

## Spiritual Health Survey and Obtaining Spiritual History in the Paradigm of Islam and Christianity

**Minoo Asadzandi**

Spiritual Health Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran  
[mazandi498@gmail.com](mailto:mazandi498@gmail.com)

### **Abstract:**

*This research explores the Islamic paradigm of spiritual health assessment, particularly its divergence from Christian traditions in measuring religiosity. While spiritual health is often equated with religious well-being, especially among Muslim scholars, assessing religiosity may violate on privacy, induce insecurity, and contradict Islamic jurisprudential principles. This research aims to clarify whether Islamic doctrine permits the evaluation of religiosity and the collection of spiritual histories through confession or inquiry. Employing a mixed-methods approach based on Creswell's sequential explanatory model and the Sound Heart Theory, this research integrates qualitative content analysis with quantitative data from clinical implementation. Validity is ensured through triangulation and expert review in spiritual health scholarship. The findings indicate that Islam prohibits the investigation of hidden beliefs, confessions of sin, and intrusive questioning, as such practices violate human dignity and privacy. In contrast to Catholic traditions, Islamic jurisprudence prioritizes the protection of spiritual secrecy and discourages external measurements of faith. The research concludes that spiritual health providers should adopt culturally grounded, non-invasive strategies, avoiding religiosity metrics and instead promoting family-centered spiritual self-care education. These findings advocate for paradigm-sensitive approaches in spiritual care across diverse religious contexts and underscore the necessity of aligning assessment models with theological principles and sociocultural norms.*

**Keywords:** Health, Islam, Jurisprudence, Paradigm, Spirituality, Surveys and Questionnaires

## INTRODUCTION

Respect for individual rights and freedoms, particularly the protection of privacy and confidentiality, constitutes a fundamental pillar of modern ethical and legal frameworks in healthcare (Evans, 2005). The right to privacy was first articulated in 1890 by Warren and Brandeis as the “right to be let alone,” a principle later enshrined in international human rights instruments, including the 1948 Universal Declaration of Human Rights (Brown, 2016). Within clinical practice, privacy is intrinsically linked to human dignity and well-being, encompassing physical, psychological, social, and informational dimensions (Kupcewicz et al., 2021; Semantha et al., 2020). Of particular significance is the psychological dimension, which relates to an individual’s autonomy in disclosing personal beliefs and inner thoughts. However, an increasing number of Muslim scholars have equated spiritual health with religious well-being, employing religiosity assessment tools modeled after Christian paradigms, such as the Gluck and Stark scale (Khodayaaree Fard et al., 2009; Abbasifard et al., 2022). These scales incorporate intrusive inquiries regarding belief, ritual, and behavior, potentially conflicting with Islamic jurisprudential principles and raising critical concerns regarding the violation of spiritual privacy. This issue necessitates a thorough reassessment of the legitimacy of such practices within Muslim contexts.

The implementation of religiosity measurements among Muslims is often justified by the intention to assess spiritual well-being, support psychological adjustment, and enhance community-based care (Vivat et al., 2023). Secure attachment to God, frequently associated with spiritual well-being, indeed plays a central role in emotional resilience and coping (Asadzandi & Seyed Kalal, 2024). However, reducing spirituality to ritual adherence or belief metrics oversimplifies the holistic Islamic concept of a *sound heart*, which encompasses love for God, compassion, justice, and a harmonious relationship with oneself, others, and nature (Asadzandi & Seyed Kalal, 2023a). Furthermore, empirical studies indicate that probing into personal beliefs and religious behaviors can have adverse effects, including heightened anxiety, distrust in healthcare providers, and avoidance of medical services (McClelland & Harper, 2022; Valizadeh & Ghasemi, 2020). These risks underscore the necessity of a culturally and theologically grounded approach to spiritual assessment—one that adheres to Islamic ethical principles while safeguarding individual dignity.

Although the positive impact of spiritual care on reducing distress is well-documented (Asadzandi et al., 2020a), the methods of delivering such care vary across religious paradigms. For instance, Christian models, such as Bergin’s spiritual strategy, emphasize confession and disclosure as therapeutic processes (Richards & Bergin, 2005), whereas Islam discourages public acknowledgment of sins or scrutiny of internal beliefs (Asadzandi, 2023b). The Sound Heart Model (SHM), rooted in Islamic principles, conceptualizes spiritual health as a state of tranquility and divine connection, cultivated through self-awareness, ethical behaviour, and compassionate relationships (Asadzandi, 2023a). Rather than employing coercive measures such as inquisition or forced religiosity assessments, SHM fosters spiritual development through education, motivation, and communal support. These fundamental differences highlight the necessity of aligning assessment tools with the theological and ethical foundations of the faith community being served.

The persistent use of religiosity measurement instruments among Muslims, despite their incompatibility with Islamic doctrines on privacy and confession, reflects a paradigmatic tension between Western and Islamic models of spiritual care. This research hypothesizes that, unlike the Catholic-Christian paradigm, where confession plays a central role, Islamic tradition strictly prohibits inquisitorial practices and religious surveillance.

Consequently, assessing religiosity as a proxy for spiritual health may be both counterproductive and ethically problematic within Islamic societies. This research examines the extent to which Islamic teachings permit or prohibit the evaluation of religious beliefs and practices under the guise of spiritual care, providing a critical appraisal of current approaches in Muslim healthcare contexts.

This research aims to analyze Islamic prohibitions regarding the evaluation of spiritual health and the elicitation of spiritual history through religiosity assessments. Employing a mixed-methods approach based on the Creswell model, it integrates qualitative data from non-systematic reviews and conventional content analysis with quantitative data derived from the clinical application of the Sound Heart Model (SHM). This integration is designed to generate holistic insights while maintaining methodological rigor. The research is anchored in the theoretical framework of the Sound Heart Model, which functions not only as a conceptual tool but also as an interpretive lens for understanding Islamic epistemology and ethics in healthcare.

The central argument of this research asserts that attempts to quantify or scrutinize Muslims' religiosity under the guise of spiritual care are inconsistent with Islamic legal and moral teachings. In order to support this claim, the research presents textual evidence from the Qur'an and Hadith, alongside expert opinions from Islamic scholars, demonstrating that probing into one's inner beliefs and religious shortcomings constitutes a violation of personal sanctity. Such practices not only compromise patients' psychological safety but also pose legal and social risks in Islamic contexts governed by religious law (Khomeini, 2000; Mohammadi et al., 2017). Therefore, a transition toward non-intrusive, education-based, and model-oriented approaches—such as the Sound Heart Model (SHM)—is essential.

This research contributes to the discourse on spiritual care by proposing a nuanced, religion-sensitive framework that integrates theological integrity with clinical applicability. It underscores the broader implications of paradigm-sensitive healthcare, advocating for the development of spiritual assessment practices that respect the distinct beliefs and social realities of Muslim patients. As healthcare systems increasingly acknowledge the role of spirituality in holistic care, this research offers timely insights for practitioners, policymakers, and scholars striving to align ethical imperatives with culturally competent care.

## DISCUSSION

Religion is the worship of God within a particular system of attitudes, beliefs, and practices. It encompasses a set of socio-cultural systems, including prescribed behaviours and actions, morals, ethics, beliefs, worldviews, texts, and sacred places that connect humans to spiritual elements (Simpson & Weiner, 2018).

In the Qur'anic verse, "There is no compulsion in religion," compulsory religion is rejected, as religion is a system of knowledge, both scientific and practical. The essence of this knowledge is expressed in one concept: faith. Belief and faith are matters of the heart, where there is neither reluctance nor compulsion. Compulsion applies only to outward actions and physical movements, while the belief of the heart is influenced by other factors. Ignorance cannot produce knowledge, nor can non-scientific propositions generate scientific ones (Tabatabaee, 2022).

Muslims believe that:

Religion is a set of divine beliefs centered around belief in the existence of God and God's revelation to humanity through the holy books, which serve as a source for

determining individual and social lifestyles at all times and in all places (Abdul-Karimi, 2017).

Although all Abrahamic religions share commonalities, the religious customs of Islam and Christianity differ, creating distinct paradigms for their followers. Therefore, in hermeneutic research, these paradigmatic differences in epistemology, ontology, and research methods must be considered (Khosropanna, 2023). Confession, measuring religiosity, and inquisition are specific discourses within the different paradigms of Islam and Christianity. Discourse, as a social concept, does not have a fixed or transparent meaning. It functions within the “societal semantic system,” which is analyzed based on the ideology and beliefs of the society. As a result, these specific discourses gain meaning based on societal perceptions, attitudes, and thoughts, leading to different social reactions (Asadzandi, 2024). In order to correctly understand any discourse, it must be analyzed in relation to the theologian, its “spatial and temporal conditions,” the “text structure,” external factors, and the “discursive space of text production” (Bashir, 2013). According to philosophical hermeneutics, the analysis of religious perception requires:

1. Knowledge of religious evidence, including thematic knowledge of Qur’anic verses and authentic hadiths,
2. Attention to the “horizon of Qur’an interpreters” and their *ijtihad* method for the correct interpretation of the Holy Book through the application of interpretation principles,
3. Consideration of the “researcher’s horizon” in the application of religious evidence (Asadzandi, 2024).

The researcher should possess the ability to conduct paradigmatic discourse analysis as a method for understanding the text, context, and hypertext, in order to establish a closer semantic connection between the content of religious evidence and the interpretation of its discourse (Asadzandi & Seyed Kalal, 2022). For this reason, it is essential to analyze extratextual discourse, intertextual discourse, and to understand the foundational elements, communication space (intertextual discourse), semantic space, and structural space of the text (see Table 1).

In fact, the paradigm represents the foundations of anthropology, ontology, and epistemology that are accepted by a significant group of intellectuals for theorization. Therefore, research should aim to understand qualitative phenomena such as religiosity within different paradigms. Recognizing these differences facilitates discussions on how to advance research and embrace diversity, rather than imposing homogeneity (Sommer, 2011). There is a paradigmatic difference between Christianity and Islam in measuring religiosity. Islamic jurisprudence strictly prohibits the confession of sins, suspicion, and inquisition, as these practices violate individuals’ privacy. Shia commentators have stated:

Search/inspection means the investigation of the believers secrets, the faults, and shortcomings of individuals to uncover their private matters. Therefore, you should accept what is apparent and refrain from searching for their secrets. None of you should seek to expose the fault of your brother after God has concealed it (Tabatabaee, 2022).

Search/inspection refers to an intrusive curiosity regarding individuals’ hidden affairs, which are inherently personal. Islam strictly prohibits investigating people's private matters as part of its fundamental legal and ethical principles (Motahhari, 2019), as such actions can lead to social harm, diminish personal dignity, and contribute to feelings of inferiority. The negative consequences of searching into others’ affairs include:

- Fostering resentment toward the investigator: “Whoever seeks to expose the hidden sins of others, God deprives him of the friendship in people’s hearts” (Ibn Abi Talib, 2019).
- Causing social isolation for the investigator: “Do not inquire into people's religion, lest you be left without friends” (Majlisi, 2018).
- Creating insecurity within society: “Do not seek out the faults of others, for God will expose the sins of the one who observes them” (Ibn Abi Talib, 2019).

Based on numerous Quranic verses (12:53, Surah Al-Hijr; 24:27, Surah An-Nur; 2:189, Surah Al-Baqarah) and principles of Islamic jurisprudence, measuring religiosity is prohibited, as it fosters insecurity, anxiety, stress, aggressive behaviour, and a loss of trust within society (Table 2). Interventions such as assessing religiosity, confessing personal sins, and listening to confessions about others—practices commonly found in Christian traditions—are considered unethical and incompatible with the moral framework of Muslim societies.

Therefore, healthcare providers should refrain from investigative or inquisitorial practices that may weaken the faith of patients and clients (Nasrollahi et al., 2021). However, the paradigmatic differences between Islam and Christianity concerning confession, religiosity measurement, and inquisition have often been overlooked by some Muslim health sciences researchers. Certain Muslim scholars who develop and implement religiosity measurement scales—such as those modeled after the Gluck and Stark scale—implicitly permit the confession of sins (Asadzandi & Seyed Kalal, 2023c). In Christianity, the confession of sins serves as a means of divine forgiveness, alleviating guilt and fostering hope, enabling individuals to move forward with a sense of peace and redemption. In contrast, Islam strictly prohibits confession, inquisition, and surveillance of personal religious matters. Islamic clerics are not authorized to grant forgiveness for sins, as repentance is considered a private matter between the individual and God. In Muslim societies governed by “government jurisprudence,” religious governance extends beyond personal worship to encompass all aspects of human life:

Government, according to the true mujtahid, is the practical philosophy of all jurisprudence in all aspects of human life. Government represents the practical aspect of jurisprudence in dealing with all social, political, military, and cultural problems. Jurisprudence is the true and complete theory of human administration from the cradle to the grave (Khomeini, 2000).

Additionally, Islamic legal systems in Muslim societies enforce *Tazirāt* (discretionary punishments):

Government-imposed punishments serve to maintain public order and uphold societal welfare. These punishments are enforced in response to violations of state regulations and legal frameworks. As deterrent measures, they may include imprisonment, financial penalties, business closures, license revocation, deprivation of social rights, exile, enforced residence in a specific location, and restrictions on movement within certain areas (Asghari & Ebrahimzadeh, 2023).

According to Islamic penal law (*Tazirāt*), if a Muslim openly expresses spiritual distress—such as doubts regarding God, the Prophet, or the Day of Judgment—they may be classified as an “apostate.” Although some Muslim researchers have designed and implemented religiosity measurement questionnaires, even a single item like “*I am still unsure whether God truly exists*” could subject respondents in certain Muslim societies to charges of apostasy.

Apostasy refers to the act of renouncing Islam and embracing disbelief, which, in Islamic jurisprudence, is defined as denying one of the fundamental principles of the faith—namely, belief in God, Prophethood, or Resurrection. While Islamic legal tradition prescribes the death penalty for apostasy, no explicit legal statute criminalizes it in many contemporary legal codes. However, judges may prosecute and punish apostates by interpreting existing legal provisions. In contrast, international law considers such criminalization a violation of human rights, asserting that just as individuals have the right to choose their religion, they should also have the freedom to change it (Mohammadi, Alipour, & Karimi, 2017).

Although spiritual health is an interdisciplinary subject, some Muslim medical researchers have presented it by merely replicating Christian researchers, without adequate understanding of Islamic jurisprudence, religious laws, and social customs. Their scientific research on spiritual health has overlooked essential Islamic jurisprudential foundations and key evidence from medical sociology (Asadzandi, 2023b). Despite clear religious prohibitions in Islam against measuring religiosity, comprehensive questionnaires continue to be developed and utilized, including the following:

- Jamshidi and Akhondy (2016) classify levels of faith into Islam, faith, piety, certainty, asceticism, sincerity, and Mahmoud status. They recommend using a religiosity assessment scale for evaluating Islam, faith, and piety, while suggesting interviews to assess asceticism, sincerity, and Mahmoud status.
- Amiri et al. (2014) propose a spiritual assessment scale with items such as:
  - “For God's pleasure, I fulfill religious duties (prayer, fasting, khoums).”
  - “For God's sake, I avoid prohibited acts (lying, backbiting, bribery, etc.).”
  - “I promote good and forbid evil.”
- Khodayari Fard et al. (2018) include questions such as:
  - “Praying has prevented me from committing sinful acts.”
  - “If I have no religious excuse, I fast during Ramadan.”
  - “I make up missed fasts.”
  - “I strive to perform obligatory prayers in congregation.”
  - “If a Jihad order is issued, I will participate.”
  - “I have never slandered someone behind their back.”
  - “When angry, I refrain from using obscenities.”
  - “I participate in Friday prayers.”
- Zaraghi et al. (2016) include items such as:
  - “I sincerely commit to performing the five daily prayers.”
  - “I actively participate in religious ceremonies and mosque gatherings.”
  - “I attend Friday prayers.”
  - “After committing a sin, I feel guilty.”
  - “Religiosity is a matter of the heart, not just outward religious practices (prayer, fasting, etc.).”

These questionnaires assess both the observance of religious rituals and the state of internal religious beliefs among Muslims. They inquire about engagement in major sins such as obscenity, slander, and breaking taboos. However, under Islamic punishment laws, actions like selling alcoholic beverages or publicly breaking the fast during Ramadan, etc. can lead to legal prosecution (Asghari & Ebrahimzadeh, 2023). If an individual admits to neglecting religious obligations or committing a prohibited act, they may face government-imposed punishments. This means that those who fail to adhere to Islamic laws regarding

beliefs and rituals can be subject to legal consequences, including various penalties and fines (Mohammadi Rishahri, 2020).

According to Article 638 of the Islamic Punishment Law (*Tazirāt*), any individual who publicly commits or pretends to commit a haram act in society, public places, or roads will face both the punishment for the act itself and an additional penalty. This penalty includes imprisonment ranging from ten days to two months or up to 74 lashes. Moreover, if a person engages in an act that, while not explicitly punishable, violates public modesty, they may still be sentenced to imprisonment from ten days to two months or up to 74 lashes (Legal Wiki, 2024).

On the other hand, the performance of religious rituals is a necessary for job selection and continued employment in some contexts. Failure to comply with these requirements can result in dismissal. As a result, if individuals suspect that their responses to religiosity questionnaires could lead to disciplinary consequences, they may feel compelled to lie or provide dishonest answers out of fear and insecurity. Such measures foster social insecurity and promote hypocrisy within Islamic society. Additionally, using religiosity assessments to evaluate spiritual health—by creating an atmosphere of fear and scrutiny—ultimately undermines the religious identity of society. This contradicts the core purpose of spiritual health services, which is to promote inner peace and societal harmony (Asadzandi, 2024).

Spiritual health services are specialized, evidence-based interventions designed to foster hope, optimism, positive thinking, and resilience in facing life's crises. These services should only be provided by trained and licensed professionals—including doctors, nurses, clinical psychologists, social workers, and clergy—after obtaining informed consent and following a scientifically validated spiritual health theory (Zoheiri et al., 2022). Unfortunately, due to the lack of formal spiritual health education in the universities of some Muslim countries, scholars often provide spiritual health services based on personal interpretations rather than standardized approaches (Valizadeh & Ghasemi, 2020). In contrast, spiritual care and counseling should be guided by an evidence-based model and delivered only with informed consent (Ghalyanee et al., 2021). Despite the availability of various spiritual care models—such as the Richard Bergin Strategy, rooted in Christianity, and the Sound Heart Model, based on Islamic teachings (Asadzandi, 2020)—many studies have adopted Bergin's approach through self-disclosure, contrary to the World Health Organization's recommendation to use models that align with people's beliefs (Aghajani & Morasai, 2014; Morasei & Aghajani, 2014; Azimian et al., 2019). Moreover, spiritual therapy influenced by Carl Gustav Jung, a Protestant Christian psychiatrist, has been introduced as a spiritual counseling method in some Muslim countries—incorporating confession, explanation, education, and transformation (Ghobari Bonab, 2014).

The Sound Heart Model (SHM) is an interdisciplinary theory designed and validated within the emerging field of spiritual health knowledge. It aims to understand and address the complex issue of spiritual distress, exploring its causes and effective relief methods for healthy individuals, patients, families, and society—recognizing it as a multifaceted social concern (Asadzandi, 2020). The model's theoretician seeks to go beyond the traditional boundaries of various disciplines, integrating insights from health education theories, nursing care models, spiritual therapy methods, and religious evidence to enhance spiritual health services. By adopting an interdisciplinary approach, Asadzandi analyzes this complex phenomenon, leveraging knowledge from multiple scientific domains—especially Islamic religious evidence (Asadzandi, 2017b). She emphasizes the importance of spiritual self-care for counselors and spiritual caregivers, considering it a fundamental requirement for their role. Only those who practice spiritual self-discipline—

referred to as “cultivator mentors”—are qualified to implement the therapeutic interventions outlined in the model. They can:

1. Establish spiritually therapeutic communication with the client/patient, allowing them to express their suffering from their own perspective.
2. Enhance knowledge and awareness of the meaning of life and the underlying causes of life events.
3. Train individuals in developing communication skills with God, self, others, and nature to achieve:
  - a. Strengthening secure attachment to God—fostering courage in facing life’s challenges.
  - b. Enhancing spiritual self-awareness and self-compassion—promoting spiritual self-care.
  - c. Encouraging social support—through relationships built on forgiveness and charity.
  - d. Deepening the connection with nature—reflecting on the universe’s divine order and God’s lordship (Surah Yassin, Verse 83) to recognize the hidden good in life’s challenges.
4. Inspire families to practice spiritual self-care through compassion and kindness as a motivating force (Asadzandi & Seyed Kalal, 2024).

They can educate parents and family members in group meetings regarding the different types of spiritual distress, their causes, symptoms, and negative effects on health. They should also provide families with “Spiritual Self-Care Guidelines” to help address and manage spiritual distress effectively. Additionally, they can empower families to assess their own spiritual well-being, as “a believer is a mirror of another believer.”

The limitations of this research include:

1. The lack of foundational research in the field of Islamic spiritual health and its comparison with spiritual health in other Abrahamic religions.
2. The absence of research and theorizing based on Islamic evidence.
3. The lack of comparative studies examining the views of Abrahamic religions, particularly Islam, on spiritual health.

Table 1. Analysis of Religious Perception of Society Based on Philosophical Hermeneutics

No.	The interpreter’s horizon and the principles of Qur'an interpretation	The researcher’s horizon and the stages of discourse analysis
1.	a. Knowledge of Arabic language rules; b. Knowledge of the meanings of the words of the Qur'an; c. Interpretation of the Qur'an by the Qur'an;	1. The structural space and language of the text
2.	d. Knowledge of the opinions of Islamic commentators; e. Avoiding any type of prejudice; avoidance of interpretation in religious understanding, f. Awareness of philosophical and scientific insights;	2. The semantic space of the text and the orientation and tendency of the discourse
3.	g. Paying attention to the harmony of all the verses of the Quran; h. Attention to the context of the verses;	3. Communication Space (intertextual)

religious evidence

	i. Distinguishing Meccan verses from Madani verses;	
4.	j. Knowledge of the early history of Islam; k. Knowledge of the stories and life histories of the prophets; l. Knowledge of the history of the environment in which the Qur'an was revealed;	4. Analyzing the discourse space within the text to understand the foundations and grounds of creating a special discourse
5.	m. Referring to the dignity of descendants; n. Referring to authentic hadiths (Sobhani-Tabrizi, the correct way to interpret the Qur'an, 2004)	5. Meta-discursive space in order to adapt the conditions of the time of revelation to the current conditions

Table 2. The Islamic Prohibitions and Related Religious Evidences

	<b>Horizon of Qur'an interpreters</b>	<b>Researcher's horizon</b>
O you who have faith! Avoid much suspicion; indeed, some suspicions are sins. And do not spy on one another or backbite. Will any of you love to eat the flesh of his dead brother? You would hate it. Be wary of Allah; indeed, Allah is all-clement, all-merciful. (Surah Al-Hujurat, 49:12)	<p>“The confession of sin is forbidden, and the concealer of sin is forgiven” (Koleini, Al-Kafi, 2015).</p> <p>“God did not ask the people except two attributes: - to confess the blessings of God; in that case, Allah adds to their blessings; to confess their sin; then Allah will forgive it.”</p> <p>“I have not been commissioned to search the Muslims' heart beliefs<sup>1</sup> you should take what appears to you and do not search for their secrets.” “None of you should not look for the faults of his brother after God has covered them” (Mohammadi Rishahri, Mizan al-Hikmah, 2020)</p> <p>“If someone confesses to Islam, he is a Muslim. It is not permissible to search whether he/she sincerely testified or disagreed” (Mohammadi</p>	<p>1. In Islam no one is allowed to confess sins to others, as it may encourage the commission of further sins.</p> <p>2. The confession of sins should only be made in the presence of God for the purpose of seeking forgiveness.</p> <p>3. Spying on the heart beliefs of a Muslims', once they have been declared Muslim, is forbidden.</p> <p>4. Spying on the hypocrisy of a person who has confessed to Islam is forbidden.</p>

---

Rishahri, Mizan al-Hikmah, 2020)	
“Oh you, who have converted to Islam, but faith is not in your hearts! Do not blame the Muslims. Do not seek the hidden sins of the Muslims. Whoever follows and reveals the Muslims secret, God will reveal his hidden sins. If God reveals someone's secret affairs, God will expose him, even though he has done sin at the corner of his house” (Majlisi, Bihar Al-Anwar, 2018).	5. Investigating hidden sins (sins committed by individuals in private and not at the level of society) is not permitted by anyone.
“Even law enforcement officers have not allowed to search the sins of the people, which are not visible at society. To you, the least respect should be for those who seek to discover sins. People have sins, the ruler must try to hide them” (Ibn Abi Talib, Nahjul Balaghah, 2019)	6. Surveillance on personal and family matters, even in the case of moral corruption, is not permitted by any individual or organization.
“Do not be curious about the hidden sins of the people. Forgive the error and cover the sins. Do not reveal the faults that are hidden from you. Your job is to clear society of obvious errors. In the case of the people's hidden sins, God will judge himself” (Ibn Abi Talib, Nahjul Balaghah, 2019).	7. The search for the hidden sins of the people is not permissible, even for the Islamic ruler.
“The worst people are people with suspicion. The worst of them are the auditors”. “I warn you of suspicion. Indeed, suspicion is the falsest of words” (verse 12 of the Hajj) (Tabatabaee, Al-Mizan, 2022).	8. God explicitly forbids curiosity in the affairs of believers and the discovery of their secrets. God forbids the suspicion of believers, search, and talk about them. Their main origin is suspicion.
“Someone who tell others the sins that he has seen/heard	9. Revealing the secrets of others is not permissible at all.

---

from believers (with his two eyes / ears) is included this verse: “Those who love to spread bad work among believers, there is a painful doom for them in the Life after death” (Koleini, Al-Kafi, 2015).	If someone discloses such secrets and causes harm to one's financial or honour, not only he commits a sin, but must compensate for it.
It is forbidden to enter the home or room of others without permission	10. Secretly entering other people's homes or eavesdropping to people's conversations is prohibited.

## CONCLUSION

This research critically examines the spiritual health survey and the practice of obtaining spiritual history from the perspective of Islamic jurisprudence, demonstrating that the measurement of religiosity—as applied in Christian paradigms—is fundamentally incompatible with Islamic teachings. The findings reveal that Islamic law strictly prohibits confession, inquisition, and the investigation of hidden beliefs, emphasizing the sanctity of privacy and the potential harm caused by violating spiritual dignity. Such practices, if implemented in Muslim societies, could lead to anxiety, mistrust, and even legal repercussions. In contrast, the Sound Heart Model provides an Islamic framework for spiritual care that fosters emotional healing through love, trust, and secure attachment to God, without violating religious boundaries or personal autonomy.

The significance of this research lies in its challenge to the universalization of spiritual health assessment tools that overlook theological and legal distinctions between religious paradigms. By establishing a hermeneutical and jurisprudential foundation, this research contributes to a more culturally and theologically grounded understanding of spiritual care within Islamic contexts. It emphasizes the importance of respecting religious diversity in clinical settings and advocates for a paradigm-specific approach that honours the beliefs, legal systems, and lived experiences of Muslim patients and communities. This contribution enriches interdisciplinary discourse by bridging spiritual health research with Islamic ethics, jurisprudence, and cultural sensitivity.

While this research provides foundational insights, it also acknowledges its limitations, including the scarcity of empirical research comparing Abrahamic religious paradigms and the underdevelopment of indigenous Islamic models for spiritual health assessment. Future research should adopt grounded theory approaches, engaging Islamic scholars, clinicians, and affected communities from diverse Muslim societies. Longitudinal and cross-cultural studies are needed to explore how culturally embedded spiritual care models, such as the Sound Heart Model, can be effectively operationalized within national healthcare systems, while safeguarding religious dignity, legal integrity, and psychosocial well-being.

## REFERENCES

- Abbasi far, A., Habibzadeh, A., & Zeynabi, R. (2022). Religiosity: Mediation of Resilience and Hopefulness; The Case of Students of Islamic Azad University, Qom Branch. *Health, Spirituality & Medical Ethics*, 9(1), 31-38. <http://dx.doi.org/10.32598/hsmej.9.1.6>

- Abdul- Karimi, B. (2017). Spiritual Thought and Metaphysical Subjectivism. *New intellectual research*,1(2), 51-81. <https://doi.org/10.22081/nir.2017.22807>
- Aghajani, M., Reza Afaze, M., & Morasai, F. (2014). The Effect of Spirituality Counseling on Anxiety and Depression in Hemodialysis Patients. *Evidence-based Care Journal*, 3(4), 19-28. <https://doi.org/10.22038/ebcj.2013.2016>
- Amiri, P., Abbasi, M., Gharibzadeh, S., & Asghari, M. (2014). Design and psychometrics of a comprehensive questionnaire for measuring spiritual health. In Iranian society'. *Journal of Medical Ethics*, 8(30), 25-56. <https://doi.org/10.22037/mej.v8i30.7607>
- Asadzandi, M. (2024). Compassionate spiritual governance of the sound heart owners: a defense solution for the spiritual security and spiritual health of society. Jame University.
- Asadzandi, M., & Seyed Kalal, A. (2024). Explaining the protective effect of spirituality on DiathesisStress: based on the Sound Heart Theory. *Psychiatry and Psychological Disorders*. 3(1), 1-8. <https://doi.org/10.58489/2836-3558/PPD>
- Asadzandi, M., & Seyed Kalal, A. (2023a). The Role of Social Customs in Creating Insecure Attachment to God: Based on the Model of Sound Heart. *Islam and Researches about Spirituality*, 1(2), 129-94. <https://doi.org/10.22081/jsr.2023.64855.1030>
- Asadzandi, M., & Seyed Kalal, A. (2023c). Spiritual Pathology theory of the Sound Heart Model: Socio-Cultural Factors of Spiritual. *World journal of Social Science Research*, 10(4),17-28. <https://doi.org/10.22158/wjssr.v10n4p17>
- Asadzandi, M., & Kalal, A. S. (2022). Discourse Analysis of Fundamentals of Trans-Religious Spiritualism in Complementary Medicine. *Iranian Journal of Culture and Health Promotion*, 5(4), 497-504. <http://ijhp.ir/article-1-496-en.html>
- Asadzandi, M. (2023a). The role of military commanders as mentors in the spiritual health of society: Based on the sound heart model. *Journal of Military Medicine*, 25(4), 1973-1982. <https://doi.org/10.30491/jmm.2023.1006520.1073>
- Asadzandi, M. (2023b). Explaining the Propositions of the Sound Heart Model as Spiritual Health Theory: Research Methodology. *Journal ISSN*, 4(10), 1507-1521. <https://doi.org/10.37871/jbres1824>.
- Asadzandi, M., Mazandarani, H. A., Saffari, M., & Khaghanizadeh, M. (2022a). Effect of spiritual care based on the sound heart model on spiritual experiences of hemodialysis patients. *Journal of religion and health*, 61(3), 2056-2071. <https://doi.org/10.1007/s10943-021-01396-2>
- Asadzandi, M., Farahany, S., Abolghasemy, H., Saberi, M., & Ebadi, A. (2020a). Effect of Sound Heart Model-based spiritual counseling on stress, anxiety and depression of parents of children with cancer. *Iran J Ped Hematol Oncol*, 10(2), 96-106.
- Asadzandi, M. (2020). An Islamic religious spiritual health training model for patients. *Journal of religion and health*, 59(1), 173-187.

- Asadzandi, M. (2017b). Sound heart: Spiritual nursing care model from religious viewpoint. *Journal of Religion and Health*, 56, 2063-2075.
- Asghari, A., & Ebrahimzadeh, H. (2023). Investigation of ta'zir in sharia prohibitions and violation of government regulations.
- Azimian, J., Soleimany, M., Pahlevan-Sharif, S., & Banihashemi, H. (2019). The Effect of Spiritual Care Program on Death Anxiety of Cardiac Patients: A Randomized Clinical Trial. *Avicenna Journal of Nursing and Midwifery Care*, 27(1), 1-10. <https://doi.org/10.30699/ajnmc.27.1>
- Brown, G. (2016). the Universal Declaration of Human Rights in the 21st Century: A Living Document in a Changing World. Open Book Publishers. ISBN 978-1-783-74218-9
- Evans, T. (2005). International human rights law as power and knowledge. *Human Rights Quarterly*, 27 (3), 1046-1068. <https://doi.org/10.1353/hrq.2005.0035>.
- Ghalyanee, B., Asadzandi, M., Bahraynian, A. S., & Zarchi, K. A. (2021). Comparing the effects of spiritual counseling based on the sound heart model with mindfulness training on the quality of life of women with breast cancer. *Iranian Journal of Breast Diseases*, 14(3), 34-45.
- Ghobari- Bonab, B. (2014). Counseling and psychotherapy with a spiritual approach. Tehran: Tehran University of Medical Sciences Press.
- Ibin, Abi Talib, A. (2019). NAHJUL BALAGHAH [Arabic-English]. Letter 53 to Malik Ashtar. Phrases 73 and Letter 31. Allamah Sharif Razi. [www.academia.edu](http://www.academia.edu)
- Jamshidi, G.h., Akhondy, M. (2016). Qur'an Model for Assessing Religion in Iran. Qur'an Teachings, Islamic Azad University of Razavi, 3(23), 55-76
- Khodaayaaree- Fard, M., Samaavaatee, S., Akbaree Zardkhaaneh, S. (2009). Constructing a religiosity scale for student population. *The Journal of New Thoughts on Education*, 5(4), 107-28. <https://doi.org/10.22051/jontoe.2009.193>.
- Khodayarifard, M., Abdollahi, A., Akbari-Zardkhaneh, S., Afrooz, G., et al. (2018). Abrahamic Religiosity Scale: development and initial validation. *Mental Health, Religion & Culture*, 21(9-10), 899-909. <https://doi.org/10.1080/13674676.2018.1434495>.
- Khomeini, Ruhollah. (2000). Imam's Book. Tehran: The Center for Organizing and Publishing Imam Khomeini's Works, Volume 21. Page 290.
- Khosropanna, A. H. (2023). Theorizing in human judgment sciences. Tehran: Allamah Tabatabai University Press.
- Kupcewicz, E., Grochans, E., Kadučáková, H., Mikla, M., Bentkowska, A., Kupcewicz, A., & Józwiak, M. (2021). Personalized healthcare: the importance of patients' rights in clinical practice from the perspective of nursing students in Poland, Spain and

- Slovakia—A cross-sectional study. *Journal of Personalized Medicine*, 11(3), 191. <https://doi.org/10.3390/jpm11030191>
- Majlisi, M. (2018). Bihar Al-Anwar, the great encyclopedia of Shia Hadith. English. available at: <https://www.hubeali.com/online-books/online-english-books/bihar-al-anwaar/2020>
- McClelland, R., & Harper, C. M. (2022). Information Privacy in Healthcare—The Vital Role of Informed Consent. *European Journal of Health Law*, 1(5), 1-12. <https://doi.org/10.1163/15718093-bja10097>
- Mohammadi, S., Alipour- Ghoshchi. S., & Karimi, M. (2017). Investigation of the criminalization of apostasy in Iranian and international law. The 5th National Conference on Management and Humanities Researches in Iran. Tehran: University of Tehran.
- Mohammadi- Rishahri, M. (2020). The Mizan al-Hikmah, The Scale of Wisdom. Vol. 2, p. 728. Al-Islam.org
- Morasei, F., Aghajani, M. (2014). Effect of counseling with spirituality approach on Hope in patients with chronic renal failure. *Complementary Medicine Journal*, 4(2), 776-86. URL: <http://cmja.arakmu.ac.ir/article-1-221-en.html>
- Motahari, M. (2019). Introduction to Islamic Sciences, the Jurisprudence, p.54. ISLAMICA. <http://islamica.ir/?gadget=Books&aid=1420>
- Nasrollahi, Z., Asadzandi, M., Mohammadzadeh, M., Farahani, M. V., & Tayyebi, K. (2021). Effect of spiritual counseling based on the Sound Heart Model on depression in hemodialysis patients. *Family Medicine and Primary Care Review*, 23(4), 459-464.
- Richards, P. S., & Bergin, A. E. (2005). spiritual strategy for counseling and psychotherapy. American Psychological Association. <https://doi.org/10.1037/11214-000>
- Semantha, F. H., Azam, S., Yeo, K. C., & Shanmugam, B. (2020). A systematic literature review on privacy by design in the healthcare sector. *Electronics*, 9(3), 452. <http://dx.doi.org/10.3390/electronics9030452>
- Simpson, J., & Weiner, E. (2018). The Oxford English Dictionary. Clarendon Press.
- Sommer, H. (2011). More Than Method? A Discussion of Paradigm Differences Within Mixed Methods Research. *Journal of Mixed Methods Research*, 5(2), 150-166. <https://doi.org/10.1177/1558689811402506>
- Tabatabaee, M.H. (2019). Al-Mizan Fi Tafsir Al-Quran. Ansariyan Publications; 1st edition. Language: English. Amazon.com. <http://quran.anhar.ir/tafsir-7888.htm>.
- Valizadeh, F., & Ghasemi, S. F. (2020). Human privacy respect from viewpoint of hospitalized patients. *European Journal of Translational Myology*, 30(1), 8456. <https://doi.org/10.4081/ejtm.2019.8456>

- Vivat, B., Lodwick, R., Merino, M. T. G. B., & Young, T. (2023). What Do Palliative Care Professionals Understand as Spiritual Care? Findings from an EAPC Survey. *Religions*, 14(3), 298. <https://doi.org/10.3390/rel14030298>
- Zoheiri, M., Masuodi, O. A., Asadzandi, M., & Khoshi, A. (2022). Investigation the role of spiritual health in treatment of patients with covid-19: study of a military hospital. *Journal of Military Medicine*, 24(3), 1201-9. <http://dx.doi.org/10.30491/JMM.24.3.1201>