

# ISRG Journal of Education, Humanities and Literature (ISRGJEHL)



## ISRG PUBLISHERS

Abbreviated Key Title: ISRG J Edu Humanit Lit

ISSN: 2584-2544 (Online)

Journal homepage: <https://isrgpublishers.com/isrgjehl/>

Volume – I Issue- VI (November-December) 2024

Frequency: Bimonthly



## Actualizing Self through Health and Language Achievement

Ebrahim Khodadady

Ferdowsi University of Mashhad

| **Received:** 18.10.2024 | **Accepted:** 24.10.2024 | **Published:** 01.11.2024

\*Corresponding author: Ebrahim Khodadady

Ferdowsi University of Mashhad

### Abstract

The 11 taxa of self explaining its actualization through Quranic Orientation Scale (QOS) were revised and expanded. Along with a demographic scale, the QOS was administered to 1123 grade 4 senior high school (G4SHS) students among whom 147 took a schema-based close multiple choice item language achievement test (S-Test) as well. The responses on the QOS were then subjected to factor, reliability and correlational analyses by resorting to Varimax with Kaiser Normalization, Cronbach Alpha and Pearson product-moment correlations. The responses were also correlated with the students' scores on the S-Test. The results showed that the QOS and its seven underlying factors measure eight taxa of self actualization called monotheists (MTs), fake monotheists (FMTs), doubtful monotheists (DMTs), polytheists (PTs), self-theists (STs), wise theists (WTs), emotional theists (ETs) and cognitive theists (CTs). Only did the taxa of MTs and FMTs represented by the QOS and its first factor associate with language achievement measured by the S-Test. Since these two taxa also dealt with health, their correlation with the S-Test showed that there is a significant relationship between G4SH students' actualization of their selves as MTs and FMTs, their language achievement and health. A textual analysis of representative medical, psychiatric, psychological and religious textbooks was also run by resorting to schema theory to discuss and explain selves actualized by MTs and FMTs through health.

**Keywords:** health, language achievement, schema theory, self-actualization

### Introduction

Self forms an indispensable part of medicine, psychiatry, psychology and religion. Its conceptualization and operationalization as mental concept or schema does, however, differ in these fields. In composing *Harrison's Manual of Medicine*, Fauci et al. (2009), 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, in medicine. Fauci et al. (2009) employed them to describe disorders such as “Acne Vulgaris”. The only derivative through which Fauci et al. related *self* to Homo sapiens (HS) as patients rather than their disorders was through the schema of *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” (p. 1095)

The AUDIT was initially developed by Saunders and Aasland in 1987. It was then described as a psychiatric rating scale by Blacker (2000) with a frequency of seven in Sadock and Sadock’s (2000) seventh edition of *Kaplan & Sadock’s Comprehensive Textbook of Psychiatry*. In 2001 the social psychologist Babor along with Higgins-Biddle, Saunders and Monteiro (2001) 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 (Saunders & Aasland, 2017) 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* (Sadock, Sadock & Ruiz, 2017) to address alcohol and substance abuse in older adults (Koh, Hann & Oslin, 2017), alcohol-related disorders (Schuckit, 2017), behavior therapy (Hopko, Clark & Shorter, 2017), HIV infection and AIDS (Treisman, Hsu, Hutton & Angelino, 2017) and psychiatric rating scales (Sinclair, Blais & Blacker, 2017).

While medicine (e.g., Fauci et al., 2009) reduces *self* to a patient and equates it with its lack of health, psychiatry (e.g., Sadock, Sadock & Ruiz, 2017) 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* (Taylor, 2015), however, relates *self* largely to “chronic illness” (p. 216) 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 (2006) defined *health* as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (p. 1). 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” (Hinchliffe, 2007, p. 221) and is, therefore, *healthy*.

If the words *well-being* and *disease or infirmity* in WHO’s (2006) 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 (2006), i.e., “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (p. 1) 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” (Khodadady, 2023, p. 173) 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 (2023). 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” (WHO, 2006, p.1) 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 (1735). The QOS was treated as a measure of Linnaeus’s domain. And the seven factors Khodadady (2023) had extracted from Dastgahian’s (2019) data collected on the QOS formed Linnaeus’s kingdom, phylum, class, order, family, genus, and species, respectively. It was hypothesized that only the domain of monotheism and the kingdom of fake monotheism actualized by MTs and FMTs, respectively, will associate with English language achievement because they dealt with health.

## Methodology

### Participants

A total of 1123, 732 female (65.2%) and 391 male (34.8%), grade four senior high school students took part voluntarily in this study. Among female participants 147 also agreed to take an English language achievement test. They had all registered in 19 state and private schools in Fariman (n=16, 1.4%) and Mashhad (n= 1107, 98.6%), two cities of Khorasan-e-Razavi province in Iran. They

aged between 15 and 20 (mean=17.51, SD=.595). While 1107 of participants (98.6%) spoke Persian as their first language, 2 (1.4%) spoke it as their second language.

### Instruments

A Persian demographic scale (DS), 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 (2020).

### Materials

The Arabic *Quran* (Q) was employed as the authentic text (Khodadady, 2008a) 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* (Al-Hilali & Khan, 1996), *The Message of the Qur'an* (Asad, 1980), *The Study Quran: A New Translation with Notes and Commentary* (Nasr, Dagli, Dakake, Lumbard & Rustom, 2015), and *The Quran: Translation & Commentary Notes* (Yusuf Ali, 2011) were also consulted in the process. The Arabic Q and its English translations have 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. The same scrutiny has been applied to *Harrison's Manual of Mmedicine* (Fauci et al., 2009), *Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry* (Sadock, Sadock & Ruiz, 2015) and *Health Psychology* (Taylor, 2015) as representative textbooks of medicine, psychiatry and psychology, respectively.

### Procedures

The Persian DS and QOS were administered together in one session three weeks before the school year ended. The participants were encouraged to read each and all the items on the scales carefully and ask for elaboration and examples if they could not understand them. The completed DS and QOS were carefully scrutinized upon their being handed in to ensure that the participants had answered all the items. The English S-Test was administered under standard conditions two weeks before the school year ended.

### Data analysis

Principal Axis Factoring (PAF) was utilized to extract the factors underlying the QOS because it is "preferable to principal components analysis" (Costello & Osborne 2005) and does, therefore, provide a true factor analysis (Bentler & Kano, 1990; Floyd & Widaman, 1995; Ford, MacCallum & Tait, 1986; Gorsuch, 1990; Loehlin, 1990; MacCallum & Tucker, 1991; Mulaik, 1990; Widaman, 1990, 1993). To render the factors more interpretable they were then simplified (Abdi, 2003; Landau & Everitt, 2004) by rotating them via Varimax with Kaiser Normalization (VKN) as suggested by Kaiser (1958). For determining the internal consistency of the QOS and its underlying factors Cronbach's (1951) alpha reliability coefficients were estimated as "the most important and pervasive statistics" (Cortina, 1993). Finally, the Pearson product-moment correlation coefficients were estimated as "the most frequently used measure of association" (Tabachnick & Fidell, 2007) to explore the relationship between the QOS and its underlying factors on the one hand and their relationship with the S-Test on the other. All descriptive and inferential statistical analyses were run via IBM SPSS Statistics 23

## Results

Table 1 presents the 13 taxa of self among which ten are actualized by HS in this world, i.e., instinctual theists (ITs), cognitive theists (CTs), emotional theists (ETs), wise theists (WTs), self-theists (STs), polytheists (PTs), doubtful monotheists (DMTs), fake monotheists (FMTs), monotheists (MTs) and observing monotheists (OMTs) classified by the Q. As can be seen, Khodadady (2023) missed the two taxa of worldly self, i.e., FMTs, and DMTs. He had also missed 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 Him as the One True Self, i.e., macro-domain.

**Table1.** *Self Schema and Its Taxa in the Quran*

Taxa	Self schema	The present study	Khodadady (2023)
1	macro-domain	True Self: Allah	Theo/ God/ Allah
2	meta-domain	psychical monotheists	psychical monotheist
3	inter-domain	observing monotheists	
4	domain	monotheists	monotheist
5	kingdom	fake monotheists	
6	phylum	doubtful monotheists	
7	class	polytheists	polytheist
8	order	self-theists	self-theist
9	family	wise theists	wisdom/ brain/ mind
10	genus	emotional theists	emotion/ amygdalae
11	species	cognitive theists	cognition/ heart
12	phrases	instinctual theists	instincts/ drive/ the created
13	words	98037 words	Allah, Lord, HS, be, ...

Table 2 presents the acceptable loadings of items constituting the QOS. Out of 60 items constituting the QOS, 59 have loaded acceptably on seven factors, i.e., loadings of 0.30 and higher. These results indicate that the QOS provides an empirically valid measure of self as a domain called monotheism in Islam. Only item 5, "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. Thus it contributes neither to the domain of monotheism nor to any taxa represented by the seven factors "due to its wording" (Khodadady, 2023, p. 180).

**Table2.** *The 60 Items of the QOS and Their Acceptable Loadings (AL) on Seven Factors (F)*

Item	F	AL*	Statements
34	1	.647	I believe in the Holy Scriptures (e.g., the Quran and Bible), Allah's angels and the day of



			judgment.
30	1	.618	I perform ablution and/or Ghusl when I prepare for prayer.
6	1	.608	I obey Allah and his messenger Muhammad (AS).
52	1	.594	I observe fasting.
50	1	.585	I don't like Allah's enemies (e.g., disbelievers and Satan) and don't befriend them.
43	1	.540	I send my blessings on Mohammad (AS) as Allah and his angels do.
4	1	.487	I do not follow some of the people of book (e.g., Jews and Christians) who want to rob me off my beliefs.
53	1	.485	Satan bids humans to indecency and dishonor.
49	1	.484	I look to the Quran and the Sunnah of Muhammad (AS) for guidance and let nothing else take precedence of them.
35	1	.473	I don't give my money in usury nor earn any money in usury.
7	1	.471	I eat of the halal things Allah has given me and thank Him.
39	1	.463	I do not violate the sanctity of the rites of Allah, holy months and places.
9	1	.456	I avoid wine and gambling because they are some of Satan's work.
25	1	.451	I do not befriend the people who take my religion for a mockery or sport.
44	1	.424	Allah will punish anyone who consumes people's wealth in vanity and/or hoards [money and] valuable stones and goods.
31	1	.390	I enter others' house after getting permission and salute them.
42	2	.631	I remember Allah frequently and repeatedly.
28	2	.617	I seek the means to approach Allah [by saying or doing what he wants] and strive in His cause.
24	2	.563	I collect my whole mind and approach Allah in a spirit of reverence when I pray.
36	2	.560	I do not fight in Allah's way without undertaking proper preparations and precautions.
27	2	.552	I prepare myself for the hereafter by doing what Allah wants me to do.
26	2	.551	I struggle in the way of Allah with my possessions and my life.
23	2	.548	I turn to Allah with sincere repentance.
41	2	.546	I bow down, prostrate myself, serve Allah and do good.
21	2	.531	I guard my own soul without judging the

			actions of those who have gone astray.
40	2	.504	I follow Allah because I am afraid I may say or do something He does not like.
11	2	.494	I have accepted Islam wholeheartedly and I do not follow the footsteps of Satan.
48	2	.472	I seek Allah's help in patience and prayers.
22	2	.429	I am with those who are truthful.
45	2	.422	I save myself and my families from a fire whose fuel is men and stones.
1	2	.377	I do not let anything (e.g., riches and opportunities) or anyone (e.g., parents and family) divert me from the remembrance of Allah.
38	2	.348	I stand out firmly for justice, as witness to Allah, even as against myself, my parents and relatives.
54	2	.334	I persevere in patience and constancy and strengthen others [in faith and good deeds].
46	3	.579	I do not betray my trusts.
33	3	.569	I fulfill all my obligations.
58	3	.539	I do not eat my property in vanity, i.e., waste it or earn money by hurting or destroying others.
59	3	.520	I do whatever I say.
29	3	.441	If a sinner comes to me with any news I will ascertain the truth before I accept it.
20	3	.441	I am just because that is next to piety.
60	3	.434	Neither do I defame nor am sarcastic to anyone.
32	3	.425	I make my utterances straightforward.
55	3	.410	I do not cancel my charity (sadaqat) by showing off.
37	3	.385	I do not make unlawful the good things Allah hath made lawful for me but commit no excess.
12	3	.317	I have transactions in which the goods are taken now and the payment is promised in future written and signed.
14	4	.810	If I follow Allah, he will forgive me.
15	4	.770	If I follow Allah, he will remove all evil deeds from me.
13	4	.556	If I follow Allah, he will give me the criterion to judge between right and wrong.
16	4	.468	If I help (the cause or religion of) Allah, he will help me and plant my feet firmly.
10	5	.571	I give [to the needy] of the good things which I have (honourably) earned.
2	5	.456	I do not let anyone laugh at another one.
3	5	.434	I spend some from whatever Allah has given me in charity or help others and society.

8	5	.407	I avoid suspicion as much as possible because it is a sin in some cases.
56	6	.517	I do not take disbelievers as my intimate friends.
51	6	.475	I do not take the disbelievers as friends instead of the believers.
57	6	.358	I do not discourage anyone who embarks on dangerous tasks for the sake of Allah.
47	6	.349	I hold secret counsels [only] for righteousness and self-restraint.
19	7	.496	I do not take my parents, family and relatives for protectors if they prefer disbelief to belief.
18	7	.458	I do not accuse anyone of unbelief without proper investigation when I do something in the cause of Allah.
17	7	.416	I do not yield to my family members if their

			demands conflict with my religious convictions.
5			I follow the law of equality in retaliation or Qisas, e.g., If someone kills my brother on purpose, his brother must be killed.

\*Adapted from "Self and its actualization: Panoramic validity" by E. Khodadady (2023), *Journal of Nursing & Healthcare*, 8(2), pp. 177-178

Table 3 presents the reliability estimates of eight taxa of self measured by the validated 59-item QOS and its seven underlying factors. The number of items constituting the taxa ranges from 17 (DMTs) to three (CTs). The taxa of MTs, DMTs, and FMTs enjoy the three highest reliability coefficients of 0.95, 0.93 and 0.87, respectively. The reliability coefficients of the remaining five taxa range from 0.84 (STs) to 0.66 (CTs), indicating that the QOS and its factors provide reliable taxa of self actualization.

**Table3.** Reliability Estimates of Self Taxa Measured by the QOS and Its Underlying Factors

Self taxa	Scale/ F	No. of items	Alpha	Self taxa	Scale/ F	No. of items	Alpha
monotheists	QOS	59	0.95	self-theists	F4	4	0.84
fake monotheists	F1	16	0.87	wise theists	F5	4	0.66
doubtful monotheists	F2	17	0.93	emotional theists	F6	4	0.71
polytheists	F3	11	0.76	cognitive theists	F7	3	0.66

Table 4 presents the correlation coefficients obtained between the S-Test and the eight empirical self taxa measured by the QOS and its underlying factors. The taxon of monotheism correlated significantly with the S-Test ( $r = .17, p < .05$ ), indicating that through learning the English language, G4SHS students actualize their self as MTs. Among the remaining seven taxa, only the FMTs correlated significantly with the S-Test ( $r = .22, p < .01$ ), indicating that the relationship between language achievement and self actualization among FMTs is stronger than that of MTs.

**Table4.** Correlations between S-Test, QOS and Its Underlying Factors (F) Measuring Self Tax

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

a Adapted from "Self and its actualization: Panoramic validity" by E. Khodadady (2023), *Journal of Nursing & Healthcare*, 8(2), p. 178

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

Among the empirical taxa of self validated through factor analysis, only the domain of MTs and the kingdom of FMTs share item nine, "I avoid wine and gambling because they are some of Satan's work". This item deals specifically with health. Since only these two taxa correlate significantly with the S-Test, i.e.,  $r = 0.17, p < .05$  and  $0.22, p < .01$ , respectively, they confirm the association between health and actualization of monotheism and fake monotheism as hypothesized in this study.

## Discussions

Although Fauci et al. (2009) 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 self to *patients* with a frequency of 768 and abbreviate them as *pts* with a frequency of 2216 who suffered from diseases such as chronic obstructive pulmonary disease (COPD). Or they were

*healthy, intact, and normal* individuals and *subjects* who could be recruited in experiments. For example, according to Fauci et al.,

In *normal individuals*, FEV<sub>1</sub> [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. (p. 759)

Fauci et al. (2009) replaced *healthy* with *normal* and *self* with *individuals* and *subjects*,

respectively, to avoid acknowledging the fact that no HS can enjoy complete health as defined by WHO (2006). Although Fauci et al. overcame the problem of defining healthy HS by replacing the taxa of self they actualize with *normal individuals*, they did not define norm and how it relates to health. Similarly, the psychiatrists Sadock, Sadock and Ruiz (2015) did not provide any entry for health in their glossary to avoid self and its actualization. Noticing the problems Taylor (2015) defined health 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” (p. 318).

Taylor (2015) did contribute to WHO’s (2006) definition of *health* by moving the phrase “the absence of disease or infirmity” to the beginning of her sentence and thus deemphasized “a complete state of physical, mental, and social well-being” as the main health requirement. She did, however, state that health can be “actively achieved,” implying that no self dies for reasons such as disease or infirmity. In other words, similar to physicians and psychiatrists, psychologists consider *health* as the opposite of *disease* or *infirmity* rather than a temporary state whose maintenance depends on certain actions such as avoiding alcohol by actualizing certain taxa of self. Thus they assign a passive rather than an active role to *self* by replacing it with *individuals, patients* or *subjects*.

Taylor (2015), 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 passive selves called *people*, with a frequency of 1038, to *self*. Although she believes that “Health psychologists help chronically ill people adjust psychologically and socially to their changing health state and treatment regimens” she agrees that many of those regimens “involve self-care” (p. 7). Her employment of “self-care” rather than *people* allows Taylor to acknowledge that *health* is not a *complete* but *changing* state. She does not, however, state 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 taxa of self they choose to actualize in this world.

Allah in the Q argues that He created this world so that He could test which HS were most virtuous in deed (Q11:7), i.e., 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 12<sup>th</sup> taxon of self.

While few HS actualize their self as OMTs in this world, some actualize it as MTs through complying with Allah’s commands such as those brought up by the 59-item QOS validated by Khodadady (2023). Item 38, for example, requires HS to stand 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 DMTs while the majority prefers PTs, STs, WTs, ETs, and CTs.

The monotheism (MT) and fake monotheism (FMT) measured 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 ( $r = .17, p < .05$ ), showing 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 MT and FMT students will suffer neither from alcoholism nor from its 29 related illnesses listed by Fauci et al. (2009), 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 in order to avoid alcoholism and its related illnesses. The findings also support Fauci et al.’s (2009) 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 Allah instructs OMTs not to ask HS to say something, i.e., avoid consuming alcohol, when they do not do it themselves (Q61:2).

It must, however, be cautioned that Khodadady’s (2023) 16-item FMT were extracted from MT through factor analysis whose validity depended on the degree to which the students had agreed with the content of items constituting the 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 may, however, consume it when it helps them achieve their personal objectives.

It is, therefore, suggested that the scales identifying the empirical taxa of self, i.e., MTs, FMTs, DMTs, PTs, STs, WTs, ETs and CTs along with those of non-validated taxa of self be developed on their Quranic description to secure their content validity as well. The FMTs 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, the FMTs become miserly when Allah gives to them from His bounty (Q9:76).

## Conclusion

While medicine, psychiatry and psychology define *health* as a *complete* state, religion approaches it as a *temporary* state in the life of Homo sapiens (HS) which ends in death to serve a divine objective. As a true authority in religion, Allah announces that all HS are created to be tested in this world in terms of their deeds. They are provided with life and health so that they can actualize their self *willingly* as observing monotheists (OMTs), monotheists (MTs), fake monotheists (FMTs), doubtful monotheists (DMTs), polytheists (PTs), self-theists (STs), wise theists (WTs), emotional theists (ETs), cognitive theists (CTs), or instinctual theists (ITs) in this world before they die.

Few HS actualize their self as OMTs by assimilating it with that of Allah's as the only true self who *never dies* and owns not only this world but also the hereafter. So doing they gain their permanent life, i.e., complete health, upon death and live with Allah (Q3:169). While a few HS do follow Allah to become 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

### Acknowledgements

I do hereby thank Dr. Beheshteh Shakhshi Dastgahian for the data she collected on the scales and S-Test employed in this study. She did not, however, contribute to any part of this study.

**Conflict of interest:** None

**Funding:** None

## References

1. Abdi, H. (2003). Factor rotations. In M. Lewis-Beck, A. Bryman, & T. Futing (Eds.), *Encyclopedia for research methods for the social sciences* (pp. 978-982). Thousand Oaks (CA): Sage.
2. 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.
3. Asad, M. (1980). *The message of the Qur'an*. Gibraltar: Dar al-Andalus.
4. 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* (2<sup>nd</sup> ed). World Health Organization. <https://iris.who.int/handle/10665/67205>.
5. Bentler, P. M., & Kano, Y. (1990). On the Equivalence of factors and components. *Multivariate Behavioral Research*, 25(1), 67-74.
6. Blacker, D. (2000). Psychiatric rating scales. In B. J. Sadock, V. A., Sadock (Eds.), *Kaplan & Sadock's Comprehensive Textbook of Psychiatry* (7<sup>th</sup> ed.) (Vol. I/II, pp. 1635-1664). Philadelphia, PA: Wolters Kluwer.
7. Cortina, J. M. (1993). What is coefficient Alpha? An examination of theory and applications. *Journal of Applied Psychology*, 78(1), 98-104.
8. Costello, A. B. & Osborne, J. W. (2005). Best practices in exploratory factor analysis: four recommendations for getting the most from your analysis. *Practical Assessment Research & Evaluation*, 10 (7), 1-9.
9. Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*, 16(3), 297-334.
10. 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.
11. Fauci, A. S., Braunwald, E., Kasper, D. L., Hauser, S. L., Longo, D. L., Jameson, J. L., & Loscalzo, J. (2009). *Harrison's manual of medicine* (17th ed.). New York: McGraw-Hill.
12. Floyd, F. J., & Widaman, K. F. (1995). Factor analysis in the development and refinement of clinical assessment instruments. *Psychological Assessment*, 7(3), 286-299.
13. Ford, J. K., MacCallum, R. C., & Tait, M. (1986). The application of exploratory factor-analysis in applied psychology A critical review and analysis. *Personnel Psychology*, 39(2), 291-314.
14. Kaiser, H.f. (1958). The varimax criterion for analytic rotation in factor analysis. *Psychometrika*, 23, 187-200.
15. Gorsuch, R. L. (1990). Common factor-analysis versus component analysis: Some well and little known facts. *Multivariate Behavioral Research*, 25(1), 33-39.
16. Hinchliffe, G. (2007). Truth and the capability of learning. *Journal of Philosophy of Education*, 41(2), 221-232.
17. 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* (10<sup>th</sup> ed.) (Vol. I/II, pp. 6852-6911). Philadelphia, PA: Wolters Kluwer.



18. Houghtalen, R. P., & McIntyre, J. S. (2017). Psychiatric interview, history, and mental status examination of the adult patient. In B. J. Sadock, V. A., Sadock, & P. Ruiz (Eds.), *Kaplan & Sadock's Comprehensive Textbook of Psychiatry* (10<sup>th</sup> ed.) (Vol. I/II, pp. 2466-2518). Philadelphia, PA: Wolters Kluwer.
19. Khodadady, E. (2008a). Schema-based textual analysis of domain-controlled authentic texts. *Iranian Journal of Language Studies (IJLS)*, 2(4), 431-448.
20. Khodadady, E. (2008b). Measuring translation ability and achievement: A schema-based approach. *Quarterly Journal of Humanities, Al-Zahra University*, 18(70), 56-76.
21. Khodadady, E. (2023). Self and its actualization: Panoramic validity. *Journal of Nursing & Healthcare*, 8(2), 172-182.
22. 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>.
23. 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* (10<sup>th</sup> ed.) (Vol. I/II, pp. 10449-10475). Philadelphia, PA: Wolters Kluwer.
24. Landau S., & Everitt, B. S. (2004). *A handbook of statistical analyses using SPSS*. Boca Raton: Chapman & Hall/CRC Press LLC.
25. Linnaeus, C. (1735). *Systema naturae, per regna tria naturae, secundum classes, ordines, genera, species, cum characteribus, differentiis, synonymis, locis*. Typis Ioannis Thomae (in Latin)
26. Loehlin, J. C. (1990). Component analysis versus common factor analysis: A case of disputed authorship. *Multivariate Behavioral Research*, 25(1), 29-31.
27. MacCallum, R. C., & Tucker, L. R. (1991). Representing sources of error in the common-factor model: Implications for theory and practice. *Psychological Bulletin*, 109(3), 502-511.
28. Mulaik, S. A. (1990). Blurring the distinctions between component analysis and common factor-analysis. *Multivariate Behavioral Research*, 25(1), 53-59.
29. Nasr, S. H., Dagli, C. K., Dakake, M. M., Lumbard, 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](https://ia800804.us.archive.org/12/items/TheStudyQuran_201708/TheStudyQuran.pdf).
30. Sadock, B. J., & Sadock, V. A. (Eds.). (2000). *Kaplan & Sadock's comprehensive textbook of psychiatry* (2 Volume Set) (7th ed.). Philadelphia: Lippincott Williams & Wilkins.
31. 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.
32. 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.
33. 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.
34. Schuckit, M. A. (2017). Alcohol-related disorders. In B. J. Sadock, V. A., Sadock, & P. Ruiz (Eds.), *Kaplan & Sadock's Comprehensive Textbook of Psychiatry* (10<sup>th</sup> ed.) (Vol. I/II, pp. 3258-3297). Philadelphia, PA: Wolters Kluwer.
35. 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* (10<sup>th</sup> ed.) (Vol. I/II, pp. 2722-2788). Philadelphia, PA: Wolters Kluwer.
36. Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics* (5th ed.). Boston: Pearson.
37. Taylor, S. E. (2015). *Health psychology* (9<sup>th</sup> ed.). New York: McGraw-Hill Education.
38. 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* (10<sup>th</sup> ed.) (Vol. I/II, pp. 1507-1569). Philadelphia, PA: Wolters Kluwer.
39. Widaman KF. (1990). Bias in pattern loadings represented by common factor-analysis and component analysis. *Multivariate Behavioral Research*. 25(1): 89-95.
40. Widaman KF. (1993). Common factor-analysis versus principal component analysis– Differential bias in representing model parameters. *Multivariate Behavioral Research*. 28(3): 263-311.
41. World Health Organization. (2006). *Constitution of the World Health Organization*. Retrieved from [https://www.who.int/governance/eb/who\\_constitution\\_en.pdf](https://www.who.int/governance/eb/who_constitution_en.pdf).
42. Yusuf Ali, A. (2011). *The Quran: Translation & Commentary Notes*. PDF Published by Mursil.com. Retrieved from <http://quranebook.blogspot.ca/2011/07/quran-pdfsebooks.html>.