-Shīrāzī fī 'ilmi al-akhlāk -Al-Ṭib Al-Rūḥānī-*. 28.

Apparently, Al-Shīrāzī's proposition reflects his understanding of what constitutes a disease-treatment paradigm that covers not only the medical but also the therapeutic dimensions of healthy living. The explanation of the four phases also constitutes their concepts and elements.

Step 1: Identifying Moral Diseases المرض (*Al-marād*)

We found that Al-Shīrāzī used the term disease (*Al-marād*) to express undesirable behaviours that required change. It is also discovered that it not only treats undesirable, pathological behaviours, but his method aims at preserving positive behaviours, or as he called it, Virtuous Morality (*Makārimu al-`akhlaq*). A periscope of al-Shīrāzī's approach to behaviour modification reveals the inclusive insights about human existence that incorporate both material and spiritual worldviews. He opined that human behaviour can be classified as acts of immediate gratification in the here and now and acts governed by future-oriented and afterlife rewards.³¹ It is noteworthy that al-Shīrāzī combines the cognitive and behavioural dimensions as he deals with the true depth of behavioural functioning. For example, if we consider the problem of being late to work from Al-Shīrāzī's perspective, the person with this negative behaviour may be characterised by a tendency or inclination towards laziness or lack of being organised, or by some other moral and psychological dimension that is the true depth of this behaviour. Therefore, we find that al-Shīrāzī divides morality - behaviour - into two levels: Origins (*'Uṣūl*) and Offshoots (*furū'*) and detailed the origins of virtuous morality (*'uṣūlu Makārimi al-`akhlaq*) and did the same thing with the origins of the vices (*'Uṣūl al-rradhā`il*). The breakdown of these two levels is described in Table (2) below.

According to Al-Shīrāzī, there are four foundations for virtuous morality: Wisdom (*Al-hikmah*), Courage (*Al-shshajā`ah*), Chastity (*Al-`iffah*), and Justice (*Al-`adālah*). The origins of vices, which are the extremes of virtuous morals, either in excess (*`ifrāt*) or negligence (*Tafrīt*), are seven: *Swindler (Al-jarbazah)* and *Gawk (Al-balahu)*, which represent the two extremes of Wisdom. The second extremes are ruthlessness (*Al-ttahawur*) and Cowardice (*Al-jubnu*); they act as the two extremes of Courage. Third, *Glutton (Al-sharah)* and *Stagnation (Al-jumūd)* represent the two sides of Chastity. Finally, Al-jr defined Injustice's dimensions (*Al-jūr*) as an antithesis of Justice (*Al-`adālah*). It was discovered that Al-Shirazi's approach to identifying disease -maladaptive behavior- is to define the psychological and moral causes of human functioning because these are the profound source of all negative or adaptive behaviours.

31 Al-Shīrāzī, Abū Ishāq Ibrāhīm ibn `Alī. *Risālatu Al-Shīrāzī fi `ilmi al-akhlāk -Al-Tib Al-Rūhānī-*. 28.

Table 3.
*The origins of honourable and vicious morality and their branches as divided by al-Shīrāzī*³²

The origins of virtuous morals ('uūlu Makārimi al-'akhlāq) أصول مكارم الأخلاق	Origins of the vices ('uūlu al-rradhā'il) أصول الرذائل	Dimensions of virtuous morality (furū'u Makārimi al-'akhlāq) فروع مكارم الأخلاق	Dimensions of the vices (furū'u al-rradhā'il) فروع الرذائل
Wisdom الحكمة (Al-hikmah)	Swindler الجربزة - الجنب (Al-jarbazah)	Intellect اللب (Al-llubu), Sharpness of opinion ثقابة الرأي (Thaqābatu al-rra'yi), Quality of mind جودة الذهن (Jawdat al-dhahni), Quickness of understanding سرعة الفهم (Sur'iatu al-fahmi)	Cunning, Satanism and the like الذهاء، والشيطنة وما شابههما (Al-ddah'u wa mā shābahahumā)
	Gawk النبله (Al-balahu)		Stupidity, foolishness and the like الغباوة، الحمق، وما شابههما (Al-ghabāwah, Al-humqu, wa mā shābahahumā)
Courage الشجاعة (Al-shshajā'ah)	Ruthlessness التهور (Al-ttahawur)	Tolerance الحلم (Al-hilmu), Generosity الكرم (Al-karamu), Compassion الرحمة (Al-rrahmah)	Arrogance التكبّر (Al-ttakabbur), Exaltation الترفع (Al-ttaraffu'), Smugness الصلف (Al-ītalafu), and Cruelty القسوة (Al-qaswah)
	Cowardice الجبن (Al-jubnu)		/
Chastity العفة (Al-'iffah)	Glutton الشراه (Al-sharah)	Freedom الحرية (Al-huriyyah), Modesty الحياء (Al-haya'), Benevolence الخيرية (Al-khayriyyah), and Generosity السخاء (Al-ssakhā'u)	Rudeness الوقاحة (Al-waqāha), Badness الشّارة (Al-shsharārah), extravagance التّذير (Al-ttabdhīr).
	Stagnation الجمود (Al-jumūd)		Grabbing, stinginess التّحجب، والبخل
Justice العدالة (Al-'adālah)	Injustice الجور (Al-jūr)	All branches of the previous virtues جميع فروع الفضائل السابقة	All supplies of the previous branches جميع لوازم الفروع السابقة

Al-Shīrāzī explains the mechanism of the emergence of maladaptive behavioral illness and immorality, in a detailed systematic manner. He traces the stages of its emergence, starting from emotional and cognitive depth to the seemingly moral behaviour. In the beginning, he defines disease as the inclination of the soul towards the body and its love for it (ميل النفس للبدن ومحبتها له) (*Maylu al-nnāfsi li al-badani wa mahabbatuhālu*); because he sees in this inclination towards the body as the root of all behavioural diseases. According to him, for this inclination and love, the will of the endorsement of the body (إرادة الموافقات للبدن) (*Iradata al-muwafaqati li al-badani*) is necessary, which he calls the "Conditions" (الأحوال) (*Al-'Ahwāl*), and to obtain the latter the "Conditions", the presence of the "Will of the Guardians of the Conditions" (إرادة حافظات الأحوال) (*Iradata hāfīzāti al-'ahwāl*) is necessary. al-Shīrāzī called the previous Wills "Presiding" (الرئاسات) (*Al-ri'āsāt*), which are the greatest strength Wills. From these "Wills" (*Al-ri'āsātu*) then arise many "wills" which are based on the first "wills" and which are "vices" (الرذائل) (*Al-rradhā'il*) or "psychological diseases". When these "wills" are intense, they

32 Al-Shīrāzī, Abū Ishāq Ibrāhīm ibn 'Alī. *Risālatu Al-Shīrāzī fi 'ilmi al-akhlāk -Al-Ṭib Al-Rūḥānī-*. 23-26.

become “Desires” (أشواق) (*Ashwāq*) and “Faculties” (ملكات) (*Malakāt*); as a result, then arises “Pleasure” (الشهوة) (*Al-shshahwah*), which is the intensity of the Will in accordance to the body, which is the “Sensual Pleasures” (الملذات الحسية) (*Al-maladhat al-hissiyya*). This results in many “origins of the vice morals” (أصول الأخلاق الرذيلة) (*‘uṣūlu al-`akhlaq al-rradhilah*), such as lust, anger, and envy.³³

With this emotional, cognitive, and behavioural description of the stages of behaviour functioning, Al-Shīrāzī goes far beyond the description of the undesirable behaviours, to the stage of changing them. The above approach can be summarised in the following figure (Fig. 1).

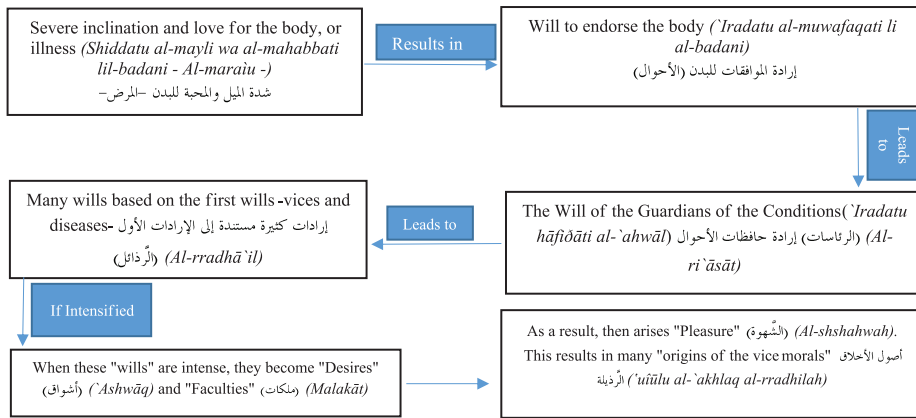


Figure 1. The emotional and cognitive phases of the emergence of maladaptive behaviours according to the approach of (al-Shīrāzī).

Having discussed the first step, which refers to pathological behaviour according to al-Shīrāzī’s terminology, we now proceed to the second step of behaviour modification.

Step 2: Identify the causes of the maladaptive behavior-Reasons الأسباب (*Al-asbāb*)

After analysing the disease (*Al-marai*) - the targeted behaviour – al-Shirazi explains the deeper reasons that lead a person to behave pathologically. His position is connected to three basic dimensions: affective, cognitive, value, and the behavioural

33 Al-Shīrāzī, Abū Ishāq Ibrāhīm ibn ‘Alī. *Risālatu Al-Shīrāzī fi ‘ilmi al-akhlāk -Al-Tib Al-Rūḥānī-*. (Al-qāhira: Matba‘at al-mawsū‘āt, 1319H), 28.

dimensions, which are the main components of attitudes.³⁴ With less attention to the belief dimension in the cognitive component of attitudes, al-Shīrāzī considers this dimension to be a combination of both emotional and cognitive dimensions that gives strength and motivation to the behavioural dimension.

He believed that the motive for the pathological behaviour comes first from the perception and feeling of "negative will" الإدراك والشعور بالإرادات السلبية (*Al-`idrāk wa al-shshu`ūr bi al-`irādāt al-ssilbiyya*), which was mentioned earlier when he talked about the disease. And then, from this feeling, the cognitive mental judgement is demanded about the legitimacy -health and rationale- of the maladaptive behaviour, when in fact it is not. al-Shīrāzī mentioned two methods: a social mechanism which is "imitation" التقليد (*Al-ttaqlīd*), and a cognitive mechanism that manifests itself in the adoption of an irrational belief اعتقاد فاسد (*`i`tiqād fāsīd*) that supports its maladaptive behaviour. Furthermore, he views that if an irrational belief is established in a person's conscience, then the maladaptive behaviour becomes inherent, if the behavior الخلق (*Al-khuluq*) is moved, the Agitation الانفعال (*Al-`infī`āl*) –which is the determined intention to act, will follow it, and then the reprehensible behaviour or action الفعل المذموم (*Al-fi`lu almadhmūm*) immediately follows.³⁵ According to Shīrāzī's approach, the causal path of maladaptive behaviour can be summarised as follows (Fig.2):

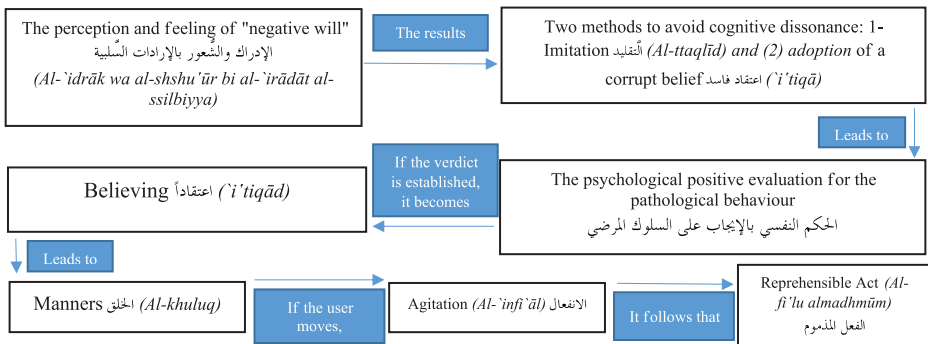


Figure 2. The causal pathway for the emergence of blameworthy behaviours according to Shirazi orientation (the scheme was designed by the researcher).

- 34 Schau, C., Stevens, J., Dauphinee, T. L., & Del Vecchio, A. "The development and validation of the Survey of attitudes towards statistics." *Educational and Psychological Measurement*, 55 (1995), 872.
- 35 Al-Shīrāzī, Abū Ishāq Ibrāhīm ibn `Alī. *Risālatu Al-Shīrāzī fi `ilmi al-akhlāk -Al-Ṭib Al-Rūḥānī-*. 29.

With his methodology for identifying causes, Al-Shīrāzī elaborated in detail on the process of behaviour formation, going beyond the theses that assume that attitudes have four dimensions: emotions, thought, values, and behaviour. Al-Shīrāzī model identified three major cognitive and emotional constructs that strongly connects to the eventual behavioural outcomes. These constructs include; belief الاعتقاد (*Al-`i`tiqād*), morality الخلق (*Al-khuluq*), and agitation الانفعال (*Al-`infi`āl*). It is noteworthy that Al-Shīrāzī's paradigm reflects many fundamental aspects of Albert Bandura's social learning and Skinner's procedural conditioning theory.

Step 3: Functional analysis of the target behaviour and the symptom

الأعراض (*Al-`a`rad*)

Al-Shīrāzī's position is related to symptomology, which indicates disease. It is a function of emotions and thoughts that precedes maladaptive behaviours. The internal and external manifestations that indicate morbid acts or behaviour. He believes that agitations الانفعالات (*Al-`infi`ālāt*) (internal psychological symptoms): the hidden symptoms in the soul that are known to the individual. Secondly is actions الأفعال (*al-`af`āl*) (external symptoms): They are the obvious symptoms that emanate from the soul and are suitable for these agitations. Therefore, they indicate that actions are a function of agitation.³⁶

It is noticeable that Al-Shīrāzī's approach is par excellence in epistemology. The thoughts الأفكار (*Al-afkār*), feelings العواطف (*al-`awātif*), and agitations الانفعالات (*Al-`infi`ālāt*) that precede behaviour are traced to the external behaviour, which is the visible expression of the motives the individual possesses. For example, some experts focus on the apparent cause of falling asleep while working, which results from staying up late for a movie. so, staying up late for a movie is the cause of being tired and thus falling asleep while working. However, from Al-Shīrāzī's point of view, to better understand the issue of "falling asleep while working" we need to look for the inner motives that made the person stay awake and not sleep, thereby resulting in watching movies. It attempts to identify the inner agitations that point to the problem. Does the individual feel bored by special circumstances? Was it psychological problems that caused you to stay up late and watch the movie? Is it an external symptom reflecting a search for a source of psychological comfort? Other internal possibilities explain the reality of the behaviour, which according to (Al-Shīrāzī) is known only to the affected person. After the previous three steps, the crucial fourth step comes, which builds on all the previous steps.

36 Al-Shīrāzī, Abū Ishāq Ibrāhīm ibn `Alī. *Risālatu Al-Shīrāzī fī `ilmi al-akhlāk -Al-Tib Al-Rūhānī-*. 30.

Step 4: Treatment العلاج (Al-'ilāj)

As mentioned earlier, the first three steps are considered preludes to the fourth step, the practical intervention. The intervention reinforces and encourage acceptable behaviours or to weaken and discourage undesirable behaviours. According to Luthans, there are many strategies that can be used, but the most important of these are positive reinforcement and reinforcement by positive punishment, which are well known with behavioural techniques as mentioned earlier.³⁷ However, al-Shīrāzī's therapeutic approach can be divided into two parts: (Curative العلاج (Al-'ilāj) and Preventive الوقاية (Al-wiqāwah)).

In the therapeutic part, he sees the necessity of treatment with opposites العلاج بالفعل المذموم (Al-'ilāj bi al-ddād), according to him, the reprehensible behaviour (Al-fi'lu almadhmūm) could be suppressed by its opposite behaviour. According to him, this could be achieved by proving to oneself that the conclusions that resulted from the correct opinion, confirming the fact that the wills of the body are but harmful diseases to the person's self in the present and in the future. In the present because of worry الهم (Al-hammu) and grief الغم (Al-ghammu); and in the future through the negative consequences that may affect a person with sick souls, as imminent in Quranic texts. Therefore, based on al-Shīrāzī's treatment approach, if the person continues reminding himself about the negative results in their present and future, the negative motives الإرادات السلبية (al-'irādāt al-ssilbiyya) and agitations الانفصالات (Al-'infī'ālāt), will be gradually weakened, and the opposite positive motives, agitation, and actions will be established.³⁸

This therapeutic methodology can be connected to the technique of Opposite-to-emotion action. Developed by Marsha Linehan (1993), Dialectical Behaviour Therapy (DBT) holds that it is possible to change negative thoughts and emotions by confronting the emotions we want to change, not through emotions, but through actions. As if we were to ask a person suffering from severe anger attacks to engage in actions that require patience. The individual proceeds gradually in this activity so as to reach an optimal threshold of his/her ability to control the impulse of anger. This is followed by the other negative emotions (Neacsiu, Bohus and Linehan 2015, 491).³⁹

37 Stajkovic, A. D., & Luthans, F. "A meta-analysis of the effects of organizational behavior modification on task performance, 1975-95." *Academy of Management Journal*, 40/5, (1997), 1139.

38 Al-Shīrāzī, Abū Ishāq Ibrāhīm ibn 'Alī. *Risālatu Al-Shīrāzī fī 'ilmi al-akhlāk -Al-Ṭib Al-Rūḥānī*. 30-35.

39 Neacsiu A. D., Bohus M., & Linehan M. M. *Dialectical Behavior Therapy Skills: An Intervention for Emotion Dysregulation*. In: Gross J. J., editor. *Handbook of Emotion Regulation*. (2nd ed. p. 491-507). (New York: Guilford Press, 2015), 491.

Faraj (2008) considered the method proposed by al-Shīrāzī to modify human behaviour; It is based on the application of both mental deductive logic and internal dialogue, which gradually replaces the opposite behaviour. Regarding the preventive part *الوقاية (Al-wiqāwah)*, or as Al-Shīrāzī calls it “preservation of health” *حفظ الصحة (Hifzu al-sihhati)*, it aims at always pledging to observe virtuous morals, and this aims at preserving them with correct opinions and motives. This can be achieved by controlling inner cognitive states such as imagining, thinking, and remembering.⁴⁰

Notably, al-Shīrāzī’s approach aims at two dimensions: prevention and therapeutic dimensions. The preventive dimension is based on the constant observance and continuous follow-up of the learning and practical aspects that a person must do or avoid and the therapeutic dimension, which is achieved through the use of mental thinking and inner dialogue with the gradual replacement of the maladaptive behaviour.

As is common in all classical approaches, an evaluative dimension is lacking for any therapeutic or educational activity. This is also true for al-Shīrāzī’s approach. Although he did not address this point in his presentation, we note that this phase is considered sensitive in the process of behaviour modification. The importance lies in ensuring that the intervention has actually improved the person’s performance and reduced the occurrence of the target behaviour. If this is not the case, further analysis or intervention should be conducted. At the same time, we must consider the reality that al-Shīrāzī’s writings are almost ten centuries ago.

Discussion

Al-Shirazi developed his model of behaviour modification through a medical-scientific approach. This reliance on experimental methodologies could be the reason for scientific methods in dealing with maladaptive behaviours. The model initially focused on the definition of maladaptive behaviour, which was defined by Al-Shīrāzī as (satisfactory behaviour) or (viciousness). The determination of causes and symptoms was also a point that were mentioned. Where Al-Shīrāzī focused on internal emotional and cognitive causes. Then the model dealt with the actual handling of the targeted or pathological behaviour, so we find this to be the treatment phase, and the mechanism adopted by Al-Shīrāzī was the cognitive-behavioural model.

40 Faraj, Ṭarīf Shawqī. 2008. Al-Shīrāzī: Al-Tib Al-Rūḥānī. Fi, Muhammad ‘uthman najātī wa ‘Abd Al-halīm Mahmūd. *‘ilm al-nnaḥs fi al-turāth al-‘islāmī*. juz’ .2, 629-636. (Al-qāhirah: Dār al-ssalām lil-Ṭiba’ah wa al-nashr wa al-tawzī’ wa al-tarjamah, wa Al-ma’had al-‘ālamī lil-fikr al-‘islāmī, 2008), 629-636.

Furthermore, al-Shirazi used a therapeutic methodology that combined cognitive, emotional, and behavioural aspects. This has led some researchers to classify his work among cognitive behavioural therapies, especially his idea of treatment (opposite action), as well as his introduction of the idea of gradual elimination of unacceptable moral behaviours, which is compatible with systematic desensitisation. This idea leads us to address an important issue, which is one of the main objectives of this paper.

Al-Shīrāzī sees behaviour modification not only as a way to change behaviour through reinforcement or punishment but also as a process through which maladaptive behaviour is modified or treated through opposing techniques. Anxiety and depressive behaviours can therefore be reduced on the one hand by eliminating their psychological causes and, on the other hand, through a cognitive approach. Therapists and other helping professionals can understand al-Shirazi's treatment approach as getting the patient to repeatedly imagine possible negative consequences in the present and future, thereby gradually weakening their negative motives and the urge to engage in certain behaviours. This approach can be integrated into the mainstream technique of systematic desensitisation. Just as patients are encouraged to imagine a feared stimulus after performing relaxation exercises to reduce anxiety and worry, patients can be encouraged to imagine the negative consequences of their behaviour to reduce the motives and aspirations behind the targeted maladaptive behaviours to help people with drug addiction, sexual disorders, obesity, and others.

Compared to some major theories in the behavioural psychology school, it could be deduced that a lack of focus on internal factors like attitudes, beliefs (as in the Health Behaviour Model), biological and hormonal factors (as in the Social Cognitive Theory), and even external environmental factors (as in the Theory of Planned Behaviour), limits the comprehensive applicability of these models and theories of human functioning. However, as mentioned earlier, al-Shirazi's focus on the origins of virtuous morality, for example, provides the opportunity for managers to fully understand internal factors that drive their workers towards optimum productivity, hence being able to re-inforce them. Likewise, on the other hand, the origins of the vices help understand and identify internal factors that push a person towards maladaptive behaviours.

The treasures of knowledge -especially in the behavioural and social sciences- buried in the stomachs of the books that have come down to us require serious work to revive and present them, on the one hand as human heritage and on the other as Islamic heritage. Thus, researching and cognitively reviving these bodies

of knowledge has many cognitive and cultural benefits. On the cognitive level, we need to redraw the original path for the development of behavioural and social science knowledge, beginning with the works of Muslim scholars who wrote about the science of behaviour, mysticism, acclamation, and human civilisation, through the mixed knowledge that scientists and philosophers have created since the era of cognitive fertilisation with Greek philosophy. The history of behavioural and social sciences taught in our educational institutions today has its roots in Greek philosophy and dates back to the Renaissance and modern times, which have created a kind of cultural alienation among the students of our educational institutions.

The cultural dimension of this process (exploration and revival of heritage) provides a kind of emotional coherence to the knowledge conveyed by the student. He feels that this knowledge has a solid cultural origin in the social, behavioural, and psychological dimensions of the societies to which he belongs. Therefore, students of these sciences will feel that he is part of a civilisation deeply rooted in history, which creates in them psychological confidence and cognitive courage to enter the centre of knowledge creativity and scientific production and get rid of the inferiority complex that our educational institutions bequeath to them. Thus, our students are ready for cognitive emancipation and, consequently, for the exit from the situation of imported knowledge consumption to the stage of effectiveness and authentic knowledge production. This qualifies us to become an active figure on the global civilised path and in the service of humanity with a new and diverse perspective. And we pass from the stage of emotions to the stage of cognitive, civilised action, reaching the civilising and missionary dimension from a scientific and cognitive perspective. Promoting the local production of knowledge subject to the cultural, social, and psychological characteristics of our local communities.

Implication to practice

Al-Shīrāzī's treatment concept based on mental deductive logic, inner dialogue and the gradual replacement of the maladaptive behavioural approach. Through the process of assessment and diagnosis, the therapist is expected to fully understand the inner dimension of each cognitive and emotional complaint of the patient, which is inevitably linked to certain behavioural dispositions. Furthermore, the individual's spiritual organ is at the centre of his or her daily functioning, which inevitably affects the assessment and treatment dimensions of the psychological services offered by therapists. Furthermore, some Al-Shīrāzī's findings shed light on inner psychological symptoms and hidden symptoms in the soul that are known to the individual. Here, among other things, good rapport, multicultural competence, and a psycho-spiritual understanding of human functioning put the expert in a

better position to fulfil this technological function as a helping professional. Apart from clinical practise, the implementation of a training system that incorporates both the managerial and spiritual dimensions of work ethics and management can be seen as a driver for the behaviour of employees in the organisation, who are characterised by more productive behaviour that supports their colleagues and leads to higher productivity.

Implications for Future Research

Based on the behaviour modification approach and the blend of spiritual healing contained in al-Shirazi's writings, it becomes clear that researchers interested in behaviour modification must consider Shirazi's work as a culturally adapted technique for Muslims with psychological and behavioural problems. It is also a window through which experts can unravel the inner dimension of human functioning and examine how the mind and spirit interact with the cognitive, emotional, and behavioural aspects of human behaviour. Researchers may see the opportunity to test al-Shirazi's technique of opposing in future experimental studies, not only paving the way from theory to practise, but also laying the groundwork for establishing a holistic approach to cognitive and behavioural interventions in psychotherapy. In addition to completing theoretical and applied studies on the concept of attitudes and their constituent elements, constructs such as beliefs, morals, motives, and emotions require further research. His idea of using both mental deductive logic and inner dialogue to gradually reduce contradictory behaviour fundamentally needs more attention to help adults in the workplace. Despite modern and demanding work environments and requirements, employees suffer from work stress. Therefore, it is necessary to examine various internal employee concerns, including the variables of work-life balance and lifelong satisfaction. The aim of this study is to examine the adaptability of the workplace health maintenance paradigm with the goal of virtuous morale and to help shift the internal cognitive states of workers and managers.

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