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## Study and Reinterpretation of Spiritual Health (Practical/Behavioral Dimension) in Islamic Teachings with Emphasis on Nahj al-Balagha and Elucidation of Educational Requirements

Jahangir Shafiee Ganjeh<sup>1</sup> , Mohammad Reza Shamshiri<sup>2</sup> , Zohreh Saadatmand<sup>3</sup> 

1. PhD Student, Department of Educational Sciences, Isf.C., Islamic Azad University, Isfahan, Iran

2. Associate Professor, Department of Philosophy and Islamic Theology, Isf.C., Islamic Azad University, Isfahan, Iran,

[1285740408@iau.ac.ir](mailto:1285740408@iau.ac.ir)

3. Associate Professor, Department of Educational Sciences, Isf.C., Islamic Azad University, Isfahan, Iran

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### ABSTRACT

**Objective:** The present study aimed to examine and reinterpret spiritual health in its practical and behavioral dimension within Islamic teachings, with particular emphasis on Nahj al-Balagha, and to identify its key educational requirements.

**Methods:** The study employed a qualitative content analysis approach using an integrative synthesis method. A total of 21 relevant studies on spiritual health in Islamic teachings, with a specific focus on Nahj al-Balagha, were systematically reviewed. Data analysis was conducted using MAXQDA 24 software through three stages of open, axial, and selective coding.

**Results:** The findings indicate that, within the Islamic framework, spiritual health is rooted in conscious and purposeful human action across four interrelated domains: relationship with God, self, others, and creation. In relation to God, spiritual health is shaped by mindful prayer, remembrance and supplication, adherence to the Qur'an and Sunnah, sincerity, avoidance of sin, and striving for closeness to God. In relation to the self, spiritual health promotes balance between material and spiritual dimensions, moral refinement, psychological resilience, self-development, cultivation of virtues, personal responsibility, and harmony between body and soul, ultimately leading to human dignity. In social relations, commitment to ethical and religious principles—such as honesty, trustworthiness, peacemaking, family cohesion, charity, and social responsibility—transforms human interaction into a context for spiritual growth. With respect to creation, spiritual health involves environmental responsibility, protection of living beings and natural resources, responsible consumption, and meaningful engagement with nature.

**Conclusions:** The study proposes a practical educational framework that translates spiritual beliefs into ethical action by organizing educational components—environment, content, methods, instructors, and learners—to facilitate the realization of spiritual health in individual and social life.

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## Introduction

Spiritual health in Islamic teachings, particularly as articulated in Nahj al-Balagha, refers to the state in which human beings attain inner peace, spiritual balance, and meaning in life through a conscious and reflective relationship with God. Imam Ali (peace be upon him) considers the foundation of human health and perfection to lie in knowledge of God, piety (taqwa), and purification of the soul. He emphasizes that detachment from excessive worldly attachments and continuous self-vigilance protect human beings from anxiety, meaninglessness, and moral deviation. From the perspective of Nahj al-Balagha, spiritual health not only brings tranquility of the heart and resilience in the face of life's challenges, but also provides the foundation for social responsibility, justice-seeking, and the attainment of a "good and wholesome life" (ḥayāt tayyiba) in both individual and social domains.

Within Islamic teachings—especially those emphasized in Nahj al-Balagha—spiritual health is a fundamental and multidimensional concept that encompasses the soundness of the heart, psychological serenity, and the proper orientation of human life under faith in Almighty God. Imam Ali (peace be upon him) regards monotheism and God-consciousness as the core of spiritual health and maintains that negligence in remembering God leads to anxiety, confusion, and spiritual illness. Piety, as the most significant indicator of inner health, plays a crucial role in regulating desires, reforming behavior, and establishing spiritual balance, thereby strengthening human resistance against moral lapses and life pressures. Moreover, Imam Ali (peace be upon him) warns against excessive attachment to worldly life and emphasizes conscious and responsible detachment from it as a prerequisite for preserving spiritual health.

From the viewpoint of Nahj al-Balagha, self-purification, self-accountability, and commitment to ethical values guide human beings toward inner peace, hope, resilience in adversity, and effective participation in society, presenting spiritual health as the foundation of individual and social well-being. In this perspective, the world is not the ultimate goal but a passage for spiritual elevation. A spiritually healthy person is one who, while remaining actively and responsibly engaged in society, does not become inwardly attached to worldly attractions and instead centers divine values in both personal and social life. Such spiritual health fosters inner tranquility, meaning in life, justice-orientation, and the attainment of enduring happiness.

A review of domestic and international studies related to this topic indicates that, to date, no comprehensive research has systematically examined and reinterpreted spiritual health in its practical (behavioral) dimension within Islamic teachings with a specific emphasis on Nahj al-Balagha, nor has it adequately articulated its educational requirements. Although several studies—such as those by Namdā Sharifi (2024), Yousefi (2023), Zarnousheh Farahani and Etrat-Doost (2023), Taheri (2024), Rajabi (2024), Rostam-Zadeh, Mohammadvand, and Zarei (2024), Ramazan-Zadeh et al. (2023), Dehghani et al. (2023), Varmohammadi et al. (2022), Khoshi, Mokhtari, and Motavasselian (2022), Haji-Sadeghi (2022), and Isamourad, Hasanvand, and Ghalami (2021)—have acknowledged the importance of revisiting spiritual health from an Islamic perspective grounded in Nahj al-Balagha, the specific impact of educational requirements in this regard has remained largely unexplored.

Regarding the significance and necessity of the present study, it can be examined from theoretical, research gap, and practical perspectives. Although spiritual health is a fundamental concept in Islamic knowledge, it still requires systematic, in-depth conceptual clarification within the framework of authentic religious sources. As one of the richest Islamic texts in the fields of anthropology, ethics, and spiritual education, Nahj al-Balagha possesses substantial potential for theory development in the domain of spiritual health. Research in this area can help clarify its dimensions, components, and indicators from the perspective of Imam Ali (peace be upon him), thereby enriching and strengthening Islamic theoretical foundations.

Despite the expansion of spiritual health research in psychology and the human sciences, much of the existing literature is grounded in Western approaches, with limited systematic extraction of this concept from Islamic sources—particularly Nahj al-Balagha. Many studies address spirituality in Islam in general terms, while analytical and theme-focused investigations of spiritual health based specifically on Nahj al-Balagha have received comparatively little attention. Consequently, the present study seeks to address this scholarly gap and to provide a foundation for deeper and interdisciplinary research in the future.

In the contemporary world, human beings face crises such as anxiety, loss of meaning, and moral and social challenges, which further underscore the importance of spiritual health. Elucidating the perspective of Nahj al-Balagha on spiritual health can offer practical foundations for promoting mental well-being, strengthening individual resilience, reforming lifestyles, and improving social

relations. The findings of this study may be applied in fields such as education and training, counseling, Islamic psychology, cultural policymaking, and the reinforcement of religious identity within society, ultimately offering practical strategies for enhancing the quality of individual and social life. Accordingly, this study seeks to answer the following question:

How can spiritual health (in its practical/behavioral dimension) be examined and reinterpreted within Islamic teachings, with particular emphasis on Nahj al-Balagha, and what are its educational requirements?

### **Material and Methods**

The present study was conducted using a qualitative research approach, specifically employing a research synthesis method, with an emphasis on Nahj al-Balagha within the conceptual framework of spiritual health. The aim was to collect, integrate, and reinterpret the findings of previous studies related to this field. The study adopted a meta-synthesis strategy combined with inductive content analysis, incorporating the stages of open, axial, and selective coding, and was implemented based on the model proposed by Sandelowski and Barroso (2006).

Data were collected through a documentary (library-based) method and processed using systematic note-taking and structured analysis. The initial corpus consisted of 61 relevant studies, which were screened based on predefined inclusion and exclusion criteria; following refinement, 21 studies were selected for final analysis.

The validity of the study was ensured through reliance on authentic Islamic sources, alignment with established scientific indicators of spiritual health—namely, relationship with God, self, others, and creation—and comparison with relevant scholarly literature. Reliability was assessed through re-coding procedures and the use of MAXQDA software, yielding an agreement coefficient of 97.72%.

In the analytical process, concepts related to spiritual health in Nahj al-Balagha were first identified and extracted as open codes. These codes were subsequently organized into axial categories and ultimately integrated at the level of selective codes and core themes, resulting in the development of a comprehensive model of spiritual health in Islamic teachings and the articulation of its associated educational requirements. Ethical considerations were observed throughout all stages of data collection, analysis, and reporting.

## Results

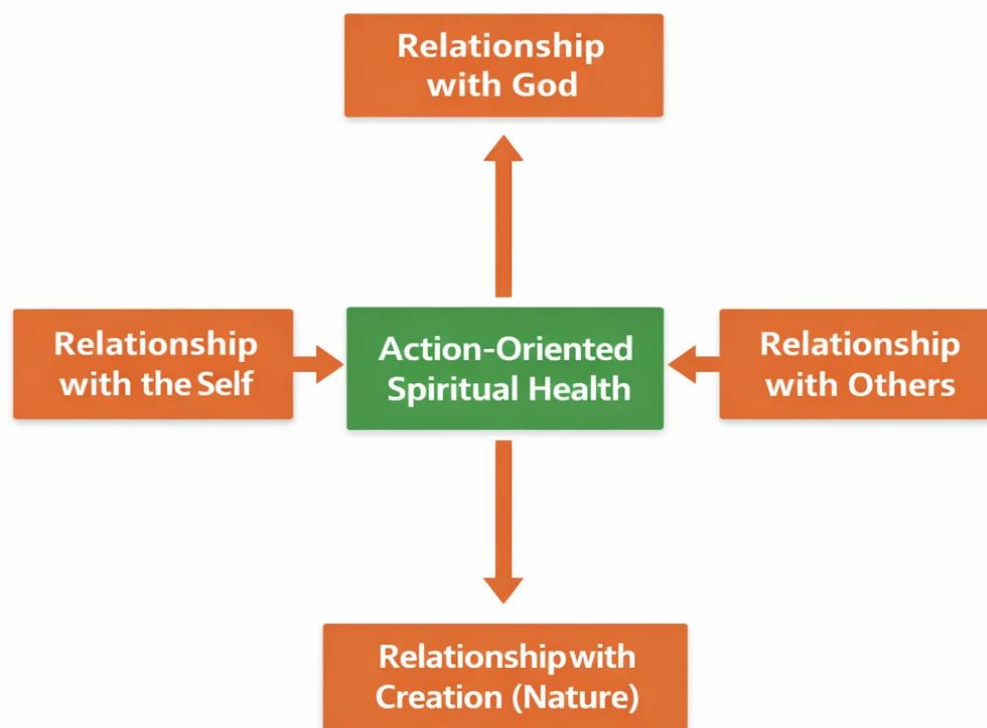
Based on Table (1), action-oriented spiritual health consists of four interrelated indicators—relationship with God, self, others, and creation (nature)—each represented by observable behaviors and practical commitments derived from Nahj al-Balagha. These indicators collectively form a comprehensive behavioral model of spiritual health within Islamic teachings.

**Table 1.** Action-Oriented Spiritual Health with Four Indicators

Code	Open Coding	Axial Coding	Selective Coding	Core Category	Main Concept
1.19.7.2.1	Contemplation of Qur'anic concepts	Performing prayer with awareness and humility	Relationship with God	Action-oriented	Spiritual Health
1.19.7.2.2	Awareness of the meanings of prayer invocations	Performing prayer with awareness and humility	Relationship with God	Action-oriented	Spiritual Health
1.19.7.3.1	Sense of tranquility after prayer	Performing prayer with awareness and humility	Relationship with God	Action-oriented	Spiritual Health
1.19.7.3.3	Performing prayer with reverence and humility	Performing prayer with awareness and humility	Relationship with God	Action-oriented	Spiritual Health
1.19.5.1.1	Strengthening empathy through prayer	Social effects of prayer	Relationship with God	Action-oriented	Spiritual Health
1.19.5.2.2	Development and revitalization of mosques	Social effects of prayer	Relationship with God	Action-oriented	Spiritual Health
1.19.5.3.2	Participation of all social groups in prayer	Social effects of prayer	Relationship with God	Action-oriented	Spiritual Health
1.19.4.1.1	Using diverse methods to explain prayer	Education and explanation of prayer	Relationship with God	Action-oriented	Spiritual Health
1.19.4.1.2	Teaching prayer to adolescents	Education and explanation of prayer	Relationship with God	Action-oriented	Spiritual Health
1.19.4.2.1	Producing artistic content about prayer	Education and explanation of prayer	Relationship with God	Action-oriented	Spiritual Health
1.19.4.2.2	Addressing prayer in academic studies	Education and explanation of prayer	Relationship with God	Action-oriented	Spiritual Health
1.19.5.3.1	Performing prayer under all circumstances	Practical commitment to prayer	Relationship with God	Action-oriented	Spiritual Health
1.19.3.1.1	Confronting anti-religious movements	Promotion and strengthening of prayer	Relationship with God	Action-oriented	Spiritual Health
1.19.3.1.2	Incorporating prayer into cultural programs	Promotion and strengthening of prayer	Relationship with God	Action-oriented	Spiritual Health
1.19.3.2.1	Adjusting public schedules to prayer times	Promotion and strengthening of prayer	Relationship with God	Action-oriented	Spiritual Health
1.19.3.2.2	Participation of managers in workplace prayers	Promotion and strengthening of prayer	Relationship with God	Action-oriented	Spiritual Health
1.19.3.2.3	Allocating facilities to promote prayer	Promotion and strengthening of prayer	Relationship with God	Action-oriented	Spiritual Health
1.11.2.2.2	Commitment to acts of worship	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health
1.12.1.2.2	Performing religious duties	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health
1.15.4.1.1	Adherence to worship	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health
1.16.3.1.1	Commitment to obligatory acts	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health

1.6.1.3.2	Performing religious obligations	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health
1.14.1.3	Acts of worship	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health
1.15.3.4	Worship and rituals	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health
1.5.3.4	Commitment to religious obligations	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health
1.6.1.3	Acts of worship	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health
1.7.2.2	Spiritual rituals	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health
1.7.2.3	Commitment to worship	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health
1.8.2.11	Performing worship and servitude	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health
1.17.4.4	Night vigil and late-night worship	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health
1.4.2.5	Servitude and devotion	Adherence to worship and religious obligations	Relationship with God	Action-oriented	Spiritual Health
1.19.6.1.2	Making prayer a daily family routine	Deepening prayer within the family	Relationship with God	Action-oriented	Spiritual Health
1.19.6.2.1	Accustoming children to prayer	Deepening prayer within the family	Relationship with God	Action-oriented	Spiritual Health
1.19.6.2.2	Parents as role models for prayer	Deepening prayer within the family	Relationship with God	Action-oriented	Spiritual Health
1.13.2.2.2	Striving for divine closeness	Spiritual striving for proximity to God	Relationship with God	Action-oriented	Spiritual Health
1.15.3.3.2	Greater jihad (self-struggle)	Spiritual striving for proximity to God	Relationship with God	Action-oriented	Spiritual Health
1.18.5.2.1	Holding fast to the divine rope	Spiritual striving for proximity to God	Relationship with God	Action-oriented	Spiritual Health
1.10.1.1	Spiritual well-being	Spiritual striving for proximity to God	Relationship with God	Action-oriented	Spiritual Health
1.6.2.2.2	Trust in God and acceptance of divine decree	Trust, gratitude, and contentment	Relationship with God	Action-oriented	Spiritual Health
1.8.1.3.1	Gratitude	Trust, gratitude, and contentment	Relationship with God	Action-oriented	Spiritual Health
1.8.1.3.2	Trust and reliance on God	Trust, gratitude, and contentment	Relationship with God	Action-oriented	Spiritual Health
1.14.3.2.2	Avoidance of sin	Avoidance of sin and transgression	Relationship with God	Action-oriented	Spiritual Health
1.18.4.2.2	Avoiding sins	Avoidance of sin and transgression	Relationship with God	Action-oriented	Spiritual Health
1.18.5.2.2	Repentance after sin	Avoidance of sin and transgression	Relationship with God	Action-oriented	Spiritual Health
1.12.1.2.1	Remembrance and supplication	Remembrance, supplication, and intimate prayer	Relationship with God	Action-oriented	Spiritual Health
1.16.3.2.2	Sending blessings upon the Prophet	Remembrance, supplication, and intimate prayer	Relationship with God	Action-oriented	Spiritual Health
1.19.7.3.2	Turning attention to God through supplication	Remembrance, supplication, and intimate prayer	Relationship with God	Action-oriented	Spiritual Health
1.6.1.3.1	Remembrance of God	Remembrance, supplication, and intimate prayer	Relationship with God	Action-oriented	Spiritual Health
1.6.2.2.3	Supplication and intimate prayer	Remembrance, supplication, and intimate prayer	Relationship with God	Action-oriented	Spiritual Health
1.8.1.3.4	Spiritual connection with God	Remembrance, supplication, and intimate prayer	Relationship with God	Action-oriented	Spiritual Health

1.5.3.1	Remembrance of God	Remembrance, supplication, and intimate prayer	Relationship with God	Action-oriented	Spiritual Health
1.5.3.3	Prayer and supplication	Remembrance, supplication, and intimate prayer	Relationship with God	Action-oriented	Spiritual Health
1.7.2.1	Constant remembrance and awareness	Remembrance, supplication, and intimate prayer	Relationship with God	Action-oriented	Spiritual Health
1.17.4.5	Divine remembrance	Remembrance, supplication, and intimate prayer	Relationship with God	Action-oriented	Spiritual Health
1.16.3.2.1	Emulating the conduct of the Infallibles	Learning from religious role models	Relationship with God	Action-oriented	Spiritual Health
1.5.3.2	Recitation of the Qur'an	Learning from religious role models	Relationship with God	Action-oriented	Spiritual Health
1.12.2.1.1	Prioritizing divine satisfaction	Pure intention and sincerity	Relationship with God	Action-oriented	Spiritual Health
1.12.2.1.2	Detachment from worldly pleasures	Pure intention and sincerity	Relationship with God	Action-oriented	Spiritual Health
1.18.5.4.1	Avoidance of polytheism	Pure intention and sincerity	Relationship with God	Action-oriented	Spiritual Health
1.18.5.4.2	Performing worship solely for God	Pure intention and sincerity	Relationship with God	Action-oriented	Spiritual Health
1.8.1.3.3	Pure intention	Pure intention and sincerity	Relationship with God	Action-oriented	Spiritual Health



**Figure 1.** Action-oriented spiritual health model

Based on Table (1) and Figure (1), action-oriented spiritual health was conceptualized as a multidimensional construct consisting of four distinct indicators: relationship with God, relationship with the self, relationship with others, and relationship with creation (nature).

### **Action-Oriented Elaboration of Spiritual Health in Relation to God**

In Islamic discourse, spiritual health is grounded in conscious, systematic, and sustained actions in one's relationship with God, constituted by fourteen core axial codes. At the heart of this relationship lies the establishment of prayer with awareness and humility, which serves as its cornerstone. Through presence of heart, prayer transcends a merely formal act and becomes a profound existential experience. Although prayer is a personal act of worship, it generates significant social outcomes, including the reinforcement of social cohesion, empathy, and moral order within the community.

The education and elucidation of prayer provide the necessary knowledge for understanding its philosophy and jurisprudential foundations, while practical commitment to prayer and adherence to religious obligations and duties signify depth of faith and continuity in action. The promotion and strengthening of prayer in society, particularly the deepening of prayer within the family, facilitate value transmission and the institutionalization of a worship-centered culture.

At the inner level, spiritual striving for closeness to God, manifested through trust (*tawakkul*), gratitude (*shukr*), and contentment (*riḍā*), shapes the believer's inner states toward divine proximity. This path is further smoothed by avoidance of sin and disobedience and through inner purification. Remembrance (*dhikr*), supplication, and intimate prayer ensure a continuous and heartfelt connection with the Divine. Emulation of religious sources (the Qur'an and Prophetic tradition) functions as a guiding light for this spiritual journey. Ultimately, all these actions derive their meaning from pure intention and sincerity, free from hypocrisy and ostentation.

Within this action-oriented framework, spiritual health is defined not as a passive or static state, but as a dynamic, committed, and purposeful process of servitude and closeness to God Almighty.

### **Qualitative Action-Oriented Elaboration of Spiritual Health in Relation to the Self**

In the dimension of one's relationship with the self, spiritual health manifests as a dynamic process of balance, structured around seventeen core axial codes that shape its action mechanisms. At the center of this system lie material moderation and psychological and spiritual balance, which function as foundations of self-regulation. These elements liberate individuals from excessive material attachment and enable the governance of desires through self-restraint.

This process necessitates moral self-discipline and economic chastity, both of which strengthen human dignity by distancing the self from greed. Simultaneously, psychological resilience and

emotional equilibrium provide the infrastructure for coping with inner turbulence and are integrally connected to spiritual self-development, thereby facilitating spiritual growth.

This inner transformation leads to the internalization of moral virtues (such as honesty and contentment) and operationalizes personal responsibility toward oneself. Moreover, physical–spiritual balance reflects harmony between body and soul, wherein physical health is not an independent end but a context enabling the realization of psychological and spiritual well-being.

Within this framework, environmental responsibility emerges as a reflection of respect for the “transcendent self”, since caring for nature represents reverence for one’s inner creation. Thus, all these codes interact within a dynamic network that ultimately realizes human dignity as the final aim of spiritual health.

### **Action-Oriented Spiritual Health in Relation to Others (Human Relationships)**

In the sphere of relational action, spiritual health is manifested through the elevation of human relationships via commitment to profound values. This form of health is contingent upon adherence to ethical principles and religious norms, which function as guiding pillars of conduct. In everyday interactions, communicative ethics and higher-order moral ethics enhance relational quality by fostering mutual respect and deep understanding.

Honesty and trustworthiness constitute the foundation of trust, while conflict management and peacemaking ensure that disagreements are transformed into opportunities for spiritual growth. Within the family domain, familial bonds and forgiveness play a vital role in repairing fractures and strengthening cohesion, thereby providing a critical context for spiritual health.

At the societal level, this dimension is reflected in social responsibility and social financial obligations, which signify commitment to justice and collective well-being. Support for the needy, charitable acts and service to others, and constructive social interactions form the beating heart of this commitment and cultivate a spirit of solidarity. Participation in collective rituals further strengthens spiritual bonds by fostering a shared sense of belonging.

Ultimately, the spiritualization of interactions—through a sacred perception of human relationships—infuses everyday actions with profound depth and meaning. Overall, action-oriented spiritual health emerges from the harmonious integration of these fourteen ethics-centered actions, transforming human relationships into arenas for both individual and collective transcendence.

### **Qualitative Action-Oriented Elaboration of Spiritual Health in Relation to Creation (Nature)**

Spiritual health, as the action-oriented dimension of humanity's relationship with creation, is realized through responsible interaction with existence as a whole. Such interaction requires ethical responsibility toward the entire system of creation, wherein the protection of living beings, preservation of natural elements (water, soil, and air), and environmental conservation are regarded as spiritual obligations.

Human physical health, within this sacred ecosystem, is inextricably linked to the well-being of the cosmos. Moreover, responsible consumption of resources reflects spiritual rationality aimed at minimizing ecological harm. In this context, spiritual engagement with nature, perceived as a mirror of transcendent truth, deepens this relationship and imbues it with meaning.

Ultimately, the convergence of these principles achieves ecological balance as the overarching goal of comprehensive spiritual health, positioning the human being as a conscious and spiritually aware vicegerent (*khalīfa*) within the universe.

### **Discussion**

The present study sought to examine and reinterpret spiritual health in its action-oriented dimension within Islamic teachings, with particular emphasis on *Nahj al-Balagha*, and to elucidate its associated educational requirements. The findings revealed that, within the Islamic framework, spiritual health is fundamentally grounded in conscious and active human actions across four interrelated domains: relationship with God, relationship with the self, relationship with others, and relationship with creation.

In the domain of the relationship with God, conscious and humble prayer, remembrance (*Zikr*) and supplication, emulation of the Qur'an and Prophetic tradition, sincerity, avoidance of sin, and striving for divine proximity constitute the foundation of spiritual health. These practices transform faith from a purely internal belief into a lived and action-based orientation toward God.

In relation to the self, spiritual health culminates in material and psychological balance, moral self-purification, psychological resilience, self-development, cultivation of virtues, personal responsibility, and harmony between body and soul, ultimately leading to the realization of human dignity.

In the interpersonal domain, adherence to ethical and religious principles, honesty, trustworthiness, peacemaking, strengthening of family bonds, benevolence, social responsibility, and participation in collective rituals transform human relationships into arenas for spiritual growth and transcendence.

Finally, in relation to creation, environmental responsibility, protection of living beings and natural elements, responsible consumption, and spiritual interaction with nature establish a sacred bond between human beings and creation, positioning humans as morally accountable stewards of the natural world.

This coherent action-oriented constellation, along with its corresponding educational model, organizes environment, tools, methods, content, educators, and learners in such a way that spiritual beliefs are effectively transformed into ethical action and lived practice.

The findings of the present study are consistent with prior research, including the works of Namdar Sharifi (2024), Yousefi (2023), Zarnousheh Farahani and Etrat-Doost (2023), Taheri (2024), Rajabi (2024), Rostamzadeh, Mohammadvand, and Zarei (2024), Ramazanzadeh et al. (2023), Dehghani et al. (2023), Varmohammadi et al. (2022), Khoshi, Mokhtari, and Motavaselian (2022), Haji-Sadeghi (2022), and Eisamorad, Hasanvand, and Ghalami (2021).

A deeper examination of the research question demonstrates that, based on the teachings of Imam Ali (peace be upon him), spiritual health is not merely an internal or mental state, but rather is manifested through actions, choices, lifestyle, and ethical conduct. It is shaped through elements such as piety (taqwa), self-development, responsibility, justice-seeking, and conscious awareness of worldly life. *Nahj al-Balagha*, by presenting a practical model of the spiritually healthy human being, emphasizes the educational necessity of cultivating moral willpower, continuous self-monitoring, commitment to divine values, and the inseparable link between faith and righteous action.

From this perspective, the elaboration of the action-oriented dimension of spiritual health in *Nahj al-Balagha* provides clear educational imperatives for Islamic educational systems and lays the groundwork for nurturing individuals who are balanced, responsible, and meaning-oriented in both personal and social spheres. In Imam Ali's (peace be upon him) worldview, spirituality is not a merely mental, emotional, or individual phenomenon; rather, it is a dynamic and objective reality manifested in behavior, conscious action, and lifestyle.

In Nahj al-Balagha, spiritual health is realized when faith and inner belief lead to righteous action, social responsibility, justice-oriented conduct, ethical self-control, and continuous striving against the lower self (nafs), enabling individuals to maintain balance between material needs and transcendent divine goals. Imam Ali (peace be upon him), by emphasizing piety, self-accountability, conscious simplicity, commitment to truth, and fulfillment of individual and social duties, offers an educational model for cultivating spiritually healthy individuals who ground their decisions and behaviors in divine values within the practical arena of life.

Accordingly, explicating the action-oriented dimension of spiritual health in Nahj al-Balagha highlights key educational requirements such as cultivating moral willpower, strengthening self-regulation, teaching social responsibility, and systematically linking religious beliefs with practical behavior. These requirements can guide Islamic educational systems toward nurturing individuals who are committed, balanced, and meaning-centered in both personal and social life.

From Imam Ali's (peace be upon him) perspective, spiritual health is a dynamic, process-based, and action-centered reality that materializes through conscious behavior, ethical choices, and lifestyle orientation. In Nahj al-Balagha, faith signifies spiritual health only when it manifests in the form of righteous deeds, justice-seeking, social responsibility, respect for the rights of others, restraint against carnal desires, and practical adherence to divine values. Thus, Imam Ali (peace be upon him), through emphasizing piety, self-struggle, continuous self-evaluation and vigilance, conscious simplicity, and responsible participation in society, presents an action-oriented model of spiritual education.

This approach demonstrates that authentic spirituality does not imply withdrawal from life; rather, it entails divine orientation of individual and social actions, transforming humans into active agents of justice realization, social reform, and moral growth. Consequently, clarifying the action-oriented dimension of spiritual health in Nahj al-Balagha reveals essential educational implications, including the systematic integration of belief and action, cultivation of moral will and self-monitoring, education in social responsibility, institutionalization of ethical virtues in everyday behavior, and the design of educational programs grounded in the practical exercise of religious values. Such an approach paves the way for nurturing individuals who are balanced, meaning-oriented, and socially effective.

### **Research Implications and Future Directions**

Based on the findings of this study, it is recommended that future research undertake comparative analyses of spiritual health in Nahj al-Balagha and other authentic Islamic sources, such as the Holy Qur'an, Sahifa Sajjadiyya, and the narrations of the infallible Imams (peace be upon them), in order to identify both commonalities and distinctive features of the action-oriented dimension of spirituality. Furthermore, interdisciplinary studies drawing upon psychology, educational sciences, and Islamic sociology are suggested to empirically examine and operationalize the model derived from Nahj al-Balagha in practical contexts.

In addition, conducting field-based and applied research aimed at designing and evaluating educational programs and training packages grounded in the components of action-oriented spiritual health can contribute to the concrete realization of these teachings within educational, cultural, and pedagogical systems, ultimately fostering the enhancement of spiritual health at both individual and societal levels.

### Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

### Ethics statement

The studies involving human participants were reviewed and approved by the ethics committee of Islamic Azad University. The patients/participants provided their written informed consent to participate in this study.

### Author contributions

All authors contributed to the study conception and design, material preparation, data collection, and analysis. All authors contributed to the article and approved the submitted version.

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### Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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