BIBLICAL-THEOLOGICAL ARTICLE

Psychosomatics and the Bible

Relationships between faith, behaviour, body and feelings

A Pastoral and Integrative Approach

PSYCHOSOMATICS AND THE BIBLE

Relationships between Faith, Behaviour, the Body and Feelings

from a biblical view of the human person

Author

Gerard Feller

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Author: Gerard Feller

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This publication offers biblical-theological and pastoral reflection. It is not intended as a medical or psychological diagnosis and does not replace examination or treatment by qualified healthcare professionals.

Bible quotations are presented in clear contemporary English and sometimes slightly paraphrased. When formally published, check the exact wording and state the Bible translation used.

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Soli Deo gloria

Foreword and reading guide

Psychosomatics is about the mutual influence of physical processes, thoughts, feelings, behaviour and relationships. The Bible does not use the modern word psychosomatics, but continually speaks of the human person as a living unity. The heart rejoices, the bones wither, fear weighs down, hope gives life force, tears are seen by God and the body is called to honor God. This article examines that language without turning the Bible into a medical manual and without automatically attributing physical complaints to personal sin.

The starting point is that faith, behaviour, body and feelings can be distinguished, but in concrete life they never exist completely separately from each other. What people believe influences their interpretation of events; interpretations color emotions; emotions and long-term stress have physical effects; physical condition in turn influences mood, attention and prayer life. At the same time, illness, trauma and psychological disturbance remain complex realities in which biological, social, spiritual and personal factors come together.

PASTORAL BOUNDARY This article provides biblical-theological interpretation, not a diagnosis or replacement for a general practitioner, psychologist, psychiatrist or other qualified healthcare provider. Professional assessment is required if persistent or severe complaints, suicidal thoughts, psychosis, acute pain or physical alarm symptoms occur.

Contents

1. Psychosomatics: concepts and boundaries

“A cheerful heart promotes healing, but a defeated spirit does notbones wither.”— Proverbs 17:22

The word psychosomatics consists of psyche and soma: inner life and body. In contemporary care it refers to physical complaints that can be influenced by psychological and social factors, but also to the opposite direction: physical illness influences mood, behaviour and meaning. That is not a contradiction between 'real' and 'imagined'. Pain, fatigue, palpitations, shortness of breath or intestinal complaints are real experiences, even when stress regulation, sleep, anxiety or sadness also play a role.

A biblical perspective therefore does not start with the question of whether a complaint is physical or spiritual, but with the recognition that the whole person suffers. Scripture shows no contempt for physical reality. She speaks of wounds, fever, exhaustion, hunger, insomnia and tears. At the same time, she describes how a broken spirit, jealousy, fear or guilt can make physical existence more difficult. The language is often poetic and wisdom-theological; it provides true life knowledge, but not a one-on-one diagnostic scheme.

Three boundaries are necessary. First, correlation should not be turned into accusation: the fact that tension can amplify complaints does not mean that the patient causes the disease. Second, a biblical text cannot replace a medical differential diagnosis. Third, spiritual guidance is not a competitor of professional care. God's providence can work through prayer and congregation, but also through diagnostics, medication, physiotherapy, psychotherapy, rest, nutrition and safe relationships.

The most fruitful approach is therefore integral. She asks about the body, feelings and thoughts, behaviour and rhythm of life, relationships and social circumstances, and about faith, guilt, hope and meaning. No domain automatically gets the last word. Everything is examined in light of God's creation, the brokenness of sin, redemption in Christ, and the hope of resurrection.

Scientific context. The biopsychosocial model describes physical complaints as the result of interacting biological, psychological and social factors. The Dutch SCEGS approach organizes the anamnesis along somatic, cognitive, emotional, behavioural and social dimensions. These models are tools for careful research, not a complete vision of humanity; this article places them within a biblical framework of creation, brokenness, responsibility, and hope [1–2].

2. The Human Person as a Created Unity

> *"Then the LORD God formed man of the dust of the ground, and breathed into his nostrils the breath of life."—Genesis 2:7*

Genesis 2:7 describes how God formed man from the dust of the ground and breathed into him the breath of life; thus man becomes a living being. The image is not that a complete soul is temporarily placed in an accidental body. Man is an animated body and an embodied person. Earth and breath, dependence and dignity, come together in one creature.

This unity is confirmed by biblical hope. The end goal is not an eternal escape from the body, but the resurrection of the body and the renewal of creation. Christ rises bodily; the believer also expects resurrection. This gives the body lasting meaning. It is not merely a vehicle of the spirit, but belongs to the person whom God knows, serves, loves, and will renew.

The unity of man does not mean that the Bible never makes distinctions. She speaks of body, soul, mind, heart, mind, conscience and strength. These words highlight different aspects or functions of the same living human being. Sometimes they overlap; sometimes they put their own emphasis. One does not do justice to Scripture when one makes each word a separate 'part' with a fixed anatomical location.

This is important for psychosomatics. The body carries our history: in posture, breathing, alertness, fatigue and tension. The inner self is partly shaped by the physical condition: sleep deprivation makes you vulnerable, pain narrows attention, hormones and illness can change mood. A biblical view of humanity expects such interaction, because God did not create a collection of separate compartments, but one relational, physical and spiritual being.

3. Heart, Soul, Mind and Body

"Of all you watch over, watch over your heart above all, it is the source of your life."— Proverbs 4:23

In the Bible, the heart is more than the place of feelings. It is the center of desire, thinking, choosing, remembering and moral orientation. Out of the heart are the issues of life (Prov. 4:23). Jesus says that words and actions come from the heart (Mark 7:20-23). Whoever asks about the heart, therefore, asks about the inner direction of the whole person: what do I trust, what do I fear, what do I worship, what do I long for and how do I decide to act?

'Soul' can denote the life, person or desiring self. The soul thirsts for God, is bowed down, finds rest, and praises the Lord.'Spirit' can refer to the breath of life, the human inner strength or the focus renewed by God's Spirit.'Body' designates the concrete physicality in which humans act and enter into relationships. None of these words legitimize a simple hierarchy in which the body is inferior.

The New Testament sometimes speaks of 'flesh' as a sphere of power of sinful self-centeredness. That does not mean that muscles, skin and nerves are sinful in themselves. Paul can present the same body as a living sacrifice and as a temple of the Holy Spirit. The problem is not physicality, but man turning away from God and bringing his potential under the dominion of sin.

Pastorally, this requires precise language. A defeated spirit can affect physical capacity, but a defeated mood can also arise from grief, neurological illness or exhaustion. A restless heart can signal guilt, but also trauma or an unsafe environment. The heart is to be known through God's Word, in prayer and fellowship, while the body is carefully examined and cared for.

CORE Biblical human words are windows on the whole person, not isolated anatomical boxes.

4. The body as a good gift

"Glorify God with your body."— 1 Corinthians 6:20

The creation stories call God's work good and very good. The body shares in that goodness. Eating, sleeping, touching, working, covenant sexuality, moving and resting are part of created existence. Asceticism or neglect may have an appearance of piety, but Scripture values grateful reception, self-control, and care for the fragile body.

In the incarnation this dignity is deepened: the Word became flesh. Jesus knows hunger, thirst, fatigue, pain and tears. He heals the sick not because physicality is unimportant, but because God's kingdom heralds recovery of the whole person. His resurrection confirms that salvation includes physical reality.

Paul's call to glorify God in the body concerns more than sexual ethics. She invites stewardship: respecting boundaries, getting enough sleep, using resources wisely, fighting addiction and seeking care when necessary. Self-care is not automatically selfishness. It can be a form of responsibility towards God and neighbor, so that one can love and serve sustainably.

At the same time, health is not a supreme good and a fit body is not an idol. People with chronic illness or disability continue to bear God's image. Their value does not depend on productivity, recovery or positive feelings. The church reflects Christ when it does not hide vulnerability, carries burdens and does not reduce people to what their bodies can or cannot do.

5. Feelings in Light of Scripture

"Hope in God, for one day I will praise Him again."— Psalm 42:6

The Bible gives feelings a remarkably broad place. Psalms speak of joy, fear, anger, shame, loneliness, hope, jealousy, gratitude, and despair. Jesus is moved with compassion, grieved to the point of death, indignant at hardness, and joyful in the Spirit. Feelings are therefore not necessarily suspicious or unspiritual. They are part of being human before God.

Yet feelings are not infallible. They provide information about our perception and desires, but can be colored by deception, old patterns, physical disorder or sin. Fear can warn of real danger, but also overestimate danger. Guilt can indicate concrete guilt, but can also be false and compulsive. Happiness can reflect gratitude, but also denial of sadness.

Biblical dealing with feelings has three movements: recognizing, expressing and directing. The psalmist names what is happening in him; he speaks to God instead of hiding the feeling; then he reminds himself of God's character and promises. That's not emotional repression. It is a relational order in which emotion is heard without being elevated to absolute truth.

The body also helps to recognize feelings. A tense jaw, rapid breathing, chest pressure or insomnia can be the first indication that anxiety, anger or overexertion requires attention. Listening to such signals is not navel-gazing. It can be wise stewardship, provided one does not become trapped in constant self-monitoring and, when in doubt, has signals assessed medically.

6. Faith, Trust and Inner Peace

"Trust in the LORD with all your heart, and lean not on your own understanding."— Proverbs 3:5

Faith in the Bible is not just agreeing with truths, but entrusting oneself to God. Proverbs 3:5-8 connects trust, humility, avoiding evil, and physical imagery of healing and refreshing. The text does not promise mechanical immunity against disease. She shows the beneficial direction of a life that does not rest entirely on one's own control.

Trust can influence stress responses by changing the meaning of circumstances. Those who do not have to see themselves as abandoned and fully responsible for the outcome can experience space for breathing, prayer, help and patience. However, Christian rest is not a technique to use God for symptom reduction. It is the fruit of a relationship in which the believer knows how to behave, even when complaints remain.

The cross preserves this confidence for triumphalism. Jesus trusts the Father and yet goes through physical and psychological suffering. Paul knows peace and a thorn in the flesh. Faith can therefore go hand in hand with panic complaints, depression, physical illness or long-term grief. The presence of symptoms does not prove the absence of faith.

Inner peace often grows through concrete practices: repeating truth, bringing concerns to prayer, setting boundaries, receiving forgiveness, seeking support, and limiting the day with sleep and Sabbath. Sometimes treatment actually makes it possible to pray and practice trust again. Grace uses means; she is not ashamed of human dependence.

KERN Faith can nourish peace, but persistent complaints are not proof of mental failure.

7. Behaviour, habits and physical well-being

"Whatsoever a man soweth, that shall he also reap."— Galatians 6:7

Biblical wisdom always asks how choices play out over time. Proverbs describes patterns of industry and laziness, temperance and excess, controlled and uncontrolled spoken words. Behaviour forms habits; Habits also shape our physical and social existence. Irregular sleep, substance abuse, constant overworking or avoiding conflict can have both mental and physical consequences.

This sowing-and-reaping is common wisdom, not a formula that explains each individual outcome. A sensible person can become ill; a reckless person can appear sane for a long time. The fallen world has chance from a human perspective, structural injustice, genetic vulnerability and consequences of other people's behaviour. Wisdom speaks of direction and probability, not of a right to prosperity.

Change rarely starts with sheer willpower. The Bible places obedience in the context of grace, the Spirit, and community. Small concrete steps are often more spiritual than grand promises: a fixed bedtime, one honest conversation, a medical appointment, less alcohol, daily walking, a limit to accessibility. Such actions can be a faith response to God's care.

So-called laziness requires a distinction. Proverbs rightly warns against passivity and avoiding responsibility. But the same outward inactivity can occur with depression, burnout, ADHD, chronic pain, anemia or grief. Pastoral wisdom first asks what hinders someone before it admonishes. Encouragement, structure, treatment, and appropriate responsibility may be needed together.

8. Proverbs about heart, words and bones

"Kind words are like honey: sweet to the soul and healthy to the body."— Proverbs 16:24

Proverbs uses powerful physical imagery: kind words are sweet to the soul and healing to the bones (16:24); a calm heart is life to the body, but envy is rottenness to the bones (14:30); a cheerful heart promotes healing, while a contrite spirit dries up the bones (17:22). These statements recognize the physical resonance of relational and emotional processes.

In poetic language, the 'bone' often stands for the deepest physical strength. Withering or consumption depicts how envy, guilt or despondency can affect the whole person. This should not be read as an exact statement about bone density. Wisdom is existential and relational: what lives in the heart for a long time does not remain neatly locked up inside.

Words are an important connection point. Demeaning, threatening or manipulative language can keep the nervous system on constant alert. Truthful, kind words can promote safety, hope, and connection. This does not explain every cure, but it underlines why the municipality, family and care providers must handle language carefully. Mental abuse is also physically taxing.

Proverbs therefore calls for guarding the heart, controlling the tongue and receiving advice. These three belong together: inner attention, relational responsibility and openness to correction. In psychosomatic counseling one can ask which words a person keeps hearing or repeats to themselves, which tensions remain unspoken and which wise, gracious voices need more space.

9. Guilt, Confession and Forgiveness

"I acknowledged my sin to you and did not cover up my iniquity."—Psalm 32:5

Psalm 32 describes how silence about guilt goes hand in hand with wasting bones and depleted life force. When the psalmist confesses his sin, he encounters forgiveness and protection. Proverbs 28:13 also links covering up transgressions with being stuck and confessing and forsaking them with compassion. True moral guilt can weigh heavily on the mind and body.

Confessing is agreeing with God's truth: stating without condoning what one has done or failed to do. This includes repentance, if possible restoration to the injured party and leaving the sinful path. However, Christian confession does not end with self-condemnation. She rests in Christ, in whom forgiveness and cleansing are granted. An endless search for hidden sins is not evangelical freedom.

Therefore, one must distinguish real guilt from pathological or false guilt. People with coercion, trauma, or religious fear may feel guilty without a concrete transgression, or may be unable to experience forgiveness emotionally. Then confessing again and again can strengthen the compulsion. Good pastoral care presents the Gospel clearly and works together with expert psychological treatment where necessary.

Shame also requires attention. Guilt says: I did wrong; shame says: I am irredeemably wrong and should not be seen. The gospel takes responsibility seriously, but gives the sinner a new identity in Christ. Safe intercourse helps one come out of hiding without humiliation. Where abuse has occurred, the perpetrator is to blame; the victim may never be forced to 'confess' the wrong done.

KERN Confession frees real guilt; false or compulsive guilt requires careful discrimination.

10. Suffering Is Not Always Caused by Personal Guilt

"It was not he who sinned, nor his parents."— John 9:3

One of the most important biblical corrections to simplistic psychosomatics is that suffering does not automatically reveal personal sin. Job is accused by his friends, but God rejects their limited theology of retribution. In John 9, Jesus refuses to attribute a man's blindness directly to his sin or that of his parents. The book of Ecclesiastes shows that outcomes in this world do not always neatly correspond to merit.

The Bible recognizes multiple sources of suffering: the general brokenness of creation, one's own wrong choices, the evil of others, unjust structures, persecution, natural vulnerability and sometimes God's formative discipline. These categories should not be filled in hastily. The language of discipline in particular requires humility; a pastor has no secret access to God's specific purpose behind an illness.

Jesus' attitude towards the sick is guiding. He is moved, listens, touches, heals and restores people in community. He does not use their complaints as an opportunity for arbitrary blame. Where He names sin, He does so with divine authority and with a path to forgiveness and new life.

For the municipality, this means that the first response to illness is not investigative distrust but proximity. People bring meals, go to appointments, pray, respect boundaries and tolerate uncertainty. Theological explanations that isolate the patient are suspect. Biblical truth should bring the suffering person closer to God's mercy and community, not deeper into fear.

11. Stress, anxiety, grief and trauma

"Jesus wept."— John 11:35

Long-term stress keeps the body ready for threats. Muscles tense, sleep is disturbed, attention narrows and recovery has less space. The Bible does not describe such processes in modern neurological terms, but uses the physical language of shortness of breath, trembling, insomnia and exhausted strength. The psalms provide words when the body, as it were, prays along.

Fear comes in different forms. There is healthy fear of danger, moral fear that leads to wisdom, and disruptive fear that dominates life. The call to "fear not" is usually embedded in God's presence and promise; it is not a harsh rebuke to a nervous system overwhelmed by trauma or panic. An anxious person needs both truth and safety, repetition and sometimes treatment.

Sorrow is not a lack of faith. Jesus weeps at Lazarus' grave and mourns in Gethsemane. Grief needs time, ritual, community and physical rest. Attempts to end grief quickly with pious words can increase alienation. Romans 12:15 asks to weep with those who weep; proximity often precedes explanation.

Trauma can occur when overwhelming danger cannot be processed and the body continues to expect threat. Triggers, dissociation, nightmares or physical reactions are not simply disobedience. Trauma-informed pastoral care does not push, respects choice and boundaries, avoids forced details and works in collaboration with qualified help. The gospel offers hope, but hope often grows through a careful process.

Clinical context. After trauma, the body, perception, emotions, sleep, relationships and faith can become disrupted for a long time. Safe, trauma-sensitive guidance prevents pressure for quick openness or mental conclusions and, where necessary, seeks cooperation with the general practitioner and specialized care providers [5].

12. Community, Relationships, and Healing

"Bear one another's burdens to fulfill the law of Christ."— Galatians 6:2

Human beings are created for relationship. Loneliness and conflict can therefore have a deep effect on the body and feelings. Conversely, safe relationships can help regulate stress. Ecclesiastes 4 praises carrying together; Galatians 6 calls on us to bear each other's burdens; James 5 connects prayer, confession and care within the community.

The church can be a healing environment when it is trustworthy, truthful, and merciful. This means listening without sensation, respecting confidentiality, offering practical help and making room for long-term disability. It also means that leaders limit power and take complaints of abuse seriously. Safety is not a secular addition to pastoral care, but an effect of love and justice.

Forgiveness is important, but should not be confused with denial of harm, immediate reconciliation, or restoration of trust without evidence of change. Reconciliation requires truth, repentance, safety and often time. Boundaries can be a form of wisdom and charity. Romans 12 places peace within the limitation "as far as it depends on you."

Positive relationships also have physical form: eating together, singing, walking, holding hands, sharing silence. The sacraments are tangible signs: water, bread and wine. Christian salvation is not abstract. The church helps psychosomatic unity when it embodies God's grace audibly, visibly and tangibly.

KERN Safe community is not only support around recovery, but often part of the recovery process.

13. Prayer, Word, Sabbath and Physical Care

"Come to Me, all you who labor and are heavy-laden, and I will give you rest."— Matthew 11:28

Spiritual practices center the whole person toward God. Prayer involves words, silence, breath, posture and sometimes tears. Scripture meditation shapes attention and imagination. Singing connects truth, emotion and body. These practices do not guarantee immediate symptom reduction, but place suffering and longing in the relationship with God.

Sabbath and rest break the lie that human value depends on constant production. Jesus invites the weary and burdened to rest and teaches us to bear an easy yoke. Rest can evoke guilt in those who know themselves only through achievement; therefore it is also an exercise of faith. Regular sleep, breaks and limiting digital stimuli can create physical conditions for attention and prayer.

Physical care includes nutrition, exercise, medication as prescribed, medical check-ups and avoidance of harmful substances. Paul even gives Timothy some practical advice for his stomach problems; the Good Samaritan uses oil, wine, transportation and paid care. Resources and faith are not pitted against each other.

A balanced rhythm avoids both control and neglect. Healthy living can become a new compulsion in which every complaint feels like a personal failure. Christian freedom receives good habits gratefully, but knows that life is ultimately sustained by God. The goal is not physical perfection, but available, loving faithfulness within realistic limits.

14. Pastoral guidance and professional help

> *"Plans fail for lack of consultation, but through the multitude of counselors something comes about."— Proverbs 15:22*

Good guidance starts with listening. The helper asks about the nature, duration and severity of complaints; medical assessment; sleep, resources and medications; recent losses; relationships and safety; experience of faith; guilt and hope. He doesn't draw a conclusion until he knows the story sufficiently. The tone is curious and respectful, not interrogative.

We then determine together what appropriate help is. Sometimes a specific sin is central and confession and recovery are necessary. Sometimes grief is the point. Sometimes the pattern points to trauma, depression, panic, eating problems or a physical condition. Often several factors are present at the same time. Then cooperation between general practitioner, specialist, therapist and pastor is not a sign of division, but of humble care.

Referral is urgent in case of suicidal thoughts or plans, psychosis, mania, severe self-neglect, acute danger, violence, abuse, eating disorder with medical risk, sudden neurological symptoms, chest pain or other alarm symptoms. A pastor must know locally which crisis routes and reporting obligations apply. Spiritual language should never be used to delay necessary safety.

The helper also monitors his own boundaries. He does not promise a cure, does not prescribe medication without authority, and does not treat trauma for which he is not trained. He prays, brings biblical hope, helps provide meaning and supports therapy compliance where appropriate. In this way, pastoral care remains truly pastoral care and professional care remains truly professional.

14.1 Careful Balance in Biblical Care

From: Gerard Feller, "Careful Balancing in Biblical Counseling" (March 2006).

A biblical counselor has to deal with the full complexity of people in need. Complaints can rarely be reliably explained from just one area of expertise. A strict dualism - either physical or psychological - does not do justice to man as a created entity. But an unlimited holism can also become too vague. Gentle balancing means that physical, psychological, relational and spiritual factors are distinguished without separating them from each other.

The identity and value of the person seeking help precedes any diagnosis. A person is never the sum of symptoms, achievements or limitations. The value of a demented, psychiatrically ill, unborn, comatose, poor or seriously disabled person is not determined by independence or chance of recovery. Every person remains a creature of God and must be approached with dignity, truth and love.

This integral principle is in line with the previous chapters: the body is a good gift; thoughts and feelings have bodily resonance; behaviour forms habits; relationships can injure or wear; faith provides direction and hope. The counselor must therefore take a broad view and at the same time remain cautious with statements about cause, guilt and spiritual meaning.

Assessment of the Whole Person

The same back pain can be viewed by a physiotherapist mainly from the perspective of posture and movement, by a psychologist from tension and behaviour, and by a pastor from the perspective of faith and meaning. Each perspective may contain some truth, but becomes risky when it elevates itself to the full explanation. Labeling is especially dangerous when strange behaviour is too quickly called "demonic," unexplained pain is too quickly called "psychosomatic," or sadness is too quickly called "disbelief."

An initial working hypothesis must therefore always remain subject to revision. A complaint that initially appears to be psychological may later turn out to be a physical condition; a physical disability can become more difficult due to fear, avoidance or relational tensions; a question of faith can deepen suffering without forming the biological cause. Good diagnostics is not a one-off assessment but a process of inventory, testing, collaboration and re-coordination.

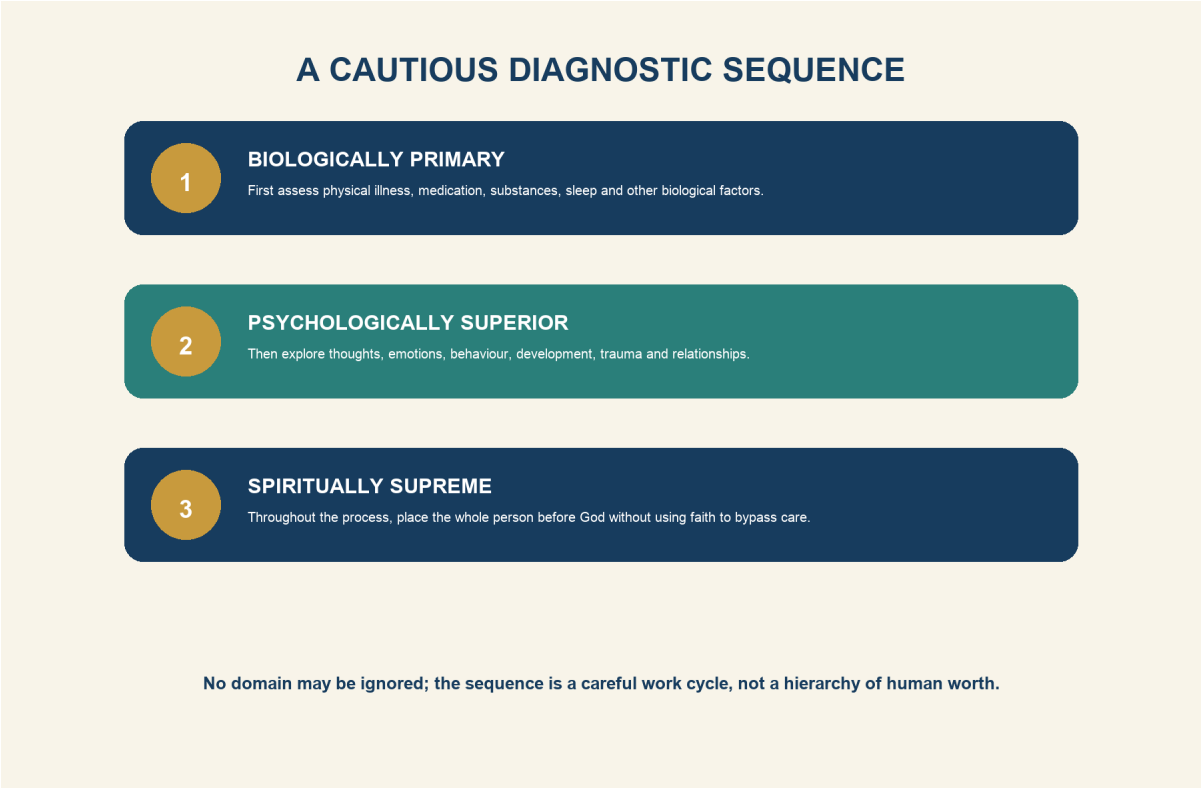

Figure 1. The three concepts describe a cautious research sequence. "Supremacy" here means the ultimate meaningful framework, not that every complaint is primarily caused mentally.

A. Biologically primary

With new, serious or changing complaints, physical safety comes first. Have disease, injury, neurological symptoms, infection, nutritional deficiency, hormonal dysregulation, medication side effects, substance use, or sleep disorders been investigated? Has a clinical examination been performed and have alarm symptoms been assessed? Even when psychological or mental factors appear to be clearly present, attention to a slowly manifesting physical condition remains necessary.

Biologically primary is not a materialistic view of humanity. It's a safety rule: don't treat what is dangerous or physically treatable as a symbol. A doctor can simultaneously determine that there is no demonstrable pathology while there is a functional disorder or real physical derangement. This requires explanation and follow-up care, not the conclusion that someone is imagining the complaints.

B. Psychologically superior

Thinking, feeling, attention, expectations, coping and behaviour often have a major influence on physical functioning. Persistent resentment, fear, hypervigilance, shame, or avoidance can maintain tension and hinder recovery. Social factors are also included: safety, family, work, loss, conflict, loneliness and trust in care providers.

"Superior" does not mean higher human value. It indicates that psychological processes can amplify, organize or dampen many physical signals. At the same time, the opposite direction exists: pain, inflammation, hormones, sleep deprivation and neurological disease influence mood and thinking. Therefore, the counselor should not assume a linear cause but investigate mutual influence.

C. Spiritual supremacy

Faith and spiritual orientation provide the highest framework of meaning, truth, responsibility and hope. They answer questions that biology and psychology cannot fully answer: Who do I live for, what is my ultimate value, how do I deal with guilt, forgiveness, suffering and mortality? This mental framework can include physical and psychological care and provide direction.

That is precisely why spiritual supremacy should never become a quick spiritual explanation. Strange behaviour is not automatically demonic; depressive numbness is not automatic disbelief; Lack of healing is not evidence of too little prayer. Spiritual discernment requires clear instructions, testing against Scripture, consultation with others, attention to safety and a willingness to correct one's own interpretation.

The Sequence as a Working Cycle

The three steps are not a ladder that one climbs once. During the entire process, one continues to return to all domains. New physical signals require reassessment; psychological patterns may only become visible when acute stress subsides; questions of faith can change as illness lasts longer. The supervisor therefore maintains a working circle: observe, ask, test, refer, guide and evaluate.

- Body: complaint pattern, examination, medication, sleep, nutrition, strain and recovery.
- Psychological: thoughts, feelings, attention, coping, behaviour, development and trauma.
- Social: relationships, safety, work, family, culture, loss and sources of support.
- Spiritual: image of God, faith, guilt, hope, prayer, community and meaning.
- Process: what changes as a result of the help provided, and what new information requires adjustment?

Presuppositions and imbalance

How someone explains his complaints influences what he expects and what help he accepts. In the case of chronic complaints, it is therefore important to ask what name the person seeking help gives to the problem, what he thinks caused it, what he fears will happen and what role he attributes to himself in recovery. A statement can be partially true and yet become so one-sided that it perpetuates complaints.

- Mental imbalance: interpreting hyperventilation exclusively as a mental attack and thereby increasing fear and struggle.
- Moral avoidance: attributing relational chaos entirely to “the end times” or spiritual struggle and avoiding personal responsibility.
- Pressure of faith: denying a serious illness because, according to the person seeking help, healing depends entirely on the strength of his faith.
- False guilt: believing that lack of healing proves that the relationship with God is bad or that prayers have been wrong.
- Physical slimming: only taking exercise, supplements, medication, diet, weight or appearance as a measure of total health.
- Psychological narrowing: reducing mental experience solely to brain activity or rationalizing every question of faith.

The response is not to replace one one-sidedness with another. Those who go from somatization to over-spirituality have not yet been fully helped. The counselor therefore not only observes the complaint, but

also what the help itself produces in the body, emotions, relationships, behaviour and religious life of the person seeking help.

Earthly and spiritual reality

Many stress methods help to increase overview, self-control and emotion regulation. Spiritually speaking, this involves surrender to God. These principles do not have to be pitted against each other. Jesus says that His disciples will have tribulation in the world, but at the same time they will be of good courage because He has overcome the world (John 16:33). The earthly reality of pain, money worries, conflict and imperfection remains real; the spiritual reality of God's faithfulness and position in Christ is also real.

Imbalance occurs when someone lives exclusively "with their head in heaven" and neglects earthly responsibilities, or on the contrary throws all spiritual truth overboard and only recognizes the visible. Integration means that someone honestly faces the concrete problem and at the same time learns to view it in the light of God's promises. The problem does not automatically disappear, but takes on a different perspective and no longer becomes the only reality.

Predisposition, development and trauma

Even a broad diagnosis can fall short if the developmental history is lacking. Some injuries involve the absence of what a child needed – safety, attunement, protection, or affirmation. Other traumas are events that have been done to someone. Both can influence memory, attachment, body reactions, faith and the ability to receive help.

Therefore, one cannot simply force a victim of abuse to forgive quickly or speak to someone with serious coercion alone rationally. Safety, stabilization, recognition, boundaries and specialist treatment may be needed first. Forgiveness and spiritual growth are not denied, but embedded in conditions that do justice to vulnerability and responsibility. In severe cases, expert trauma treatment is necessary in addition to pastoral proximity.

Pastoral core

> **Careful balancing is not an attempt to lock people into three boxes. It is a discipline of humility: taking physical risks seriously, weighing psychological and relational processes carefully, and placing all counseling under the authority and grace of God. In this way, professional knowledge, pastoral wisdom and spiritual discernment become partners rather than competitors.**

15. An Integrated Model and Practical Path

> *"May the God of peace sanctify you wholly."— 1 Thessalonians 5:23*

A useful biblical model can be summarized in five interconnected domains: body, feelings and thoughts, behaviour and habits, relationships and environment, and faith and meaning. In the center the person stands before God. A change in one domain may affect the others, but no one domain automatically explains the whole.

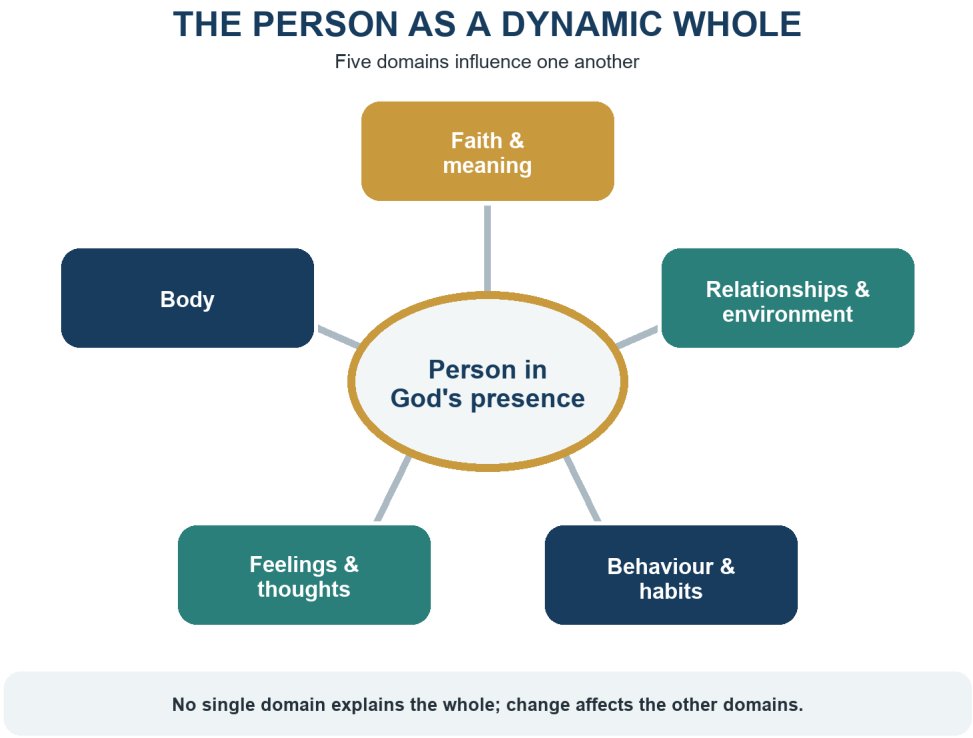

Figure 2. Five interconnected domains of the integral biblical view of man. Conceptual synthesis based on Engel [1], the SCEGS approach [2] and literature on spirituality in clinical practice [6–7].

In case of physical complaints, people ask: what has been medically examined, which medication or substances are involved, what are the sleep and workload like? With feelings and thoughts: what emotions are there, what beliefs and memories are activated? In behaviour: what does someone avoid or overdo, what habits maintain the problem? In relationships: where is support, conflict, loneliness or insecurity? With faith: which image of God, which hope, guilt, doubt or faith practice is active?

The practical path is cyclical. First assess safety and medical severity. Then slow down and organize the story. Then choose one or two feasible steps, such as a doctor's visit, an honest conversation, daily daylight and exercise, a fixed prayer moment or limiting work. Then evaluate without perfectionism. Relapse is information, not a final judgment.

The core remains grace. The believer does not change to become worthy of love, but from received love. Christ bears guilt, shares in suffering and gives his Spirit as the beginning of the new creation. Complete recovery is not guaranteed in this life; yet real signs of healing are possible: more truth, safer relationships, better self-care, reconciliation where possible, greater capacity and a hope that endures even in weakness.

KERN Work integrally, choose small achievable steps and let grace remain the framework for change.

Conclusion

According to a biblical view of man, faith, behaviour, body and feelings are not four separate areas. They are dimensions of one created, fallen, redeemed and renewal-oriented human being. The heart gives direction to thinking, desire and action; the body carries and influences the interior; feelings signal how the world is experienced; behaviour forms patterns; relationships can injure or wear; faith provides a horizon of truth, grace and hope.

The wisdom of Proverbs is indispensable. It recognizes that a calm or joyful heart, wholesome words, trust and righteous behaviour promote life, while envy, hidden guilt and foolishness can consume a person. But the rest of Scripture preserves us from a conclusive scheme of retaliation. Job, John 9, the cross, and Paul's weakness show that suffering cannot simply be derived from personal guilt.

A Christian approach to psychosomatics therefore connects conversion with compassion, prayer with expert care, responsibility with recognition of vulnerability, and hope for recovery with room for lasting brokenness. She doesn't just ask, "What sin is behind this? "but more broadly: 'What is happening in this whole person, before God, and what form of truth, safety, care and obedience is appropriate now?'

The final perspective is the resurrection. Not every complaint disappears now, and no method can enforce the kingdom. Yet the church may embody signs of that kingdom: taking the sick seriously, leading the guilty to forgiveness, protecting victims, taking in the lonely, appreciating professionals and learning to live together from the rest of Christ. In this way, care for body and soul becomes part of love for God and neighbor.

Appendix A. Discussion questions for personal reflection or pastoral care

- What physical complaints do I experience, since when, and what has already been medically examined?
- What feelings do I notice, and where do I feel them in my body?
- What thoughts, beliefs or Bible images keep recurring?
- Which situations alleviate or worsen the complaints?
- What is my sleep, nutrition, exercise, substance use and daily burden?
- Is there a concrete guilt that should be honestly confessed and, if possible, repaired?
- Or do I bear guilt or shame for something done to me by someone else?
- Which losses, conflicts or traumatic events are involved?
- Who am I safe with and who can practically carry with me?
- Which small step is achievable this week in care, behaviour, relationships or religious practice?
- What professional help is needed or should be continued?
- What truth about God and my identity in Christ do I need now?

USE These questions are intended to open the conversation. They are not a test and should never be used to attribute guilt to someone's illness.

Appendix B. Bible texts by theme

Theme	Bible passages
Man as a unity	Gen. 2:7; Ps. 139:13-18; 1 Thess. 5:23
Body and dignity	John 1:14; 1 Cor. 6:19-20; 15:35-58
Heart and direction of life	Prov. 4:20-27; Mark 7:20-23; Rom. 12:1-2
Joy, fear and sorrow	Ps. 42-43; Ps. 56; John 11:33-36; Phil. 4:4-9
Guilt and forgiveness	Ps. 32; Ps. 51; Prov. 28:13; 1 John 1:8-9
Suffering without simple guilt	Job 1-2; Eccl. 9:11; John 9:1-3; 2 Cor. 12:7-10
Community and care	Eccl. 4:9-12; Rom. 12:15; Gal. 6:2; Jas. 5:13-16
Rest and hope	Matt. 11:28-30; Heb. 4:9-11; Rev. 21:1-5

Sources and Rationale

Bible quotations are presented in clear contemporary English and sometimes slightly paraphrased for readability. For study and publication, it is recommended to use one recognized Bible translation consistently and to check the exact wording therein.

The document 'Psychosomatics in Proverbs' by Gerard Feller served as thematic source of inspiration, especially for the attention to Proverbs 3, 4, 14, 16, 17 and 28, Psalm 32, confession, words, inner peace and physical imagery. This new article broadens and nuances the approach from the entire Scripture and makes an explicit distinction between pastoral interpretation and medical or psychological diagnosis.

Important biblical lines in this article are: creation and embodiment (Genesis 1-2), wisdom and heart formation (Proverbs), prayer language of suffering (Psalms), the incarnation and actions of Jesus (Gospels), life by the Spirit and the dignity of the body (Romans and 1 Corinthians), the community as a supporting body (Galatians and James), and the bodily resurrection andnew creation (1 Corinthians 15 and Revelation 21).

Additional integration source: Gerard Feller, “Careful Balancing in Biblical Counseling,” March 2006. The diagnostic tripartite division and practical examples have been editorially integrated and, where necessary, placed in contemporary, more careful language.

Additional professional literature

[1] Engel, GL (1977). The need for a new medical model: a challenge for biomedicine. Science, 196(4286), 129–136. https://doi.org/10.1126/science.847460

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[4] World Health Organization. Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural and neurodevelopmental disorders (2024). ISBN 978-92-4-007 726-3. https://www.who.int/publications/i/item/9 789 240 077 263

[5] World Health Organization. Guidelines for the management of conditions specifically related to stress (2013). https://www.who.int/publications-detail-redirect/9 789 241 505 406

[6] Moreira-Almeida, A., Koenig, H. G., & Lucchetti, G. (2014). Clinical implications of spirituality to mental health: review of evidence and practical guidelines. Revista Brasileira de Psiquiatria, 36(2), 176 –182. https://doi.org/10.1590/1516-4446-2013-1255

[7] Koenig, H. G. (2012). Religion, spirituality, and health: the research and clinical implications. ISRN Psychiatry, 2012, 278 730. https://doi.org/10.5402/2012/278 730

> Explanation: research into religion, spirituality and health shows complex connections. Such findings do not prove a simple cause-and-effect relationship and never justify replacing medical or psychological care with pastoral interventions alone.

Up-to-date specialist literature and assessment by qualified professionals remain necessary for medical and psychological applications. The integration offered here is theological and pastoral in nature and aims to support cooperation with good care.