

Islamic texts refer to psychosomatic illnesses Historical comparison

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Abstract: There is a recurring dilemma among doctors and health care providers in distinguishing between what is physical and what is psychological, such as the psychosomatic symptoms that lead sufferers to medical clinics. This confusion causes poor diagnosis on the one hand and causes poor therapeutic management on the other hand due to differences in treatment. Therapeutic approaches and methods (Khamis, 2018). Because the nature of the human sciences is participatory, this research aimed to draw a comparison between the view of early Muslim scholars on the nature of psychosomatic diseases and the view of modern psychology on these illnesses through comparison with Islamic historical texts, and the research showed that there are points of agreement and points of difference. One of the most prominent points of agreement between the two approaches is that the body is affected by the psychological state in what is known as psychosomatic illness, while we find that the most prominent points of difference are in Islamic psychology's view of man as an integrated being, where religion is considered a central factor in influencing him, while Western psychology views man as a person isolated from religion. The research recommended further discovery of similarities and differences to reach an integrative vision for therapeutic psychology.

Keywords: Psychosomatic disorders, somatization disorders, Islamic psychology.

إشارة النصوص الإسلامية للأمراض النفسية جسمية مقارنة تاريخية

أ. فيصل قاسم العشاري

مركز دعم الصحة السلوكية | قطر

المستخلص: هناك معضلة متكررة لدى الأطباء ومقدمي الرعاية الصحية في التمييز بين ما هو جسدي وبين ما هو نفسي من الأعراض النفسية جسدية التي تقود المصابين بها إلى العيادات الطبية، وهذه الحيرة تسبب في سوء التشخيص من ناحية، كما تسبب في سوء الإدارة العلاجية من ناحية أخرى بسبب اختلاف النهج والأساليب العلاجية. (خاميس، 2018). ولأن طبيعة العلوم الإنسانية تشاركية، فقد هدف هذا البحث إلى عقد مقارنة بين نظرة علماء المسلمين الأوائل إلى طبيعة الأمراض النفسية جسدية وبين نظرة علم النفس الحديث إلى هذه الأمراض، من خلال المقارنة بنصوص تاريخية إسلامية، وأظهر البحث أن هناك نقاط اتفاق ونقاط اختلاف. من أبرز نقاط الاتفاق بين المنهجين أن الجسد يتأثر بحالة النفسية بما يعرف بالأمراض النفسية جسدية، بينما نجد أن أبرز نقاط الاختلاف في نظرة علم النفس الإسلامي إلى الإنسان ككائن متكامل، حيث يعتبر الدين عاملاً مركزياً في التأثير عليه، بينما ينظر علم النفس الغربي للإنسان كإنسان بمعزل عن الدين. وأوصى البحث بمزيد من اكتشاف أوجه التشابه والاختلاف وصولاً لرؤية تكاملية لعلم النفس العلاجي.

الكلمات المفتاحية: الاضطرابات النفسية الجسدية، اضطرابات الجسدية، علم النفس الإسلامي.

Introduction.

There is no doubt that human sciences subject to the law of development in general as well as psychological sciences in particular. Benefiting from the experiences of nations and Communities should be among the methodological tools that contribute to the development of psychological sciences in general, especially those related to the experience of the Islamic world in the past. The International Institute of Islamic Thought (IIIT) (International Institute of Islamic Thought, (2023) issued a special encyclopedia called "Psychology in Islamic Heritage," consisting of four volumes, Dar al-Salam edition, 1429 AH - 2008 AD. Several psychologists and those interested in Islamic psychological heritage wrote in it, where they made an encyclopedic inventory of the most important books in Islamic heritage that had a Relationship or connection with the topics of psychology, where they issued reviews of those heritage books, and indicated the places that are related to psychology, with an indication of the psychological terms used in the contemporary psychological field, and among these terms, like the term (psychosomatic), and I traced this term in these reviews, and I compared between its concept in the contemporary psychological field, and its concept among Muslim scholars who were mentioned in this encyclopedia, with the results and recommendations.

Research goals

- 1- Reviewing the most prominent approaches and methods to dealing with psychosomatic and somatization diseases.
- 2- A historical reviewing of the early Muslim scholars' view of the concept of psychosomatic and somatic disorders.
- 3- Comparing to the current curricula with the curricula of Muslim scholars and making recommendations.

Research limits

It does not talk about the history of psychiatry in Islamic history but rather about a specific secondary source, which is the encyclopedia (Psychology in Islamic Heritage), which included a group of scholars in Islamic history that referred to psychosomatic disorders.

It does not talk in detail about the history of psychosomatic illnesses nor about the diagnoses, but these are given briefly for differential purposes.

2-Research Methodology

The use of the descriptive approach in reviewing the most prominent approaches and methods for dealing with psychosomatic disorders.

- Using a historical approach to the early Muslim scholars' view of the concept of psychosomatic illness.
- Using the comparative approach to come up with a clear vision of both approaches.

Research Methods

- Reviewing scientific research related to the most prominent approaches and methods for dealing with psychosomatic illness via the web.
- A review of the historical approach to the early Muslim scholars' view of the concept of psychosomatic illness, through a scout (Psychology in Islamic Heritage) for a group of reviewers, published by the International Institute of Islamic Thought (IIIT) and Dar Al Salam Printing, Parts 1-3 vol. 2008, Part 4 vol. 2011. Titled: (Researchers Guide to Psychological Concepts in Islamic Heritage: Presentation and Indexing Where the sources within this historical encyclopedia limited by tracking the term psychosomatic or somatization disorders, and how the early Muslim scholars talked about it.

Research contribution

This research is expected to contribute to clarifying the best methods that are used in dealing with psychosomatic diseases and to provide recommendations regarding benefiting from the methodology of early Muslim scholars in this regard, especially since there is a scientific gap in highlighting the contribution of Muslim scholars historically in psychology. Prof. Dr. Muhammad Othman Nejati pointed out this gap in his introduction to this Encyclopedia. (Nejati & Alsayyed, 2008).

In addition, the spread of this phenomenon makes it an appropriate research target, and if we look at the phenomenon of psychosomatic illness, we will find it common, as it occurs in about 5% to 7% of the general population. For reasons that are not understood, women experience about ten times more physical pain than men with psychosomatic disorders. (Psychosomatic Disorder, n.d.).

On the other hand, the percentage varies according to the place, time, and nature of the symptoms. It was found that the prevalence of symptoms of somatization among the Iranian population is 66.3% for mild symptoms, 20.5% for moderate levels, and 13.1% for severe levels. (Garrusi et al., 2019).

The prevalence of somatization among adult women in the urban population of Kochi (India) was found to be 40.8% (Babu et al., 2019).

Somatization in primary care patients in the Asir region of Saudi Arabia was found to be 16%. (Alqahtani & Salmon, 2008).

This shows the importance of such research.

Definitions of search terms

Psychosomatic Disorder (PSD): A type of disorder in which psychological factors are believed to play an important role in the origin or course (or both) of the disorder. See also psychological factors affecting medical conditions. (*APA Dictionary of Psychology*, n.d.).

Somatic Disorder (SD): changed later to Somatic Symptoms Disorders (SSD) with DSM-5 (Khamis, 2018).

an organic physical disorder, as distinguished from a functional disorder or a psychogenic disorder. (*APA Dictionary of Psychology*, n.d.).

The differences between the two terms.

Psychosomatic disorders include a group of physical manifestations associated with the psychological aspect. This psychological aspect increases the suffering of the patient or incites weakness, such as heart pain and diseases of the digestive system. On the contrary, somatization disorders are identified as a group of psychological afflictions where the patient experiences the sensation that he or she has physical ailments that conventional medicine cannot identify. (Khamis, 2018).

3-Islamic psychology

Islamic psychology expresses the study of human style and behavior as an expression of their own experiences with the environment, and the spiritual world, which aims at better mental health and quality of religious life, leading to happiness in this world and in the hereafter. (Desari, 2023).

Psychosomatic history and research attitude

Early research focused on links between emotions and physiology, with some acknowledging interpersonal and social factors. A more comprehensive "biopsychosociocultural" understanding of health and disease now exists, incorporating emotions, social relationships, and physiology, but further research is required in these areas. (Herrmann-Lingen et al., 2019).

The DSM-5, a pivotal work in the field of psychology, was published in 2013. Compared to its predecessor, the DSM-IV-TR, notable modifications have been made in the classification of mental disorders. Specifically, the DSM-5 took a distinct approach to psychosomatic disorders, changing the concept of somatic symptoms. Within this new framework, DSM-5 introduced the term "somatic symptoms and related disorders" to classify disorders characterized by somatic symptoms that elicit intense anxiety or excessive preoccupation. In cases where physical symptoms are the primary feature, but a specific medical condition cannot explain these symptoms, this term is especially important.

The DSM-5 changes are rooted in a desire to move away from approaches that focus solely on the lack of an organic cause for symptoms and toward approaches that prioritize the anxiety and suffering that these physical symptoms can cause. ("Somatic Symptoms and Related Disorders," 2022).

Types of somatization disorders (according to the DSM)

Mentioned Under Somatic Symptoms and Related Disorders (309).

- Undifferentiated Somatoform Disorder.
- Conversion Disorder.
- Pain Disorder.
- Hypochondria.
- Body Dysmorphic Disorder.
- Disorder not otherwise specified. (Association, 2013).

Physical symptoms are like those seen in physical illness or injury without an identifiable physical cause. Thus, the diagnosis of somatoform disorders is an exclusionary diagnosis. Somatic symptom disorders are classified into four main medical categories: neurological, cardiac, pain, and gastrointestinal somatic symptoms. (Williams & Zahka, 2017).

The communicative relationship between the soul and the body:

The biopsychosocial model assumes that the human being is an integrated unit and that limiting ourselves to the biological model or the psychological model alone does not bear fruit with SD in some disorders, such as conversion hysteria from SD and some other disorders associated with SD, where there is overlap and influence from many components, as shown in figure 1. (Gigineishvili, 2005).

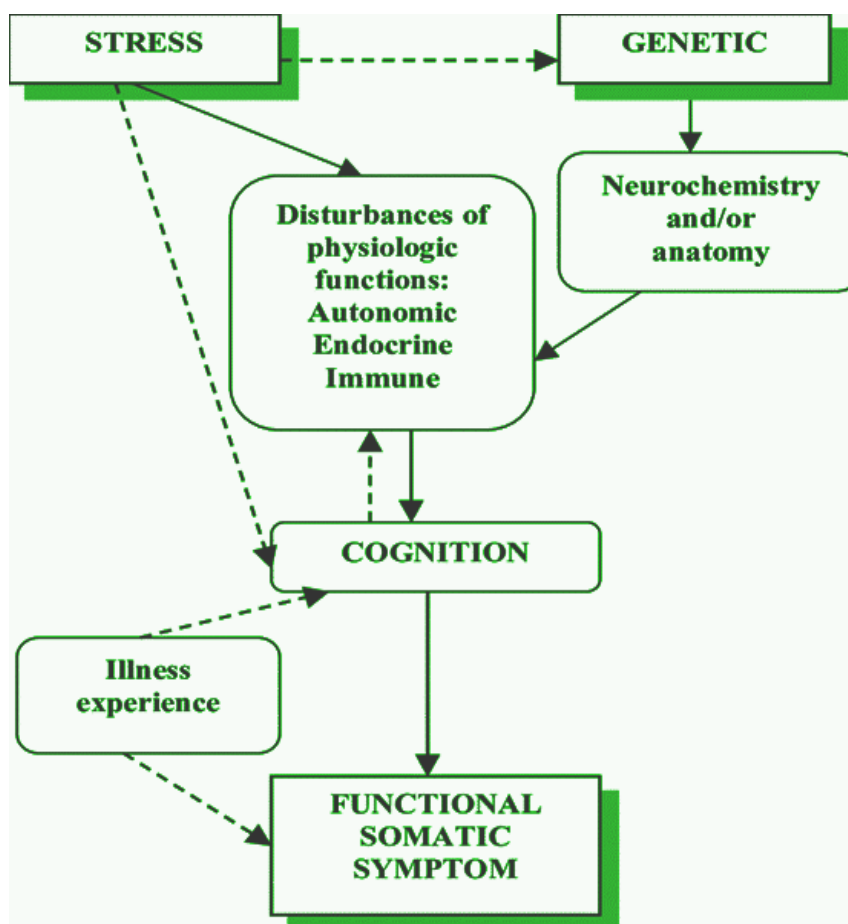


Fig (1) Hypothesized explanation of functional somatic symptoms etiology.

Source: (Somatoform disorders concept: from classification to biopsychosocial model, Gigineishvili, 2005).

Cause, Effect, vs. Interactive Relationship

It can be very difficult to know if there is somatic distress that causes emotional symptoms, emotional distress that elicit somatic symptoms, or multiple system distress that produces both.

Moreover, there may exist a highly intricate causal relationship or a considerable level of authentic medical ambiguity concerning the causal relationship. The medical uncertainty may be influenced by the examining physician's scant knowledge, as illustrated in Figure. 2 (Bransfield & Friedman, 2019).

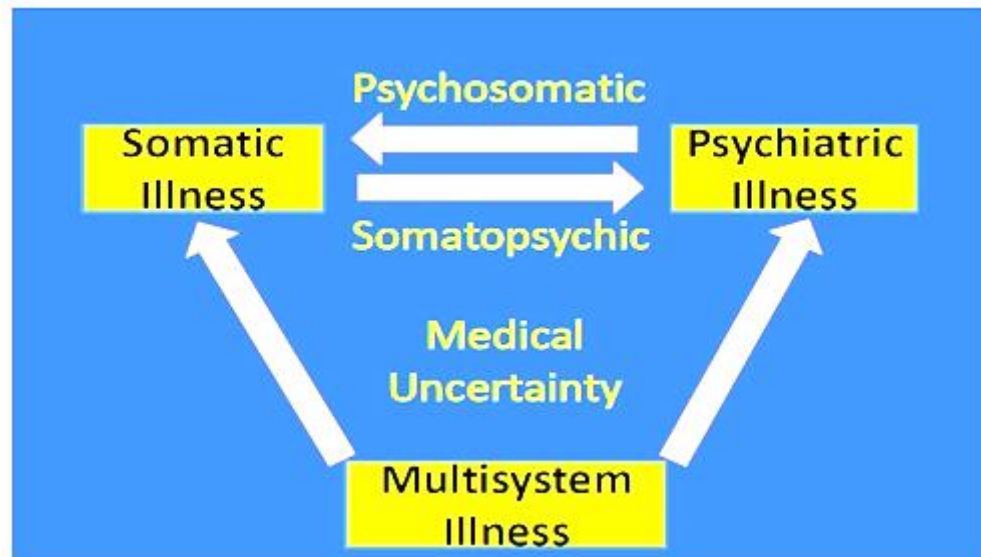


Fig (2) The relationship between psychosomatic, somatopsychic, multisystem illness and medical uncertainty.

Source: (Differentiating Psychosomatic, Somatopsychic, Multisystem Illnesses and Medical Uncertainty, Bransfield & Friedman, 2019).

Psychological disorders function as a link between the individual and his surroundings. Such disturbances indicate a problem that an individual has with themselves or their environment and may serve as a signal for them to think about their life, including their career, social life, and other aspects. (Khamis, 2018).

On the level of the Islamic environment, there is a clear influence of religious belief on the course of thoughts and feelings of the person and thus the impact on his physical condition, and several philosophers and scholars in Islamic history as well as in the folds of this research have referred to this assumption.

Psychotherapy approaches and interventions for SD and PSD

The most effective treatments for psychosomatic illness include common-sense psychotherapy based on positive suggestions, reassurance, and stress management. (Baloh, 2021). Additionally, psychosomatic medicine emphasizes the importance of chronic stress in most medical conditions and promotes a biopsychosocial model of medicine. (Okumura et al., 2020). An integrative review of psychosomatic approaches in analytical psychology highlights the use of psychic energy, teleology, synchronicity, and ego-self-development to comprehend and address psychosomatic illnesses. (Boland et al., 2019). The special series on "Clinical Applications in Psychosomatic Medicine" aims to provide practical information about treatments and their empirical basis for practicing clinicians and scientist-practitioners. (Zhang et al., 2021).

Other psychotherapy approaches and interventions for SD and PSD

- Cognitive behavioral therapy (CBT)
- Acceptance and commitment therapy (ACT)
- Dialectic behavior therapy (DBT)
- Interpersonal therapy (IPT)

- Schema therapy
- Psychoanalysis and psychodynamic therapies
- Integrative or holistic therapy. (Different Approaches to Psychotherapy, n.d.)
- EMDR therapy
- Internal Family Systems Parts Work
- Expressive arts. (10 Somatic Interventions Explained — Integrative Psychotherapy Mental Health Blog, 2019).
- psychoeducation
- relaxation therapy
- activating therapy (Wortman et al., 2019).

The fundamental pillars of diagnosis and treatment encompass biopsychosocial explanatory models, effective communication, self-efficacy, and interdisciplinary management. (Roenneberg et al., 2019).

4-Historical Islamic referrals to psychosomatic illnesses

First referral:

Book Title: Silence and Etiquette of the Tongue (الصمت وأداب اللسان).

Author: Abu Bakr bin Abi Al-Dunya

Date of death: 281 AH-894 AD

The Attitude of the author: Sufism, Islamic philosophy, Islamic jurisprudence

The reviewer: Dr. Abdel Moneim Shehata

Location of referral:

In text No. (133 p. 276) attributed to Jesus Ibn Maryam, peace be upon him, he said: (He who cares too much will have a disease of his body), and it is a saying that is consistent with a fact that modern psychiatry believes in, which is that most physical illnesses (his body is sick) play a psychological factor (He cares a lot) played a strong role, whether in their origin, continuity, or excitement, to the extent that some recent research linked cancer with psychological factors. (Nejati & Alsayed, 2008, vol. 1, pp. 250–252).

The second referral:

Book Title: Golden Sayings (الأقوال الذهبية).

Author: Hamid al-Din al-Karmani

Date of death: 412 AH-1021 AD

The Attitude of the author: Sufism, Islamic philosophy

The reviewer: Dr. Abdul Latif Mohammed Khalifa

Location of referral:

In the context of the author's talk about illuminating the continuous right in what is the right of psychiatry, (..in the honor of making psychiatric medicine, spiritual medicine is suitable in its premises for the order of physical medicine, for the two poles on which the human soul and his body revolve. And God Almighty has alerted His servants to the condition of the soul and the condition of its body by His saying:

وَلَقَدْ عَلِمْتُمُ النَّشْأَةَ الْأُولَىٰ فَلَوْلَا تَذَكَّرُونَ (56:62)

(You already know how you were first created. Will you not then be mindful?) 56:62. (Khatab, 2015). Then he mentioned that the psychiatric industry is one of the most honorable industries and has the highest degree, and he called it a decent position.

This treatment is associated with psychotherapy, especially for so-called Psychosomatic disorders. (Nejati & Alsayed, 2008, vol. 1, pp. 478–483).

The third referral:

Author: Ahmed bin Miskaweh

Book Title: Refining Morals and Purifying Races (تهذيب الأخلاق وتطهير الأعراق)

Date of death: 421 AH–1030 AD

The Attitude of the author: philosopher, poet, historian, pharmacologist

The reviewer: Ibrahim Shawky Abdel Hamid

Location of referral:

On pages 178–179, he mentioned the sixth article, which begins by presenting the relationship between the body and the soul in health and disease and refers to the idea of psychosomatic disorders.

This is evident in his saying: (Likewise, we see the patient on the one hand, either with anger, sadness, love, or raging desires, in which the image of his body changes until he is disturbed, trembles, hisses, reddens, emaciates, and becomes fat, and he is affected by all kinds of changes by the senses (Nejati & Alsayed, 2008, vol. 1, pp. 502–507).

Fourth referral:

Book Title: The soul (الروح)

Author: Ibn Qayyim al-Jawziyyah

Date of death: 751 AH–1350 AD

The Attitude of the author: Hadith, Islamic jurisprudence, Sufism and behavior, Islamic beliefs.

The reviewer: Dr. Nashwa Abdul Tawab Hussein.

Location of referral:

The author indicated (pp. 38–39) that souls are distinguished by the distinction of their bodies and that after death they do not distinguish them... Hence they take from their body a form that distinguishes them from others, for they are affected and moved from the body just as the body is affected and moved from it, so the good body acquires the goodness and wickedness that comes from the soul, and the soul gains goodness and wickedness from the goodness and wickedness of the body, which we can refer to in psychology as the psychosomatic interaction of the soul with the body (Housain, 2011, vol. 4, pp. 511–516).

Fifth referral:

The reviewer: Dr. Ghada Muhammad Abd Al-Ghaffar.

Book Title: Cold Livers When Children Lose (برد الأكياد عند فقد الأولاد)

Author: Ibn Nasser al-Din Muhammad bin Abi Bakr

Date of death: 842 AH–1483 AD

The Attitude of the author: Hadith, Islamic history

The reviewer: Dr. Ghada Mohamed Abdel Ghaffar.

Location of referral:

The author pointed out on p. 16 that sadness affects the nerves, which led to blindness in our Prophet Jacob, peace be upon him, when interpreting the noble verse: (وَتَوَلَّىٰ عَنْهُمْ وَقَالَ يَا سَقْفَىٰ عَلَىٰ يَوْسُفَ وَأَبْيَضَّتْ عَيْنَاهُ مِنَ الْحُزْنِ فَهُوَ كَظِيمٌ) 12:84

(He turned away from them, lamenting, "Alas, poor Joseph!" And his eyes turned white out of the grief he suppressed. 12:84 (Khattab, 2015).

Confirming that this was due to the fact that he did not groan, feel pain, or complain of sadness. This is a clear indication of psychosomatic disease. (Housain, 2011, vol. 4, pp. 37–41).

This reasoning was discussed in a WhatsApp group for students of Islamic psychology, ISIP, and Dr. Youssef Musallam's (a Jordanian psychiatrist interested in Islamic psychology) opinion was as follows:

- The diagnosis of psychiatric diseases is not made retrospectively, as the diagnosis cannot be dropped on people who have died and were not clinically examined to confirm the diagnosis.
- It is good to avoid projecting psychological diagnoses onto the prophets because they are people who carry an infallible heavenly message, and it is feared that such diagnoses will affect the nature of the missional mission they seek. (How to assess prophets' psychological illnesses, personal communication, September 4, 2023).

Sixth referral:

Author: Abu Dharr Mahdi Al-Naraq

Book Title: The Collection of Happiness (جامع السعادات)

Date of death: 1209 AH–1795 AD

The Attitude of the Author: Sufism, Mathematician

The reviewer: Dr. Ibrahim Shawky Abdel Hamid.

Location of referral:

Al-Naraqī refers to the causes of psychological illnesses (p. 132) and the comprehensive treatments for mental illness (p. 133). Al-Naraqī points out that the causes may be internal, psychological, physical, or the result of the soul engaging in bad actions. We find in this reference an allusion to psychosomatic illness, and it also presents treatments. For any reason, medical attention is advised if the cause is physical. (Nejati & Alsayyed, 2008, vol. 3, pp. 1369–1378).

Seventh referral:

Book Title: Divine Conquests (الفتوحات الإلهية)

Author: Ahmed bin Ajiba Al-Hasani

Date of death: 1224 AH–1809 AD

The Attitude of the author: Sufism, interpretation of the Qur'an, Islamic jurisprudence

The reviewer: Dr. Nashwa Abdul Tawab Hussein.

Location of referral:

On (p. 62), the author talked about the virtues of Sufism and referred here to the soul education, emphasizing that all physical diseases start with their own mood's corruption until it reaches another natural state, which we can refer nowadays as psychiatric or somatic disorders. (Housain, 2011, vol. 4, pp. 687–689).

Comparison between the system of modern psychological treatments for psychosomatic illnesses and Islamic treatment in the past

Since the most popular psychological treatments, such as cognitive-behavioral therapy in general, use the system of ideas and beliefs, especially in the cognitive aspect, to treat disorders, psychosomatics, and disorders of somatization, this means more focus on teleology and causation, while mindfulness therapy focuses on the principle of (synchronicity). They are two important reformers that intersect with Islamic treatment, as in the historical texts reported in this research. The term "synchronicity" requires that the individual ascribe deeper meaning to the coincidence; indeed, Carl Jung described synchronicity as "meaningful coincidences" (Writers, n.d.). Although some may describe the term (synchronicity) as a pseudoscience, this meaning in Islamic culture is related to the concepts of destiny and fate (destiny depends on your choices, while fate is predetermined) (Betts, 2020), and from here comes the importance of integrating such concepts in the treatment of psychosomatic illnesses.

The following textual analysis can be viewed to understand the nature of these historical references: Table (1).

Table (1) shows Islamic textual analysis

Referral number	Author	Date of death	The book title	The reviewer	Referral type
1	Ibn Abi 'l-Dunyā	281 AH-894 AD	Silence and tongue etiquette	Dr. Abdel Moneim Shehata	Psychosomatic
2	Al-Kirmanī	412 AH-1021 AD	Golden sayings	Dr. Abdel Latif Mohammed Khalifa	Psychosomatic
3	Ibn Miskawayh	421 AH-1030AH-1350 AD	Refine morals and purify races	Dr. Ibrahim Shawky Abdel Hamid	Somatic (conversion)
4	Ibn al-Qayyim	751 AH–1350 AD	the soul	Dr. Nashwa Abdul-Tawab Hussein	Psychosomatic Interaction
5	Ibn Nasser al-Din	842 AH-1483 AD	Cold livers	Dr. Ghada Mohamed Abdel Ghaffar	Psychosomatic
6	Al-Naraqī	1209 AH–1795 AD	Saadat Mosque	Dr. Ibrahim Shawky Abdel Hamid	Psychosomatic
7	Ibn Ajiba	1224 AH–1809 AD	Divine conquests	Dr. Nashwa Abdul Tawab Hussein	Somatic (mood)

Lessons Learned and Contemporary Applications

After these reviews, it can be concluded that there are aspects like the view of some Muslim scholars of the relationship of the soul to the body (especially the pathological state of it, which falls under the term psychosomatic disorders, or somatization disorders), and that this similarity of symptoms in the general description is well clear.

There are differences between the two: modern views of psychiatry and the old view of some Muslim scholars, represented in more detail, and identification of the nature of these disorders and their classification according to the natural development of medical and human sciences.

The overall difference lies in the nature of the two approaches. The approach of Muslim scholars, old and new, adopts the triple division of human nature (body, soul, and mind), they consider the relationship with Allah Almighty to be the decisive matter in psychological redirection through the portal of the soul. While the binary division is adopted in contemporary Western psychiatry and psychology (body-mind), with some differences in Different schools of psychology, some may adopt the tripartite division as well, but in a different way (Weger et al., 2021).

5-Conclusion and recommendations

There is no doubt that man is an integrated set of different parts, and each part affects the other part in some way. Around the nature of this influence arose the medical and psychological sciences and the rest of the human and social sciences that deal with this mutual influence between the mind and the body (in the contemporary Western vision) and between the body, soul, and mind in the Islamic vision of the Muslim scholars mentioned in the folds of this research.

If a person is affected by the factors of his environment and his cultural and religious context, then some ideas can be proposed that serve this human cognitive integration and bridge the gap between Western psychology and Islamic psychology. These may include the following recommendations:

1. Reconsidering the research approaches that address the phenomenon of body-mind interaction and how to apply this research, introducing different methodological determinants, as the philosophy of science can be a good tool for research calibration, and proposing appropriate approaches to such topics.
2. Expanding Islamic research into contemporary psychiatric medical classifications to discover more differences and compatibility with Islamic psychology, especially in psychosomatic illnesses.
3. Allowing for the introduction of Islamic psychology in clinical trials and practical applications and knowing its therapeutic value for psychosomatic and other disorders.

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