

Revised Schema of Self and Its Actualization in Health Sciences through Language Achievement

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Abstract

Objective: The 11 taxa of self in Khodadady's [1] Quranic Orientation Scale (QOS) were revised and expanded. Those represented by the seven factors underlying the QOS were then correlated with a schema-based cloze multiple-choice item English language achievement test (S-Test) to find out whether the taxa in general and those involving health in particular associate with the achievement.

Method: The Arabic Quran (Q) was parsed into its constituting 114 chapters, 6348 verses, and 98037 words to determine what taxa of self the 57 verses upon which the items of the QOS was developed contributed to. The taxa matching the factors underlying the QOS were then scrutinized in terms of their relationship with health and correlated with the scores of 1123 grade four senior high school students on the S-Test.

Results: The Q assigns the schema of self actualized by Homo sapiens (HS) to 13 taxa: Allah, psychical monotheist, observing monotheist, monotheist (MT), fake monotheist (FMT), doubtful monotheist, polytheist, and self-theist, wise theist, emotional theist, cognitive theist, instinctual theist, and words. Only the two taxa of MT and FM dealing with health associated significantly with the S-Test.

Conclusion: The highest taxon of self represents the One God named Allah. He is the only true self who enjoys complete health as defined by World Health Organization [2]. Among the selves actualized by HS only MTs and FMTs enjoy relative health because they do not consume alcohol to suffer from alcoholism and its related illnesses. Although they both learn the English language in the process, FMTs achieve higher than MTs in the language.

Keywords: god; health; language achievement; schema of self

Introduction

Self forms an indispensable part of medicine, psychiatry, psychology and religion. Its conceptualization and operationalization does, however, differ in these fields. In composing *Harrison's Manual of Medicine*, Fauci et al. [3], for example, used it just once and focused more on its 20 derivatives, i.e., itself, self-administered, self-administration, self-antigen, self-application, self-centered, self-esteem, self-examination, self-exams, self-help, self-importance, self-induced, self-initiated, self-initiation, self-limited, self-medication, self-monitoring, self-reported, self-treatment and yourself. Among the derivatives of *self*, *self-limited* and *itself* had the first and second highest frequency of 29 and 11, respectively. Fauci et al. [3] employed them to describe disorders such as "Acne Vulgaris". The only derivative through which Fauci et al. related *self* to HS as patients rather than their disorders was through *yourself*. With a frequency of one, it contributed to the 10-item Alcohol Use

Disorders Identification Test (AUDIT), diagnosing alcoholism as "a multifactorial disorder in which genetic, biologic, and sociocultural factors interact" The AUDIT was initially developed by Saunders and Aasland in 1987. It was then described as a psychiatric rating scale by Blacker [4] with a frequency of seven in Sadock and Sadock's [5] seventh edition of *Kaplan & Sadock's Comprehensive Textbook of Psychiatry*. In 2001 the social psychologist Babor along with Higgins-Biddle, Saunders and Monteiro [6] provided the second edition of its guidelines and paved the way for AUDIT's wider application to primary health care. The collaboration of World Health Organization (WHO) in the development of the AUDIT [7] and the development of its short form, AUDIT-C, resulted in their more frequent use in the tenth edition of *Kaplan & Sadock's Comprehensive Textbook of Psychiatry* [8] to address alcohol and substance abuse in older adults [9], alcohol-related disorders [10],

behavior therapy [11], HIV infection and AIDS [12] and psychiatric rating scales [13]. While medicine [3] reduces *self* to a patient and equates it with its lack of health, psychiatry [8] views *self* in terms of its personality, religious and social characteristics on the one hand and biological, genetic, psychological or sociocultural factors on the other. Health psychology [14], however, relates *self* largely to “chronic illness” and idiosyncratically classifies it into achieving self, physical self, private self and social self. Whatever distinctive features medicine, psychiatry and psychology may have they share one common feature, i.e., health. WHO [2] defined *health* as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. It implies that a given self is *completely* healthy if, and only if, it *was, is, and will be* physically, mentally and socially well. In other words, the terms of *state* and *completely* in WHO’s definition of health entails the acceptance of a *true* self who *lives* “all time” [15] and is, therefore, *healthy*. If the words *well-being* and *disease or infirmity* in WHO’s [2] definition of health is replaced with *life* and *death* respectively, i.e., a state of complete physical, mental and social *life* and not merely the absence of *death*, then the opposite of *health* becomes *death*, not disease, disorder, illness, infirmity or sickness. And since all HS do die, they cannot have complete physical, mental and social *life*, i.e., *health*. Thus the existence of a true self who is *healthy* because he lives all time becomes a necessity for the acceptance of WHO’s definition of health. While *modern* medicine, psychiatry and psychology do not acknowledge the existence of any true self, religion does. According to the *Quran* (Q), the Holy Scripture of Islam, there is only One True Self (Q10:35, 36; 23:71; 24:25; 31:30; 46:30; 27:79; 10:35; 22:62), i.e., God named Allah. He alone enjoys health as defined by WHO [2], i.e., “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” for several reasons. First, as stated in chapter 2 verse 255 of the *Quran* (Q2:255) since Allah is the only Ever-Living, and the Self-Subsisting self, He is in a state of complete physical well-being. Secondly, His unique characteristics such as *does not fall any leaf but that He knows of it* (Q6:59) and *does not overtake Him slumber and does not [overtake Him] sleep* (Q2:255), attest to Allah’s complete mental well-being. Thirdly, He interacts with whoever is in the heavens (Q55:29), e.g., the Messiah and the intimate angels (Q4:172) and the earth (Q55:29), e.g., His human servants who call Him (Q2:186), to reveal His complete social well-being. Finally, He does whatever He desires (Q22:14), to reveal the *absence* of disease and infirmity in His Self. Based on the two premises *that belongs to Allah whatever is in the heavens and whatever is on the earth and to Allah are returned all matters* (Q3:109) and that to Him monotheists (MTs), will return (Q2:156), religion defines *self* as a hierarchical structure consisting of 13 taxa. Allah occupies its highest taxon called “macro domain” [1] simply because He gives life and causes death (Q2:258) to everyone including HS. Furthermore, He heals sick HS such as the Prophet Abraham (Q26:80) Himself or asks them to seek human therapists as the means towards Him (Q5:35)

The second highest taxon of *self* is called meta-domain by Khodadady [1]. It is occupied by psychical monotheists (PMTs) who will enjoy “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” [2] in the hereafter when they die. They will live in the Gardens of the Paradise (Q018:107) in the hereafter and will have whatever their self desires (Q21:102) because they avoided

whatever Allah forbade them in this world, e.g., consuming alcohol and gambling (Q2:219). The remaining nine out of 13 taxa of *self*, i.e., domain, kingdom, phylum, class, order, family, genus, species and words, were revised and expanded in this study. With the exception of words, these taxa were originally developed and named by the biologist Linnaeus [16]. The QOS was treated as a measure of Linnaeus’s domain. And the first, second, third, fourth, fifth, sixth and seventh factors Khodadady [1] had extracted from Dastgahian’s [18] data collected on the QOS formed Linnaeus’s kingdom, phylum, class, order, family, genus, and species, respectively.

Methodology

Participants

A total of 1123 grade four senior high school students took part in this study. For their details see Khodadady [1]

Instruments

A Persian demographic scale, Persian Quranic Orientation Scale (QOS) and a schema-based cloze multiple choice item test (S-Test) developed on the English textbook taught to the participants during a school year were administered in the study. For the description of the scales and S-Test see Khodadady and Dastgahian [19].

Materials

The Arabic *Quran* (Q) was employed as the authentic text [20] of latest divine religion, Islam. The present author has been translating it into English by resorting to schema theory since 2000. *The Interpretation of the Meanings of the Noble Quran in the English Language: Summarized in One Volume* [21], *The Message of the Qur’an* [22], *The Study Quran: A New Translation with Notes and Commentary* [23], and *The Quran: Translation & Commentary Notes* [24] were also consulted in the process. The Arabic Q and its English translation has been scrutinized word by word, phrase by phrase, verse by verse and chapter by chapter to ensure the content validity of the 13 taxa it offers for *self* as a schema.

Procedures

See Khodadady and Dastgahian [14] and Khodadady [1]

Data analysis

See Khodadady and Dastgahian [14] and Khodadady [1]

Results

Table 1 presents the 13 taxa of self among which ten are actualized by HS in this world, i.e., instinctual theist, cognitive theist, emotional theist, wise theist, self-theist, polytheist, doubtful monotheist, fake monotheist, monotheist and observing monotheist. As can be seen, Khodadady [1] had missed two taxa of worldly self, i.e., fake monotheist, and doubtful monotheist. He had also missed observing monotheists (OMTs) who occupy the inter-domain of self schema. The OMTs strive for Allah so He Himself guides them in His Ways (Q29:69). As they acquire virtues through their deliberate striving, the OMTs secure Allah’s guidance in this very world (Q29:69) and do, therefore, connect directly to the One True Self, i.e., macro-domain.

Taxa	Self schema	The present study	Khodadady [1]
1	macro-domain	True Self: Allah	Theo/ God/ Allah
2	meta-domain	psychical monotheist	psychical monotheist
3	inter-domain	observing monotheist	
4	domain	monotheist	monotheist
5	kingdom	fake monotheist	
6	phylum	doubtful monotheist	
7	class	polytheist	polytheist
8	order	self-theist	self-theist
9	family	wise theist	wisdom/ brain/ mind
10	genus	emotional theist	emotion/ amygdalae
11	species	cognitive theist	cognition/ heart
12	phrases	instinctual theist/ the created	instincts/ drive/ the created
13	words	98037 words	Allah, Lord, HS, be, ...

Table 1. Self Schema and Its Taxa in the Quran and Khodadady

Table 2 presents the results of the 60-item QOS administered to the participants and its seven underlying factors extracted and rotated by Khodadady [1] via Varimax with Kaiser Normalization (VKN). Out of 60 items through which Allah addresses monotheists directly in the Q only one, “I follow the law of equality in retaliation or Qisas, e.g., if someone

kills my brother on purpose, his brother must be killed”, did not load acceptably on any factor. Factors 1, 2, 3, 4, 5, 6 and 7 represent monotheists, fake monotheists, doubtful monotheists, polytheists, self-theists, wise theists, emotional theists, and cognitive theists, respectively.

Self taxa	Scale/ F	No. of items	Self taxa	Scale/ F	No. of items
monotheist	QOS	59	self-theist	F4	4
fake monotheist	F1	16	wise theist	F5	4
doubtful monotheist	F2	17	emotional theist	F6	4
polytheist	F3	11	cognitive theist	F7	3

Table 2. Khodadady’s [1] seven factors (F) measuring seven taxa of self.

Table 3 presents the correlation coefficients obtained between the S-Test, QOS and its underlying factors rotated by VKN. As can be seen, the QOS correlated significantly with the S-Test ($r = .17, p < .05$), indicating that through learning the English language, students actualize their self as monotheists. Among the seven factors underlying the QOS, only the first

correlated significantly with the second taxon of self, i.e., fake monotheist ($r = .22, p < .01$), indicating that the relationship between language achievement and self actualization among fake monotheists is stronger than that of monotheists.

QOS/F	Self taxa	S-Test	QOS	F1	F2	F3	F4	F5	F6
QOS	monotheist	.17*							
F1	fake monotheist	.22**	.88**						
F2	doubtful monotheist	.14	.95**	.77**					
F3	polytheist	.09	.78**	.54**	.69**				
F4	self-theist	.03	.64**	.59**	.55**	.35**			
F5	wise theist	.01	.62**	.41**	.56**	.58**	.31**		
F6	emotional theist	.12	.79**	.68**	.73**	.55**	.47**	.35**	
F7	cognitive theist	.15	.71**	.60**	.63**	.48**	.46**	.39**	.58**

* $p < .05$, 2-tailed. ** $p < .01$, 2-tailed

Table 3: Correlations between S-Test, QOS and its underlying factors (F).

Discussions

Although Fauci et al. [3] employed the word *self* and its derivatives 63 times, they neither defined nor operationalized it in *Harrison’s Manual of Medicine*. Their implicit reason was to reduce it to *patients* with a frequency of 768 and abbreviate them as *pts* with a frequency of 2216. As selves they were *patients* suffering from diseases such as chronic obstructive pulmonary disease (COPD) or *healthy, intact, and normal individuals or subjects* in tests and experiments conducted in medicine. For example, according to Fauci et al. [3], in *normal individuals*, FEV₁ [forced expiratory volume in 1 s] reaches a lifetime peak at around age 25 years, enters a plateau phase, and subsequently declines gradually and progressively. *Subjects* can develop COPD by having reduced maximally

attained lung function, shortened plateau phase, or accelerated decline in lung function. As attested in the preceding paragraph, Fauci et al. [3] deliberately replaced *healthy* with *normal*, and *self* with *individuals and subjects*, respectively, to avoid acknowledging the simple fact that no HS can enjoy complete health as defined by WHO [2]. They do, therefore, claim that individual are *normal* because their FEV₁ reaches a lifetime peak at around age 25 years, enters a plateau phase, and subsequently declines gradually and progressively. Fauci et al. [3] did, therefore, overcome the problem of defining healthy HS by replacing them with *normal individuals*, they did not, however, define norm and how it relates to health. Similarly, the psychiatrists Sadock, Sadock and Ruiz [25] did not provide any entry for health in their glossary. The physicians and psychiatrists’ problem with defining and operationalising health seems to

have been noticed by Taylor [9]. She defined it in her glossary as “The absence of disease or infirmity, coupled with a complete state of physical, mental, and social well-being; health psychologists recognize health to be a state that is actively achieved rather than the mere absence of illness”. As a health psychologist Taylor [9] did contribute to WHO’s [2] definition of *health* by moving the phrase “the absence of disease or infirmity” to the beginning of the sentence and thus deemphasized “a complete state of physical, mental, and social well-being” as a health requirement. She did, however, make the questionable claim that health can be “actively achieved”. If her claim was true no self would die for reasons such as disease or infirmity. Similar to physicians and psychiatrists, psychologists do, therefore, consider *health* as the opposite of *disease* or *infirmity*. They also assign a passive rather than active role to *self* by replacing it with *individuals*, *patients* or *subjects*. Taylor [9], for example, used *patients* and *individuals*, 926 and 127 times, respectively. The frequency of *self* in her textbook was, however, 19, indicating that she prefers *people*, with a frequency of 1038, to *self*. She declares that “Health psychologists help chronically ill people adjust psychologically and socially to their changing health state and treatment regimens, many of which involve self-care”. Thus Taylor employs *people* synonymously with *self* and *does* acknowledge that *health* is not a *complete* but *changing* state. She does, however, avoid stating that not only chronically ill but also healthy people will ultimately succumb to death. Physicians, psychiatrists and psychologists avoid employing *health* as a changing state in the *life* of a HS and aging, disease, disorder, illness, infirmity, sickness and many other variables such as accidents among the causes of its *death* because they are capable neither of providing health in the sense of perpetual life for their own self nor for those who seek their help. Nor can they prevent death. As the only true self, Allah not only lives forever but also gives life (Q2:258) and causes death (Q2:258) to test HS as regards the taxon of self they choose to actualize in this world. Quranically speaking, Allah created this world so that He could test which HS were most virtuous in deed (Q11:7), i.e., observing monotheists (OMTs). They are, for example, just when they speak, even if it be against a bearer of blood relationship (Q6:152), develop their person according to the eternal religion to the extent that they acquire the primordial nature of Allah (Q30:30), do not break the oaths after solemnly affirming them (Q016:091), and do not help one another toward sin and enmity (Q5:2). Upon resurrection and being judged the OMTs will be given perpetual life and thus acquire complete health as psychical monotheists, i.e., the 12th taxon of self. While few HS actualize their self as OMTs in this world, some actualize it as monotheists (MTs) through complying with Allah’s commands such as those brought up by the 60 items comprising the QOS. Item 38, for example, requires them to stand out firmly for justice, as witnesses to Allah, even as against their own self, their parents and relatives. Some HS, however, do not comply *fully* with the commands and fake monotheism to satisfy their own caprices. Others become doubtful monotheists while the majority opts for polytheism. self-theism, wise theism, emotional theism, and cognitive theism. The monotheism (MT) and fake monotheism (FMT) represented by the QOS and its factor one, respectively, associate significantly with the English language achievement in high schools measured by the S-Test. The association between FMT and the English language achievement ($r = .22, p < .01$) is, however, stronger than that of MT ($r = .17, p < .05$). It shows that reducing the validated 59-item MT to 16 items helps the students not only fake MT but also achieve more in the English language. In spite of drastically differing in the number of their constituting items, MT and FMT have one feature in common, i.e., avoiding wine and gambling because they are

some of Satan’s work”. Since wine represents alcohol in the Q, the findings of this study show that monotheist and fake monotheist students will suffer neither from alcoholism nor from its 29 related illnesses listed by Fauci et al. [3], i.e., amenorrhea, blackouts, breast cancer, cardiomyopathy, cerebellar degeneration, cirrhosis, delirium, esophageal cancer, esophagitis, folate deficiency, fractures, gastritis, GI hemorrhage, gynecomastia, hepatitis, hypertension, infertility, leukopenia, macrocytosis, myopathy, neuropathy, oral cancer, osteonecrosis, pancreatitis, rectal cancer, seizures, testicular atrophy, thrombocytopenia, and tremens. Based on the findings of this study it is suggested all HS including physicians, psychiatrists and psychologists observe MT if they do not wish to suffer from alcoholism themselves and its related illnesses. The findings also support Fauci et al.’s [3] suggestion that “educational efforts” such as teaching MT be “directed toward families and relevant community resources ... to maintain stability and optimize outcomes”. The efficacy of these efforts will increase if the educators or teachers observe MT themselves because observing monotheists are asked not to do anything like consuming alcohol when they do it themselves

It must, however, be cautioned that Khodadady’s [1] 16-item FMT were extracted from MT through factor analysis based on the degree to which the students had agreed with the content of validated 59-item QOS. Item 34, for example, reads “I believe in the Holy Scriptures (e.g., the Torah, Bible and Quran), Allah’s angels and the day of judgement”. It had the highest acceptable loading of 0.647 on factor 1. While MTs “completely agree” with it, only 68.2% of FMTs do so. It implies that FMTs disagree with the Q when it suits them. As another example, the Q instructs MTs to avoid alcohol under all circumstances. FMTs, however, consume it when it helps them achieve their personal objectives. It is, therefore, suggested that the scales measuring FMT, along with those of doubtful MT, polytheism, self-theism, wise theism, emotional theism, cognitive theism and instinctual theism be developed on their Quranic description to secure their content validity. Fake MTs are, for example, sinful (Q4:107) and treacherous (Q4:107). They are also the liars (Q9:42) who betray their own selves (Q4:107). Furthermore, they become miserly when Allah gives to them from His bounty (Q9:76).

Conclusion

While medicine, psychiatry and psychology define *health* ideally, subjectively or unrealistically, religion approaches it as a changing state in the life of Homo sapiens (HS) which ends in death to serve a divine objective. As a true authority in religion, Allah tells HS, including physicians, psychiatrists and psychologists as well as their patients, that they are created to be tested in this world in terms of their deeds. They are provided with life, health and death so that they can actualize their self *willingly* as an observing monotheist (OMT), monotheist (MT), fake monotheist (FMT), doubtful monotheist (DMT), polytheist (PT), self-theist (ST), wise theist (WT), emotional theist (ET), cognitive theist (CT), or instinctual theist (IT) in this world. Few HS actualize their self as OMTs by assimilating it with that of Allah as the only true self who *never dies* and owns not only this world but also the hereafter. So doing they gain their life, i.e., complete health, upon death and live with Allah (Q3:169). While a few HS follow Allah to MTs through doing good deeds such as learning the English language in high schools, many become FMTs by following their own desires. They do, however, pretend to be MTs in public. FMTs do, for example, learn the English language to please their parents or to pose as intellectuals who can speak a foreign language. Future research should show why DMTs, PTs, STs, WTs, ETs, and CTs do not do so. Not only FMTs but also MTs actualize their self

through learning the English language measured by S-Tests developed on the materials taught to them in schools. The association between FMT and language achievement is, however, stronger than that of MT. Further research is required to find out whether a content-rather than factor-based scale developed on the Quranic description of MT and FMT will reveal similar associations with the English language achievement. Similarly, developing S-Tests on the objectives pursued in a course of English language rather than materials taught during the course and administering them with factor-and content-based scales of MT and FMT should show whether the findings of this study stand replication when these variables are taken into consideration as well.

Declarations

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References

1. Khodadady, E. (2023). Self and its actualization: Panoramic validity. *Journal of Nursing & Healthcare*, 8(2), 172-182.
2. [https://scholar.google.com/scholar?hl=en&as_sdt=0,5&q=World+Health+Organization.\(2006\).+Constitution+of+the+World+Health+Organization.+Retrieved+from+https://www.who.int/governance/eb/who_constitution_en.pdf](https://scholar.google.com/scholar?hl=en&as_sdt=0,5&q=World+Health+Organization.(2006).+Constitution+of+the+World+Health+Organization.+Retrieved+from+https://www.who.int/governance/eb/who_constitution_en.pdf).
3. Fauci, A. S., Braunwald, E., Kasper, D. L., Hauser, S. L., Longo, et al. (2009). *Harrison's manual of medicine* (17th ed.). New York: McGraw-Hill.
4. Blacker, D. (2000). Psychiatric rating scales. In B. J. Sadock, V. A., Sadock (Eds.), *Kaplan & Sadock's Comprehensive Textbook of Psychiatry* (7th ed.) (Vol. I/II, pp. 1635-1664). Philadelphia, PA: Wolters Kluwer.
5. Sadock, B. J., & Sadock, V. A. (Eds.). (2000). *Kaplan & Sadock's comprehensive textbook of psychiatry* (2 Volume Set) (7th ed.). Philadelphia: Lippincott Williams & Wilkins.
6. Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B. & Monteiro, M. G. (2001). *AUDIT: The alcohol use disorders identification test: Guidelines for use in primary health care* (2nd ed). World Health Organization. <https://iris.who.int/handle/10665/67205>.
7. Saunders, J. B., & Aasland, O. G. (1987). *WHO collaborative project on the identification and treatment of persons with harmful alcohol consumption report on phase I: The development of a screening instrument*. World Health Organization.
8. Sadock, B. J., Sadock, V. A., & Ruiz, P. (Eds.). (2017). *Kaplan & Sadock's comprehensive textbook of psychiatry volume I/II* (10th ed.). Philadelphia, PA: Wolters Kluwer.
9. Koh, S., Hann, M. C., & Oslin, D. W. (2017). Alcohol and substance abuse in older adults. In B. J. Sadock, V. A., Sadock, & P. Ruiz (Eds.), *Kaplan & Sadock's Comprehensive Textbook of Psychiatry* (10th ed.) (Vol. I/II, pp. 10449-10475). Philadelphia, PA: Wolters Kluwer.
10. Schuckit, M. A. (2017). Alcohol-related disorders. In B. J. Sadock, V. A., Sadock, & P. Ruiz (Eds.), *Kaplan & Sadock's*

Comprehensive Textbook of Psychiatry (10th ed.) (Vol. I/II, pp. 3258-3297). Philadelphia, PA: Wolters Kluwer.

11. Hopko, D. R., Clark, C. G., & Shorter, R. (2017). Behavior therapy. In B. J. Sadock, V. A., Sadock, & P. Ruiz (Eds.), *Kaplan & Sadock's Comprehensive Textbook of Psychiatry* (10th ed.) (Vol. I/II, pp. 6852-6911). Philadelphia, PA: Wolters Kluwer.
12. Treisman, G. J., Hsu, J., Hutton, H. E., & Angelino, A. F. (2017). Neuropsychiatric aspects of HIV infection and AIDS. In B. J. Sadock, V. A., Sadock, & P. Ruiz (Eds.), *Kaplan & Sadock's Comprehensive Textbook of Psychiatry* (10th ed.) (Vol. I/II, pp. 1507-1569). Philadelphia, PA: Wolters Kluwer.
13. Sinclair, S. J., Blais, M. A., & Blacker, D. (2017). Psychiatric rating scales. In B. J. Sadock, V. A., Sadock, & P. Ruiz (Eds.), *Kaplan & Sadock's Comprehensive Textbook of Psychiatry* (10th ed.) (Vol. I/II, pp. 2722-2788). Philadelphia, PA: Wolters Kluwer.
14. Taylor, S. E. (2015). *Health Psychology* (9th ed.). New York: McGraw-Hill Education.
15. Hinchliffe, G. (2007). Truth and the capability of learning. *Journal of Philosophy of Education*, 41(2), 221-232.
16. Linnaeus, C. (1735). *Systema naturae, per regna tria naturae, secundum classes, ordines, genera, species, cum characteribus, differentiis, synonymis, locis*. Typis Ioannis Thomae (in Latin)
17. Khodadady, E. (2008a). Measuring translation ability and achievement: A schema-based approach. *Quarterly Journal of Humanities, Al-Zahra University*, 18(70), 56-76.
18. Dastgahian, B. S. (2019). *Quranic and Shia Ithna Ashari religious orientation, life satisfaction and English language and school achievement at pre-university* (Unpublished doctoral dissertation). Ferdowsi University of Mashhad, Iran.
19. Khodadady, E., & Dastgahian, B. S. (2020). A scripture specific religious orientation scale: Development and validation. *Journal of Psychology and Mental Health Care*, 4(1), 1-13. Retrieved from <https://www.auctoresonline.org/journals/psychology-and-mental-health-care/article-inpress/858>.
20. Khodadady, E. (2008b). Schema-based textual analysis of domain-controlled authentic texts. *Iranian Journal of Language Studies* (IJLS), 2(4), 431-448.
21. Al-Hilali, M. T., & Khan, M. M. (1996). *The interpretation of the meanings of the Noble Quran in the English language: Summarized in one volume*. Riyadh, Saudi Arabia: Darussalam.
22. Asad, M. (1980). *The message of the Qur'an*. Gibraltar: Dar al-Andalus.
23. Nasr, S. H., Dagli, C. K., Dakake, M. M., Lombard, J. E. B., & Rustom, M. (Eds.). (2015). *The study Quran: A new translation with notes and commentary*. New York, NY: Harper one. Retrieved from https://ia800804.us.archive.org/12/items/TheStudyQuran_201708/TheStudyQuran.pdf.
24. https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=Yusuf+Ali%2C+A.+%282011%29.+The+Quran%3A+Translation+%26+Commentary+Notes.+PDF+Published+by+Mursil.com.+Retrieved+from+http%3A%2F%2Fquranbook.blogspot.ca%2F2011%2F07%2Fquran-pdfsebooks.html.&btnG=

25. Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). Kaplan & Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry (11th ed.). Philadelphia, PA: Wolters Kluwer.



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