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The Role of Qur'anic Recitation and the Seerah of the Prophet Muhammad ﷺ: A Critical and Analytical Study on the Treatment of Psychosomatic Disorders and the Promotion of Mental Harmony among Women

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ABSTRACT

This research paper critically examines the therapeutic role of Qur'anic recitation (tilāwah) and the Prophetic Seerah in treating psychosomatic disorders and promoting mental harmony among women. Psychosomatic disorders—physical symptoms arising from psychological distress—disproportionately affect women due to biological, hormonal, social, and cultural factors. Contemporary medical interventions demonstrate significant limitations, including side effects, incomplete symptom resolution, and cultural resistance. This study employs a critical analytical methodology, integrating Islamic theological foundations, Prophetic biographical evidence (Seerah), and contemporary psychological research. The paper analyzes the concept of shifā' (healing) in the Qur'an, the Prophetic model of emotional regulation through ṣabr (patience), tawakkul (reliance on Allah), and du'ā' (supplication), and the physiological mechanisms of sound-based recitation therapy. Key findings reveal that Qur'anic recitation produces measurable neurophysiological effects—alpha brain wave activity, reduced cortisol, and vagal nerve stimulation—while the Prophetic Seerah

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provides a comprehensive framework for cognitive restructuring and psychological resilience. The study identifies a significant research gap in the integration of Seerah-based interventions with conventional psychotherapy for Muslim women. The paper concludes that Qur'anic recitation and the Prophetic model offer an evidence-based, culturally congruent, and spiritually powerful framework for treating psychosomatic disorders. Recommendations include developing structured therapeutic protocols, training healthcare providers in spiritually integrated care, and conducting longitudinal clinical trials.

Keywords: *Qur'anic Recitation, Seerah, Psychosomatic Disorders, Women's Mental Health, Spiritual Healing, Islamic Psychology, Mental Harmony*

1. Introduction

The relationship between spiritual practice and physical health has attracted increasing scholarly attention over the past several decades. Among spiritual practices within Islam, the recitation of the Qur'an (tilāwah) and the study of the Prophetic Seerah (biography and teachings of Prophet Muhammad ﷺ) hold distinctive positions as sources of healing, guidance, and psychological well-being. This paper critically examines the therapeutic role of Qur'anic recitation and the Prophetic Seerah in treating psychosomatic disorders and promoting mental harmony, with particular attention to women, who experience psychosomatic conditions at disproportionately higher rates than men.

Psychosomatic disorders represent a category of medical conditions in which psychological distress manifests as physical symptoms—chronic pain, gastrointestinal disturbances, cardiovascular symptoms, and neurological complaints—without identifiable organic pathology. The World Health Organization estimates that psychosomatic and somatoform disorders affect approximately 10-15% of the general population, with prevalence rates among women two to three times greater than among men. This gender disparity reflects a complex interplay of biological, psychological, and sociocultural factors, including hormonal fluctuations, differential coping styles, gender-based violence, and cultural stigmatization of psychological distress. Contemporary medical interventions demonstrate significant limitations, including medication side effects, incomplete symptom resolution, high relapse rates, limited accessibility, and cultural resistance to psychological treatments in many Muslim communities.

Within the Islamic tradition, spiritual healing is not merely a complementary approach but an integral dimension of holistic well-being. The Qur'an explicitly identifies itself as a source of healing (shifā') and tranquility (ṭuma'nīnah). The Prophet Muhammad ﷺ established the practice of ruqyah (recitation over the

sick) and demonstrated extraordinary psychological resilience despite immense personal adversities, providing a comprehensive model for mental harmony. His responses to grief, anxiety, betrayal, physical harm, and loss offer practical guidance for women experiencing psychosomatic symptoms driven by psychological distress.

A significant research gap exists in the integration of Seerah-based interventions with conventional psychotherapy for Muslim women. While isolated studies have examined Qur'anic recitation or specific Prophetic teachings, no comprehensive framework combines Qur'anic recitation, Prophetic psychological practices, and contemporary therapeutic methods into a coherent clinical protocol. This study addresses this gap by critically analyzing Qur'anic verses, Prophetic traditions, classical Islamic medical literature, and contemporary neuroscientific and clinical research to develop an evidence-based, spiritually congruent therapeutic model. The paper is structured into five sections. Section one presents the conceptual framework. Section two examines Qur'anic foundations of healing. Section three analyzes the Seerah-based model of psychological resilience. Section four addresses women's mental health from an Islamic perspective. Section five provides critical and analytical discussion integrating spirituality with modern psychology.

Section One: Conceptual Framework

1. Psychosomatic Disorders: Islamic and Modern Understanding

Psychosomatic disorders, referred to as somatoform or somatic symptom disorders in contemporary diagnostic systems, are conditions characterized by physical symptoms that suggest a medical condition but are not fully explained by organic pathology. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) categorizes these under Somatic Symptom and Related Disorders, emphasizing the distress and impairment caused by symptoms rather than requiring the absence of a medical explanation. Common psychosomatic disorders affecting women include fibromyalgia (80-90% female), irritable bowel syndrome (twice as common in women), chronic fatigue syndrome (female-to-male ratio 4:1), tension-type headaches and migraines (twice as common in women), and chronic pelvic pain without identifiable pathology (affecting approximately 15% of women of reproductive age).

The relationship between psychological stress and physical illness has been recognized across medical traditions for millennia. In Islamic medicine, the concept of "al-amrāḍ al-nafsāniyyah" (psychological illnesses) was understood to produce physical manifestations through the interaction of the soul (nafs), the mind (ʿaql), and the body (jasad). Classical physicians such as Ibn Sīnā

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(Avicenna) and al-Rāzī (Rhazes) described conditions where emotional disturbances—grief, anxiety, anger, fear—produced palpitations, digestive disorders, headaches, and other physical symptoms in the absence of organic lesions. This holistic understanding of the mind-body connection anticipated modern psychosomatic medicine by over a millennium.

Allah Almighty states in Surah Yūnus:

إِنَّ فِي اخْتِلَافِ اللَّيْلِ وَالنَّهَارِ وَمَا خَلَقَ اللَّهُ فِي السَّمَاوَاتِ وَالْأَرْضِ لآيَاتٍ لِّقَوْمٍ يَتَّقُونَ¹

Translation: "Indeed, in the alternation of the night and the day and what Allah has created in the heavens and the earth are signs for a people who fear Allah."

This verse establishes that reflection upon natural phenomena, including the relationship between psychological and physical states, is a religiously meritorious act. Understanding psychosomatic disorders is part of understanding Allah's creation. The verse invites believers to contemplate the intricate design of the universe, which includes the complex interconnection between mind and body.

Allah also states in Surah al-A'raf:

وَلَوْ أَنَّ أَهْلَ الْقُرَىٰ آمَنُوا وَاتَّقَوْا لَفَتَحْنَا عَلَيْهِم بَرَكَاتٍ مِّنَ السَّمَاءِ وَالْأَرْضِ²

Translation: "If the people of the towns had believed and feared Allah, We would have opened upon them blessings from heaven and earth."

Classical exegetes interpreted "blessings from heaven and earth" as including physical health, psychological well-being, and material provisions. This verse establishes a connection between spiritual state (īmān and taqwā) and physical well-being, providing a theological foundation for understanding how spiritual practices can produce physical benefits. The verse implies that faith and God-consciousness are not merely abstract spiritual states but have tangible effects on one's physical health and overall quality of life.

From an Islamic psychological perspective, the concept of "nafs" is central to understanding psychosomatic disorders. The Qur'an describes three states of the nafs: the commanding nafs (al-nafs al-ammārah bi al-sū') that inclines toward evil; the self-reproaching nafs (al-nafs al-lawwāmah) that recognizes wrongdoing and feels guilt; and the tranquil nafs (al-nafs al-muṭma'innah) that has achieved peace through submission to Allah. Psychosomatic symptoms often arise when the nafs is in a state of conflict, and Qur'anic recitation, by addressing the nafs directly and moving it toward the state of ṭuma'nīnah, can interrupt this somatization process. The commanding nafs produces chronic stress and anxiety,

which manifest as physical symptoms, while the tranquil nafs produces physiological homeostasis and resilience against psychosomatic disorders.

2. Mental Harmony in Islamic Perspective

Mental harmony, referred to in Islamic terminology as ṭuma'nīnah (tranquility) and sakīnah (serenity), is a state of psychological equilibrium characterized by emotional regulation, cognitive clarity, and spiritual peace. Unlike contemporary psychological definitions that focus primarily on the absence of distress, the Islamic concept of mental harmony emphasizes the active presence of peace, trust in Allah (tawakkul), and contentment with divine decree (riḍā). This positive psychology orientation—focusing on flourishing rather than merely symptom reduction—aligns with contemporary positive psychology movements while providing a distinctive theological foundation.

Allah Almighty states in Surah al-Ra'd:

الَّذِينَ آمَنُوا وَتَطْمَئِنُّ قُلُوبُهُمْ بِذِكْرِ اللَّهِ أَلَا بِذِكْرِ اللَّهِ تَطْمَئِنُّ الْقُلُوبُ³

Translation: "Those who have believed and whose hearts find tranquility in the remembrance of Allah. Unquestionably, in the remembrance of Allah do hearts find tranquility."

This verse establishes that the remembrance of Allah (dhikr), of which Qur'anic recitation is the highest form, produces emotional regulation and psychological stability. The term "ṭuma'nīnah" refers not merely to temporary calm but to a sustained state of inner peace, security, and emotional equilibrium. The verse uses the definite article "al" before "qulūb" (hearts), indicating that this tranquility is not an exception but the natural state of believing hearts engaged in dhikr. For women experiencing psychosomatic symptoms driven by chronic anxiety, this cultivation of ṭuma'nīnah through Qur'anic recitation offers a spiritually congruent pathway to healing.

The Qur'an also describes the hearts of believers as finding satisfaction in Allah's remembrance. The Prophet Muhammad ﷺ articulated the attitude that believers should maintain toward all circumstances, including illness and distress. He said:

عَجَبًا لِأَمْرِ الْمُؤْمِنِ إِنَّ أَمْرَهُ كُلَّهُ خَيْرٌ وَلَيْسَ ذَلِكَ لِأَحَدٍ إِلَّا لِلْمُؤْمِنِ إِنْ أَصَابَتْهُ سَرَاءٌ شَكَرَ فَكَانَ خَيْرًا لَهُ وَإِنْ أَصَابَتْهُ ضَرَاءٌ صَبَرَ فَكَانَ خَيْرًا لَهُ⁴

Translation: "Wondrous is the affair of the believer, for all of his affairs are good. If something good happens to him, he gives thanks, and that is good for him. If something bad happens to him, he is patient, and that is good for him."

This hadith provides a framework for reframing psychosomatic symptoms as opportunities for spiritual growth. The symptom is not denied or minimized, but it

is interpreted within a larger framework of meaning. The believer's response—patience (ṣabr) rather than despair or anger—becomes a source of reward and spiritual elevation. This reframing reduces the secondary anxiety and depression that often accompany chronic symptoms, breaking the vicious cycle of symptom amplification through psychological distress. The hadith's use of "all of his affairs" (kulluhu khayr) indicates that this positive reframing applies universally, including to experiences of illness and suffering.

3. Spiritual Healing in Islam

Spiritual healing in Islam encompasses the treatment of psychological and physical ailments through religious practices including Qur'anic recitation, supplication (du'ā'), Prophetic medicine (al-ṭibb al-nabawī), and ruqyah (recitation over the sick). This concept is distinguished from purely magical or superstitious practices by its emphasis on monotheism (tawḥīd), reliance on Allah (tawakkul), and integration with rational medical treatment. Islamic spiritual healing is not opposed to medical science; rather, it complements it by addressing the spiritual dimension of human existence that biomedical models often neglect.

The Prophet Muhammad ﷺ explicitly commanded seeking treatment while affirming divine will. He said:

تَدَاوُوا عِبَادَ اللَّهِ فَإِنَّ اللَّهَ لَمْ يَضَعْ دَاءً إِلَّا وَضَعَ مَعَهُ شِفَاءً⁵

Translation: "Seek treatment, O servants of Allah, for Allah did not place any disease except that He also placed its cure."

This hadith commands active treatment-seeking while providing hope that a cure exists. The Prophet ﷺ also provided comprehensive guidance on seeking spiritual healing while acknowledging Allah as the ultimate Healer. He said:

لَا بَأْسَ طَهُورًا إِنْ شَاءَ اللَّهُ⁶

Translation: "No harm, purification if Allah wills."

This supplication, recited over the sick, expresses hope for healing while acknowledging divine will—a balance that prevents despair while maintaining hope. The term "ṭahūr" (purification) reframes illness as spiritually beneficial, potentially expiating sins and elevating spiritual rank. This reframing is particularly important for women with chronic psychosomatic disorders, who may otherwise interpret their suffering as punishment or divine abandonment. The phrase "in shā' Allāh" (if Allah wills) affirms that ultimate healing is in Allah's hands, reducing the anxiety that can arise when treatments fail or symptoms persist.

Section Two: Qur'anic Foundations

1. Healing Nature of the Qur'an

The Qur'an describes itself as healing (shifā') in multiple verses, using terminology that encompasses both spiritual and physical dimensions of health. This healing is not merely metaphorical but is understood by classical and contemporary scholars as having real therapeutic effects on psychological and physiological states. The Qur'anic concept of shifā' operates through multiple mechanisms: the cognitive restructuring that occurs when one internalizes divine guidance, the emotional regulation produced by remembrance of Allah, the physiological effects of rhythmic recitation, and the spiritual transformation that comes from increased faith and trust in Allah.

Allah states in Surah al-Fussilat:

قُلْ هُوَ الَّذِي آمَنُوا هُدًى وَشِفَاءً⁷

Translation: "Say: It is for those who believe a guidance and healing."

This verse emphasizes that the Qur'an's healing properties are accessible specifically to believers who approach it with faith and openness. The conjunction of "guidance" (hudan) and "healing" (shifā') indicates that the two are interconnected: proper guidance leads to healing, and healing facilitates the reception of guidance. The verse begins with "Say" (qul), commanding the Prophet to declare this truth, indicating that the healing nature of the Qur'an is not a secret but a public proclamation. For women with psychosomatic disorders, the Qur'an heals not through magic but through the cognitive and emotional restructuring that occurs when one internalizes divine guidance about the nature of suffering, the purpose of trials, and the reality of divine mercy.

Surah al-Fātiḥah, the opening chapter of the Qur'an, is particularly associated with healing. The Prophet ﷺ referred to it as "Umm al-Kitāb" (the Mother of the Book) and "al-Shifā'" (the Cure). A companion reported:

إِنَّ الْحَمْدُ لِلَّهِ رَبِّ الْعَالَمِينَ هِيَ الشِّفَاءُ⁸

Translation: "Indeed, Sūrat al-Fātiḥah is the cure."

The seven verses of al-Fātiḥah contain the essential theological concepts of Islamic spirituality: praise of Allah, acknowledgment of His Lordship and mercy, recognition of the Day of Judgment, and the plea for guidance to the straight path. The recitation of these verses redirects the reciter's attention from the source of distress to the source of healing—Allah Himself. The verse begins with "Alḥamdulillāh" (all praise is for Allah), which trains the mind to focus on gratitude rather than on symptoms, a cognitive strategy validated by contemporary positive psychology research.

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Allah also states in Surah al-Nahl:

وَنَزَّلْنَا عَلَيْكَ الْكِتَابَ تِبْيَانًا لِّكُلِّ شَيْءٍ وَهُدًى وَرَحْمَةً وَبُشْرَىٰ لِلْمُسْلِمِينَ⁹

Translation: "And We have sent down to you the Book as clarification for all things and as guidance and mercy and good news for the Muslims."

Classical scholars interpreted "clarification for all things" (tibyānān li-kulli shay') as including guidance for health and healing. The comprehensiveness of this phrase suggests that the Qur'an contains principles applicable to every human situation, including the experience of illness and the pursuit of recovery.

2. Role of Recitation in Spiritual Therapy

The act of Qur'anic recitation (tilāwah) itself, independent of the meaning of specific verses, produces therapeutic effects through the physical properties of sound and rhythm. The Arabic language has distinctive phonetic characteristics—prolonged vowel sounds, guttural consonants, and rhythmic stress patterns—that produce specific effects on the human nervous system. When recited in the traditional manner (tajwīd), the Qur'an's sound waves produce measurable physiological responses including reduced heart rate, lowered blood pressure, decreased cortisol, and increased alpha brain wave activity associated with relaxed alertness.

The Prophet ﷺ explicitly recommended Qur'anic recitation as a therapeutic practice. He said:

اقْرَأُوا الْقُرْآنَ فَإِنَّهُ يَأْتِي يَوْمَ الْقِيَامَةِ شَفِيعًا لِأَصْحَابِهِ¹⁰

Translation: "Recite the Qur'an, for it will come on the Day of Resurrection as an intercessor for its companions."

While the primary meaning of this hadith refers to eschatological benefit, classical scholars also understood it to imply that the Qur'an intercedes for its reciters in this life by alleviating distress, providing guidance, and promoting healing. The term "shafi'an" (intercessor) suggests an active beneficial effect on the reciter, including psychological and physical benefits. This dual benefit—spiritual reward in the Hereafter and psychological relief in this world—makes Qur'anic recitation a uniquely powerful practice for Muslim women suffering from psychosomatic disorders.

The Prophet ﷺ also taught specific verses for protection from psychological distress. He would recite al-Mu'awwidhāt (Sūrat al-Falaq and Sūrat al-Nās) over himself and his family members. 'Ā'ishah reported:

أَنَّ النَّبِيَّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ كَانَ إِذَا اشْتَكَى يَقْرَأُ عَلَى نَفْسِهِ بِالْمُعَوِّذَاتِ وَيَنْفُثُ¹¹

Translation: "When the Prophet was ill, he would recite al-Mu'awwidhāt over himself and blow."

This narration is significant because it demonstrates that the Prophet did not rely exclusively on others to perform ruqyah for him; he performed it himself, establishing the legitimacy of self-administered Qur'anic recitation. The act of blowing (nafath) produces controlled exhalation, which activates the parasympathetic nervous system and reduces the stress response. For women experiencing psychosomatic symptoms, this establishes that they can be active agents in their own healing rather than passive recipients of treatment. The self-administered nature of this practice empowers women who may lack access to healthcare providers or who prefer private, home-based interventions.

3. Qur'anic Perspective on Psychological Tranquility

The Qur'an provides a comprehensive framework for achieving psychological tranquility (ṭuma'nīnah) through the integration of faith, righteous action, and remembrance of Allah. Unlike secular psychological models that focus on symptom reduction, the Qur'anic model emphasizes the cultivation of a positive state of well-being characterized by contentment with divine decree, trust in Allah's wisdom, and hope in His mercy. This framework is particularly valuable for women with psychosomatic disorders because it addresses the existential dimensions of suffering that biomedical models often ignore.

Allah states in Surah al-Fajr:

يَا أَيُّهَا النَّفْسُ الْمُطْمَئِنَّةُ ارْجِعِي إِلَىٰ رَبِّكِ رَاضِيَةً مَّرْضِيَّةً¹²

Translation: "O tranquil soul, return to your Lord, well-pleasing and pleased."

This verse describes the ultimate state of psychological tranquility—the soul that has achieved peace through submission to Allah. The description of the soul as both "well-pleasing" (rāḍiyah) and "pleased" (marḍiyyah) indicates a reciprocal relationship: the believer is content with Allah's decree, and Allah is content with the believer's response. For women with psychosomatic disorders, this verse provides hope that tranquility is attainable regardless of physical symptoms, through the cultivation of spiritual states. The verse uses the vocative "yā" (O), directly addressing the tranquil soul, creating a sense of personal address that can be deeply comforting to the reciter.

The Prophet ﷺ taught specific supplications for achieving tranquility in times of distress. He said:

اللَّهُمَّ إِنِّي أَعُوذُ بِكَ مِنَ الْهَمِّ وَالْحَزَنِ، وَالْعَجْزِ وَالْكَسَلِ، وَالْجُبْنِ وَالْبُخْلِ¹³

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*Translation: "O Allah, I seek refuge in You from anxiety and grief,
disability and laziness, cowardice and miserliness."*

This comprehensive supplication addresses multiple sources of psychological distress that can contribute to psychosomatic symptoms. The pairing of "anxiety and grief" (al-hamm wa al-ḥuzan) addresses the cognitive and emotional dimensions of distress. The pairing of "disability and laziness" (al-‘ajz wa al-kasal) addresses the behavioral consequences of psychosomatic disorders, where physical symptoms can lead to inactivity and further deterioration. The pairing of "cowardice and miserliness" (al-jubn wa al-bukhl) addresses the relational and spiritual dimensions of distress. Reciting this du‘ā’ during Qur'anic recitation can interrupt the cycle of anxious rumination that amplifies somatic symptoms.

Section Three: Seerah-Based Model of Psychological Resilience

1. Prophetic Approach to Emotional Distress

The Seerah of the Prophet Muhammad ﷺ provides a comprehensive model for managing emotional distress that has direct applications for women with psychosomatic disorders. The Prophet faced immense personal adversities—the loss of his parents, his beloved wife Khadījah, his uncle Abū Ṭālib, the death of his infant son Ibrāhīm, the boycott and persecution in Mecca, and numerous battles—yet he demonstrated remarkable psychological stability, emotional regulation, and trust in Allah. His responses to these adversities provide practical guidance for women experiencing psychosomatic symptoms driven by grief, anxiety, or trauma.

Following the death of his son Ibrāhīm, the Prophet ﷺ said:

إِنَّ الْعَيْنَ تَدْمَعُ وَالْقَلْبَ يَحْزَنُ وَلَا نَقُولُ إِلَّا مَا يُرْضِي رَبَّنَا¹⁴

*Translation: "The eye weeps, the heart grieves, but we say nothing
except what pleases our Lord."*

This hadith provides a balanced model for women experiencing psychosomatic symptoms related to grief. The Prophet acknowledged the reality of grief—tears and sorrow are permitted and natural—but he did not allow grief to lead to despair or statements of complaint against Allah. This balance between acknowledging distress and maintaining faith is crucial for preventing the amplification of psychosomatic symptoms. For women whose physical symptoms are driven by unresolved grief, this hadith validates their emotional pain while providing a framework for maintaining hope and trust in Allah. The hadith's structure—acknowledging both external expression (the weeping eye) and internal experience (the grieving heart)—validates the whole person, not just observable behavior.

When the Prophet was subjected to intense psychological torture in Tā'if, where he was pelted with stones until his body bled, his response was not anger or despair but supplication and hope. He said:

اللَّهُمَّ إِلَيْكَ أَشْكُو ضَعْفَ قُوَّتِي وَقِلَّةَ جِيلَتِي وَهَوَانِي عَلَى النَّاسِ¹⁵

Translation: "O Allah, to You I complain of my weakness, my lack of resources, and my insignificance before people."

This supplication models healthy coping: acknowledging one's limitations and distress while directing the complaint to Allah rather than to other humans. The Prophet did not suppress his pain or pretend it did not exist; he brought it before Allah in supplication. For women with psychosomatic disorders whose symptoms are often dismissed or invalidated by others (a common experience), turning to Allah in supplication provides a safe outlet for expressing distress. The supplication's progression—from physical weakness (da'f quwwatī) to practical helplessness (qillat hīlatī) to social humiliation (hawānī 'alā al-nās)—addresses the multiple dimensions of distress that can trigger psychosomatic symptoms.

2. Treatment of Anxiety and Grief in the Seerah

The Seerah contains specific guidance for treating anxiety and grief through the integration of spiritual practices, social support, and cognitive reframing. The Prophet experienced significant anxiety regarding the transmission of the Qur'anic message, the safety of his companions, and the welfare of the Muslim community. His strategies for managing anxiety included prayer, supplication, consultation (shūrā) with companions, seeking refuge in Allah, and maintaining trust in divine protection.

When the Prophet was warned about an enemy plot, his response was not to panic but to increase his supplication and trust in Allah. He said:

حَسْبُنَا اللَّهُ وَنِعْمَ الْوَكِيلُ¹⁶

Translation: "Sufficient for us is Allah, and He is the best Disposer of affairs."

This verse expresses the essence of cognitive reframing for anxiety: redirecting attention from the source of threat to the source of protection. The term "ḥasbunā" (sufficient for us) affirms that Allah's protection is adequate for any threat, regardless of its magnitude. The phrase "ni'ma al-wakīl" (the best Disposer of affairs) affirms that Allah's management of affairs is superior to any human strategy. For women with psychosomatic symptoms triggered by anxiety, reciting this supplication during Qur'anic recitation can interrupt the cycle of catastrophic thinking and restore a sense of safety. This cognitive reframing is analogous to

contemporary cognitive-behavioral therapy techniques that challenge catastrophic thoughts by redirecting attention to coping resources.

The Prophet also provided specific guidance for managing grief related to loss. When his companions experienced bereavement, he would console them with the reminder:

إِنَّ لِلَّهِ مَا أَخَذَ وَلَهُ مَا أُعْطِيَ وَكُلُّ شَيْءٍ عِنْدَهُ بِأَجَلٍ مُّسَمًّى ¹⁷

Translation: "To Allah belongs what He takes, and to Him belongs what He gives, and everything has an appointed term with Him."

This reframing helps the grieving person accept the reality of loss while maintaining trust in divine wisdom. The acknowledgment that everything has an appointed term (ajal musammá) provides a framework for making meaning of loss, reducing the existential distress that can trigger psychosomatic symptoms. The phrase "to Allah belongs what He takes" (lillāhi mā akhadha) establishes that the lost person or thing was never truly owned by the griever but was always a trust from Allah, making the loss more bearable.

3. Prophetic Methods of Psychological Support

The Prophet ﷺ employed specific methods of psychological support that are directly applicable to treating psychosomatic disorders. These methods include active listening, validation of emotional experience, provision of hope, practical problem-solving, and integration of spiritual practices. When women came to the Prophet with concerns about their mental health, he listened attentively without judgment, validating their experiences and providing guidance tailored to their specific situations.

The Prophet also provided hope by reminding believers that their suffering has spiritual value. He said:

مَا يُصِيبُ الْمُسْلِمَ مِنْ نَصَبٍ وَلَا وَصَبٍ وَلَا هَمٍّ وَلَا حُزْنٍ وَلَا أَذًى وَلَا غَمٍّ حَتَّى الشَّوْكَةِ يُشَاكِبَهَا إِلَّا كَفَّرَ اللَّهُ بِهَا مِنْ خَطَايَاهُ ¹⁸

Translation: "No fatigue, nor disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim, even if it were a prick of a thorn, but Allah expiates some of his sins thereby."

This hadith provides a powerful cognitive reframing for women with chronic psychosomatic symptoms. Their suffering is not meaningless; it serves a spiritual purpose of expiating sins. This meaning-making can reduce the secondary distress of feeling that one's suffering is pointless or punishment from Allah. The hadith's comprehensiveness—listing fatigue (naṣab), disease (waṣab), sorrow (hamm), sadness (ḥuzn), hurt (adhan), and distress (ghamm)—ensures that no form of

suffering is excluded from spiritual benefit. The mention of "even a prick of a thorn" (*hattā al-shawkati yushākuhā*) assures women that even minor, everyday discomforts have spiritual value, countering the tendency to dismiss or minimize their pain.

The Prophet also encouraged seeking social support and not suffering in isolation. He said:

المُؤْمِنُ لِلْمُؤْمِنِ كَالْبُنْيَانِ يَشُدُّ بَعْضُهُ بَعْضًا¹⁹

Translation: "The believer to another believer is like a building whose parts support each other."

This hadith emphasizes the importance of community and mutual support for mental health. For women with psychosomatic disorders, who often experience social isolation due to their symptoms, this teaching encourages seeking connection with other believers who can provide emotional and practical support.

Section Four: Women and Mental Health: An Islamic Perspective

1. Psychological Challenges among Women

Women face unique psychological challenges that increase their vulnerability to psychosomatic disorders. These include hormonal fluctuations during menstruation, pregnancy, postpartum, and menopause; higher rates of exposure to gender-based violence, sexual abuse, and intimate partner violence; disproportionate caregiving burdens for children, elderly parents, and ill family members; economic vulnerability and workplace discrimination; cultural stigmatization of psychological distress; and the psychological impact of infertility, miscarriage, and child loss. These challenges can trigger or exacerbate psychosomatic symptoms when psychological distress becomes somatized in the body.

The Qur'an acknowledges the unique physical and psychological challenges women face. Allah states in Surah Luqmān:

وَوَصَّيْنَا الْإِنْسَانَ بِوَالِدَيْهِ حَمَلَتْهُ أُمُّهُ وَهْنًا عَلَى وَهْنٍ²⁰

Translation: "And We have enjoined upon man concerning his parents—his mother carried him in weakness upon weakness."

This verse acknowledges the physical and psychological challenges of pregnancy, validating women's experiences and providing theological comfort. The repetition of "weakness upon weakness" (*wahnan 'alā wahnin*) emphasizes the cumulative burden that women carry—a recognition that can be profoundly validating for women whose suffering has been dismissed. The verse is addressed to all humanity ("al-insān"), not just women, making it a universal acknowledgment of

maternal sacrifice that can be cited by women seeking validation of their experiences.

The Prophet ﷺ addressed the additional psychological burdens women carry due to their reproductive and caregiving roles. He said:

لَا تَظْلِمُوا النِّسَاءَ فَإِنَّهُنَّ عَوَانٍ عِنْدَكُمْ²¹

Translation: "Do not oppress women, for they are like captives in your hands."

While this hadith provides general guidance for treating women justly, it also acknowledges women's vulnerability. The term "awān" (captives or dependents) suggests that women may be in positions of limited power and autonomy, which can contribute to psychological distress and somatization. The hadith's placement of responsibility on men to avoid oppression acknowledges systemic power imbalances that can harm women's mental health.

2. Islamic Guidance for Emotional Stability

Islam provides comprehensive guidance for women to achieve emotional stability despite the unique challenges they face. This guidance includes spiritual practices (prayer, fasting, Qur'anic recitation, supplication), cognitive reframing (recognizing trials as opportunities for reward, trusting in divine wisdom), social support (maintaining community connections, seeking counsel from religious scholars), and self-care (balancing responsibilities, avoiding overburdening oneself).

The Qur'an provides specific guidance for women experiencing distress during menstruation, pregnancy, postpartum, and menopause. Allah states:

وَيَسْأَلُونَكَ عَنِ الْمَجِيزِ قُلْ هُوَ أَذَىٰ فَاعْتَزِلُوا النِّسَاءَ فِي الْمَجِيزِ²²

Translation: "And they ask you about menstruation. Say: It is harm, so keep away from women during menstruation."

This verse, while primarily addressing marital relations during menstruation, acknowledges menstruation as a time of physical and psychological discomfort (adhan). This acknowledgment validates women's experiences during hormonal fluctuations that can trigger psychosomatic symptoms. The verse does not stigmatize menstruation but rather recognizes its challenges, providing a model for healthcare providers to similarly validate women's reproductive health experiences without stigma.

The Prophet ﷺ explicitly recognized the psychological challenges of the postpartum period. He allowed women who had recently given birth to postpone religious obligations until they were physically and emotionally ready,

demonstrating an understanding of the psychological vulnerability of the postpartum period. His general principle of removing hardship (raf' al-ḥaraj) applies to all women recovering from childbirth and experiencing postpartum depression or anxiety.

3. Seerah-Based Empowerment Model for Women

The Seerah contains numerous examples of women who overcame psychological distress, trauma, and adversity through faith and spiritual practices. These examples provide an empowerment model for contemporary Muslim women with psychosomatic disorders. They demonstrate that psychological resilience is possible even in the most challenging circumstances and that spiritual practices can be a source of strength.

Khadījah bint Khuwaylid (may Allah be pleased with her) provided emotional and material support to the Prophet during the most difficult periods of his mission. Her strength and resilience in the face of the Quraysh boycott and persecution demonstrate that women can be sources of strength for others even while managing their own distress. She was the Prophet's primary emotional support when he received the first revelation and was terrified by the experience. Her calmness and faith in that moment provided a model for women experiencing anxiety-related psychosomatic symptoms—she did not dismiss the Prophet's distress but rather validated it and provided practical and spiritual support.

Allah states regarding Asiyah, the wife of Pharaoh:

وَضَرَبَ اللَّهُ مَثَلًا لِلَّذِينَ آمَنُوا امْرَأَتَ فِرْعَوْنَ²³

Translation: "And Allah has set forth an example for those who believe: the wife of Pharaoh."

Asiyah endured immense psychological and physical torture from her husband, yet she remained steadfast in her faith. Her supplication recorded in the Qur'an expresses her distress while maintaining hope in divine justice. Her example provides a model for women experiencing psychosomatic symptoms related to trauma or abuse—that faith can sustain hope even in the most difficult circumstances. The fact that Allah presents her as an example "for those who believe" (lilladhīna āmanū) indicates that her model of resilience is not unique to her but replicable for all believers.

Fāṭimah al-Zahrā', the daughter of the Prophet, experienced multiple losses—her mother Khadījah, her father the Prophet, and her infant son Muḥsin—with profound grief yet remained active in her religious and social duties. Her example demonstrates that women can continue to function and contribute to their communities even while experiencing significant psychological distress. She did

not withdraw from life despite her grief but rather channeled her sorrow into spiritual practices and advocacy for justice.

Section Five: Critical & Analytical Discussion

1. Integration of Spirituality and Psychology

The integration of Qur'anic recitation, Prophetic Seerah, and contemporary psychology offers a unique framework for treating psychosomatic disorders among women. This integrated approach addresses all three dimensions of human experience—biological (through the physiological effects of sound and breath regulation), psychological (through cognitive restructuring and emotional regulation), and spiritual (through remembrance of Allah, trust in divine wisdom, and hope in divine mercy). This biopsychosocial-spiritual model is more comprehensive than purely biomedical or purely psychological approaches.

The mechanism of Qur'anic recitation operates on multiple levels simultaneously. At the neurophysiological level, rhythmic recitation entrains respiratory rate to approximately 6-8 breaths per minute, a frequency known to maximize heart rate variability and promote parasympathetic dominance. This respiratory pattern directly reduces sympathetic activity, lowering heart rate, blood pressure, and cortisol. The vibration of the vocal cords and resonant chambers produces mechanical stimulation of the vagus nerve, which runs from the brainstem to the abdomen and regulates numerous bodily functions, including digestion, heart rate, and inflammation. Vagal stimulation through recitation may explain the benefits observed in gastrointestinal disorders like IBS and pain conditions like fibromyalgia.

At the psychological level, the semantic content of recited verses restructures maladaptive cognitive patterns. Verses that affirm divine mercy counter negative automatic thoughts about the self. Verses that describe Allah as al-Shāfi (the Healer) counter hopelessness about recovery. Verses that command patience (ṣabr) in times of distress and provide examples of prophets who endured suffering with faith counter catastrophic thinking. Over time, repeated exposure to these therapeutic cognitions through recitation restructures maladaptive thought patterns, reducing symptom amplification.

At the spiritual level, the framework of tawakkul (reliance on Allah) provides meaning and purpose in suffering. For women whose psychosomatic symptoms have led them to question why they suffer, the Prophetic model of reframing suffering as expiation of sins and elevation of rank provides an answer that reduces existential distress. The knowledge that recitation is both therapeutically beneficial and spiritually rewarded provides powerful motivation to persist with the practice even when physical benefits are not immediately apparent.

2. Comparison with Modern Therapeutic Models

When compared with contemporary therapeutic modalities, the Qur'anic-Prophethood approach has both distinctive advantages and certain limitations. Unlike purely secular approaches, this integrated model is culturally congruent for Muslim women who may resist conventional psychotherapy due to stigma or perceived incompatibility with religious values. The use of Qur'anic recitation is not merely a technique but a form of worship, providing intrinsic motivation that secular techniques cannot access.

Compared to cognitive-behavioral therapy (CBT), the Qur'anic-Prophethood approach offers similar mechanisms of cognitive restructuring but through the culturally familiar medium of divine revelation. Where CBT would challenge a catastrophic thought with evidence-based reasoning ("What is the evidence that this worst-case scenario will occur?"), Qur'anic recitation challenges the same thought with verses affirming Allah's mercy, power, and wisdom ("Allah is the best Disposer of affairs; sufficient for us is Allah"). For believers, divine authority may be more compelling than empirical evidence, and the repetitive nature of recitation may produce more durable cognitive restructuring than occasional therapy sessions.

Compared to mindfulness-based stress reduction (MBSR), Qur'anic recitation produces similar physiological relaxation responses (reduced heart rate, lowered blood pressure, decreased cortisol) but within a framework of meaning that many find more satisfying than secular mindfulness. The Qur'anic reciter is not merely observing thoughts and sensations with detached awareness but actively engaging with divine speech, cultivating remembrance (dhikr) rather than detached observation. This active engagement may be more sustainable as a daily practice than the passive observation of mindfulness, which some find difficult to maintain.

However, limitations must be acknowledged. The Qur'anic-Prophethood approach requires certain baseline religious literacy and faith commitment to be maximally effective. For women with religious doubts or weak religious practice, the approach may need to be introduced gradually, perhaps beginning with the physiological benefits of sound before exploring theological meaning. Additionally, severe psychosomatic disorders often require multi-modal treatment including medication, psychotherapy, and lifestyle changes; Qur'anic recitation should complement rather than replace these interventions.

3. Limitations and Strengths of Islamic Approach

The Islamic approach to treating psychosomatic disorders through Qur'anic recitation and Prophetic Seerah has several strengths that distinguish it from

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purely secular approaches. First, it addresses the whole person—body, mind, and soul—rather than reducing the person to a collection of symptoms. This holistic orientation is more respectful of human complexity and more likely to produce durable healing. Second, it provides meaning and purpose in suffering, addressing the existential distress that often accompanies chronic illness. Third, it is culturally congruent for Muslim women, reducing barriers to treatment-seeking and improving adherence. Fourth, it is accessible and low-cost, requiring no special equipment or facilities beyond access to the Qur'an.

However, the Islamic approach also has limitations that must be acknowledged. First, the empirical evidence base, while growing, remains limited. Most studies have small sample sizes, short follow-up periods, and methodological limitations. Large, multi-center randomized controlled trials are urgently needed to establish efficacy definitively. Second, the approach requires religious literacy that not all Muslim women possess. Women who do not read Arabic, who have limited Qur'anic knowledge, or who have weak religious practice may benefit less from this approach. Third, the approach may be less effective for women who have experienced religious trauma or who have negative associations with religious authority figures.

Fourth, the approach must be carefully distinguished from purely superstitious or magical practices that claim healing powers without evidence. Islamic spiritual healing is not opposed to medical science; it complements it. The Prophet ﷺ commanded seeking medical treatment, and the Islamic tradition has a rich history of medical science. Qur'anic recitation should be integrated with, not substituted for, evidence-based medical and psychological care.

Fifth, individual differences in responsiveness must be recognized. Some women may experience significant benefit from Qur'anic recitation, while others may experience minimal benefit. Factors that may predict response include baseline religious commitment, severity of symptoms, presence of comorbid conditions, quality of recitation, and consistency of practice. Personalized approaches that match interventions to individual characteristics are likely to be more effective than one-size-fits-all protocols.

4. Contemporary Applicability

The application of Qur'anic recitation and Prophetic Seerah to contemporary mental health settings faces several practical challenges that must be addressed for successful implementation. First, while the evidence base for sound-based interventions is growing, rigorous clinical trials specifically examining Qur'anic recitation for psychosomatic disorders remain limited. Most studies have small sample sizes, short follow-up periods, and methodological limitations. Large,

multi-center randomized controlled trials with adequate power, active control groups, blinded outcome assessors, and long-term follow-up are urgently needed to establish efficacy definitively and to guide evidence-based practice.

Second, healthcare providers, including physicians, psychologists, and counselors, require training in the therapeutic application of Qur'anic recitation. Many Muslim mental health professionals are trained exclusively in Western psychological models and may lack familiarity with the research on Qur'anic recitation and the Prophetic Seerah. Conversely, religious scholars trained in Islamic sciences may lack understanding of psychosomatic disorders, diagnostic criteria, and appropriate integration with medical care. Training programs that bridge these gaps—educating mental health professionals about Islamic spiritual practices and educating religious scholars about mental health—are essential infrastructure for implementation.

Third, the development of standardized protocols for Qur'anic recitation therapy is necessary for clinical implementation and research replication. Questions remain about optimal duration and frequency of recitation (daily? twice daily? weekly?), selection of verses for specific symptom profiles (which verses for anxiety versus depression versus pain?), integration with other spiritual practices (du‘ā’, ṣalāh, fasting), and combination with conventional treatments (should recitation be used instead of medication, in addition to medication, or as a first-line treatment before medication?). Evidence-based protocols addressing these questions are needed.

Fourth, cultural variation within Muslim populations must be recognized and addressed in implementation. Muslim women from different cultural backgrounds (South Asian, Arab, African, Southeast Asian, Western convert), levels of religious practice (secular, culturally Muslim, practicing, devout), degrees of Arabic fluency (native speaker, learner, non-speaker), and comorbidity profiles may respond differently to Qur'anic recitation interventions. Tailoring approaches to individual needs while maintaining fidelity to core principles is essential. Culturally adapted interventions that respect local customs and address local barriers are likely to be more effective than standardized protocols developed in one context and exported to others.

Fifth, policy and infrastructure support is needed for widespread implementation. Mental health services in Muslim-majority countries and in Muslim communities in minority contexts should integrate Qur'anic recitation therapy into standard care pathways for psychosomatic disorders. This integration requires policy changes (including Qur'anic recitation in clinical practice guidelines), funding mechanisms (insurance coverage for spiritually integrated therapies), training programs (continuing education for providers), and public awareness campaigns

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(educating women about the benefits of Qur'anic recitation). Without these systemic supports, even effective interventions will remain inaccessible to most women.

Despite these challenges, the contemporary applicability of the Qur'anic-Prophethood approach is significant. For Muslim women with psychosomatic disorders who have not responded to conventional treatments, who cannot access conventional treatments due to cost or location, or who prefer spiritually congruent approaches, Qur'anic recitation offers a safe, accessible, low-cost, and potentially effective complementary intervention. The approach respects religious identity, provides culturally congruent care, and empowers women as active agents in their own healing. In an era of growing interest in whole-person care, culturally adapted interventions, and patient-centered medicine, the Qur'anic-Prophethood approach is timely and relevant.

Conclusion

This study has demonstrated that Qur'anic recitation and the Prophetic Seerah provide a comprehensive, evidence-based, and spiritually congruent framework for treating psychosomatic disorders and promoting mental harmony among women. The research has established several significant findings. First, psychosomatic disorders affect women at disproportionately high rates, reflecting complex interactions of biological, psychological, and sociocultural factors. Second, the Islamic tradition provides robust theological foundations for spiritual healing through the Qur'anic concept of *shifā'* and the practice of *ruqyah*. Third, the Prophetic Seerah offers a detailed model of emotional regulation, cognitive reframing, and psychological resilience applicable to contemporary mental health challenges. Fourth, empirical evidence from neuroscientific and clinical research supports the efficacy of Qur'anic recitation for reducing psychosomatic symptoms through multiple mechanisms—neurophysiological, psychological, and spiritual. Fifth, the integration of Qur'anic recitation with Prophetic teachings and conventional medical care offers a biopsychosocial-spiritual model that is more comprehensive than purely biomedical approaches.

The integration of Qur'anic recitation with Prophetic teachings and conventional medical care offers Muslim women a healing pathway that addresses the whole person—body, mind, and soul. This integrated approach respects religious identity, provides culturally congruent care, and empowers women as active agents in their own healing. For Muslim women whose psychosomatic symptoms have been dismissed or inadequately treated, Qur'anic recitation offers not merely symptom relief but a restoration of meaning, purpose, and connection with Allah. The Qur'anic promise remains true for believers who turn to its recitation with

faith, sincerity, and persistence. May Allah, al-Shāfi (the Healer), grant complete healing to all who suffer, and may He make the Qur'an and the Sunnah of His Prophet a source of healing, mercy, and tranquility for believers until the end of time.



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