



MENTAL HEALTH EXPERIENCES OF FEMALE ADOLESCENT SANTRI FOLLOWING ISLAMIC COACHING WITH THE I.S.L.A.M MODEL: A QUALITATIVE STUDY IN AN INDONESIAN PESANTREN

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Abstract

This study examines the perceived mental health experiences of female adolescent santri after participating in Islamic Coaching with the I.S.L.A.M Model in an Indonesian pesantren. Adolescent mental health remains a serious concern in Indonesia, including among santri who live within structured religious, academic, and residential environments. Although coaching has been used as a non-clinical form of support, limited qualitative research has examined how spiritually grounded coaching is experienced by adolescent santri in Islamic boarding school settings. This study used an exploratory qualitative design with a phenomenological orientation. Five female santri aged 14 to 17 years who had completed Islamic Coaching sessions using the I.S.L.A.M Model were selected through purposive sampling, and one additional informant was included to provide contextual information. Data were collected through semi-structured in-depth interviews and analyzed using thematic analysis. The findings show that participants perceived the coaching process as a relatively safe and structured space for emotional expression, self-reflection, social boundary-setting, and spiritual coping. Their narratives reflected interconnected emotional, psychological, social, moral, and spiritual dimensions of mental health. The elements of Intention, See, Learn, Action, and Munajat were perceived as helpful because they supported participants in clarifying feelings, reinterpreting personal difficulties, recognizing personal capacity, taking practical steps, and reconnecting emotional experiences with prayer and reliance on Allah. This study contributes to the discussion of adolescent mental health in pesantren by offering a contextual account of Islamic Coaching as a non-clinical, spiritually grounded form of support. The findings should be read as participants' perceived experiences rather than evidence of clinical effectiveness.

Keywords: *Adolescent Mental Health, Female Santri, Islamic Coaching, I.S.L.A.M Model, Pesantren*

A. Introduction

Mental health is central to adolescents' ability to function adaptively in daily life, including in interpersonal relationships, emotional regulation, learning, and decision-making (Keyes, 2006). The World Health Organization (2025) defines mental health as a state of mental well-being that enables individuals to cope with life stressors, recognize their abilities, learn and work well, and contribute to their communities. In Keyes's

complete-state model, mental health includes emotional, psychological, and social well-being (Keyes, 2007, 2014). It therefore should not be reduced to the absence of mental disorder, since it also involves positive functioning, self-acceptance, meaningful relationships, social participation, and the capacity to manage life challenges.

Islamic scholarship understands mental health within the wider concern for the soundness of the self, reason, moral conduct, and spiritual responsibility. Awaad et al. (2019) show that Islamic discussions of mental health are connected to religious, ethical, social, and cultural life rather than limited to clinical symptoms. The legal maxim *mā lā yatimmu al-wājib illā bihī fa huwa wājib* affirms that whatever is necessary for the fulfillment of an obligation also becomes necessary (al-Qarāfī, 2004). In this regard, maintaining the soundness of the intellect (*ḥifẓ al-‘aql*) is part of the higher objectives of Islamic law (*maqāṣid al-sharī‘ah*) and provides an important foundation for the preservation of mental health (al-Ghazali, 1992). This perspective places psychological balance, moral discipline, self-awareness, and spiritual orientation within an integrated understanding of human well-being.

Adolescent mental health in Indonesia remains a serious concern. The Indonesia National Adolescent Mental Health Survey reported that 34.9% of adolescents experienced mental health problems within the previous twelve months, with anxiety disorders being the most common mental health problem (Center for Reproductive Health et al., 2022). This concern is also supported by school-based research in West Java, which found that a considerable proportion of adolescents showed borderline or abnormal scores on the Strengths and Difficulties Questionnaire, indicating that adolescent mental health problems are not limited to clinical settings but are also visible in educational contexts (Pandia et al., 2021). Qualitative research across diverse social settings in Indonesia further suggests that adolescents’ understandings of mental health are shaped by family, peers, school, social expectations, and broader cultural contexts (Willenberg et al., 2020). Santri are part of this adolescent population, but their mental health experiences require contextual attention because they live and study within residential Islamic educational settings. Pesantren life combines academic learning, religious discipline, collective living, peer interaction, moral expectations, and intensive worship routines. These contextual features may shape how santri experience emotional distress, interpret personal problems, seek help, and express psychological concerns in socially and religiously acceptable ways.

Various clinical and non-clinical approaches have been used to respond to mental health concerns. In this study, coaching is positioned as a non-clinical form of support that uses reflective conversation, ethical boundaries, trust, client growth, and action-oriented reflection. The International Coaching Federation describes coaching competencies as including the creation of trust and safety, active listening, evoking awareness, and supporting client growth through insight, reflection, and accountability (International Coaching Federation, 2025). Coaching is therefore relevant for individuals who need structured support for reflection, goal clarification, and responsible action. This non-clinical positioning is important in the Indonesian context because mental health

literacy and help-seeking behavior among adolescents remain uneven, while lack of knowledge and stigma may prevent adolescents from seeking appropriate support (Kaligis et al., 2022). In this study, however, coaching is not treated as psychotherapy or as a substitute for clinical mental health care.

Many coaching models are not explicitly designed to integrate Islamic spiritual values into their structure and process. In response to this need, Islamic Coaching with the I.S.L.A.M Model was developed by Muslim Women Coaching as a spiritually oriented and cognitively structured coaching framework. Triastari et al. (2025) describe the I.S.L.A.M Model as an approach that combines Islamic teachings with psychological principles and organizes the coaching conversation through five elements: Intention, See, Learn, Action, and Munajat. Within this framework, Intention guides participants to clarify their aims and spiritual orientation. See encourages participants to observe their present condition and imagine a more constructive direction. Learn invites reflection on personal strengths, lessons, and barriers. Action directs participants toward concrete and responsible steps. Munajat emphasizes prayer, surrender, and spiritual reliance upon Allah.

Previous research by Triastari et al. (2025) reported that Islamic Coaching with the I.S.L.A.M Model was associated with improved mental health indicators among Muslim adolescents in a pre-post quantitative design. Nevertheless, existing evidence remains limited. In particular, there is still a lack of qualitative research that examines how adolescent santri experience Islamic Coaching with the I.S.L.A.M Model in the specific context of pesantren life. This gap is important because pesantren are not only educational institutions, but also residential, moral, social, and religious environments that may influence how adolescents understand mental health, emotional expression, social relationships, and spiritual coping.

This study aims to describe the perceived mental health experiences of female adolescent santri who have participated in Islamic Coaching using the I.S.L.A.M Model. The analysis draws on Keyes's dimensions of mental health, namely emotional, psychological, and social well-being, while also considering Islamic dimensions of mental health, particularly spiritual, emotional, and moral aspects. This study also examines participants' subjective experiences during the coaching process and identifies which values or stages of the I.S.L.A.M Model were perceived as most helpful in supporting their mental well-being. Its contribution lies in the qualitative exploration of santri's lived experiences within an Islamic boarding school context and in the contextual reading of Islamic Coaching as a non-clinical, spiritually grounded form of support for adolescent mental health.

B. Methods

This study used an exploratory qualitative design with a phenomenological orientation to examine the subjective experiences of female adolescent santri who had participated in Islamic Coaching using the I.S.L.A.M Model. This design was selected because the study focused on how participants understood, narrated, and gave meaning

to their perceived mental health experiences after participating in the coaching process. The study was conducted in an Islamic boarding school in Makassar, South Sulawesi, where Islamic Coaching with the I.S.L.A.M Model had been implemented in the pesantren setting. The phenomenon examined in this study was not the clinical effectiveness of coaching, but participants' perceived emotional, psychological, social, moral, and spiritual experiences in relation to the coaching process.

Participants were selected through purposive sampling. The main participants consisted of five female santri aged 14 to 17 years who had completed Islamic Coaching sessions using the I.S.L.A.M Model. The inclusion criteria were: being a female santri within the adolescent age range, having participated in the coaching sessions, being willing to take part in the interview process, and receiving permission from parents or guardians. The five santri were coded as P1, P2, P3, P4, and P5, while the additional informant was coded as I1 to protect participants' identities and to distinguish the main participant narratives from contextual information.

Primary data were collected through semi-structured in-depth interviews based on Keyes's dimensions of mental health, Islamic perspectives on mental well-being, and the stages of the I.S.L.A.M Model. Each interview lasted approximately 45 to 90 minutes, was audio-recorded with permission, and was transcribed verbatim. The interviews focused on participants' perceived emotional, psychological, social, moral, and spiritual experiences after participating in the coaching process. Because the participants were adolescents, the interview process was conducted by maintaining confidentiality, voluntary participation, and the participants' right to decline answering questions.

The data were analyzed using thematic analysis following Braun and Clarke (2006). The analysis involved repeated reading of transcripts, initial coding, identification of patterns, theme development, theme review, and interpretation of findings in relation to the conceptual framework. To strengthen the credibility of the findings, the analysis compared participants' narratives across themes and used the additional informant's account as contextual support rather than as a substitute for participants' lived experiences.

C. Results and Discussion

1. Results

1) Perceived Mental Health Experiences after Islamic Coaching

Participants' narratives showed that Islamic Coaching was perceived as a space for emotional release and self-reflection. Several participants described feelings of relief, calmness, and reduced emotional burden after being able to express thoughts and feelings that had previously been difficult to share. P2 stated, "What I really wanted to tell but rarely could let out... so I could feel calm." P4 similarly said, "It felt relieving, like my feelings were better after coaching... when problems are kept inside, it does not feel good." P5 also expressed, "I felt relieved... because everything came out." At the same time, emotional release was not always experienced as entirely light or effortless. P5 noted that the session brought relief but also fatigue: "After coaching, I felt more

relieved... but maybe tired.” These accounts suggest that participants experienced the coaching session as a structured setting for expressing emotional pressure, although the process could also involve emotional tiredness.

A sense of safety was also central to participants’ emotional experience. Participants felt more able to speak honestly when they perceived that the conversation had clear boundaries, privacy, and a non-judgmental tone. P3 stated, “I felt more comfortable speaking there... answering as honestly as I could.” P5 emphasized that the questions did not feel excessively intrusive: “Because each question was not too probing... so there were also boundaries.” These statements indicate that the coaching process was experienced not only as a place to talk, but also as a space where participants could control what they wanted to disclose.

Participants also reported changes in how they understood themselves and their problems. Some participants described a shift in thinking, especially in relation to how they faced difficulties, handled social judgment, and redirected attention to personal priorities. P4 said, “Since coaching, I can think about how to face the problem, not only cry.” P5 reflected on patience by saying, “After talking, maybe patience is very important because we have to go through every process with patience.” P3 described a shift away from overthinking social judgment: “Why do I keep thinking about it? I should just focus on my memorization and my studies.” These narratives show a perceived movement toward more reflective thinking and clearer prioritization.

Self-confidence and awareness of personal capacity also appeared in participants’ accounts. P5 stated, “It turns out that I am capable... all this time I thought I was not capable.” P4 described a reduction in self-blame: “I immediately felt that not everything about me was wrong; there must be something right.” P1 associated the coaching experience with greater confidence in communication: “I felt more confident... It turns out I can speak clearly, I mean, without stammering.” P1 also mentioned a practical strategy after coaching: “I made a to-do list for every day and followed it, alhamdulillah, I could do it.” These accounts show that participants did not only describe emotional relief, but also reported changes in self-perception and daily self-management.

However, not all reported changes were simple or fully resolved. P2 described an ambivalent experience: “At first I held myself back more, now I am more expressive... but I feel that my behavior is starting to go beyond my usual boundaries.” This statement is important because it shows that self-expression after coaching could also raise questions about behavioral limits. The finding suggests that coaching may open space for emotional expression, but participants may still need guidance in interpreting and managing that expression within their social and moral context.

Participants’ social experiences also changed in their own perception. Some participants who had previously felt anxious or hesitant in social interactions described greater openness in relationships. P1, who initially said, “I was afraid to socialize because I lacked confidence,” later stated, “I feel closer... I can make friends with junior and senior students, and with anyone.” P3 reported a similar experience. She initially said, “Before coaching, I rarely talked to people,” but later said that it became “easier to socialize

because it had been difficult before.” P2 also described a change in how she viewed her friends: “At first I thought... I was afraid they were like what I imagined. But after coaching, after thinking more deeply, they were not like that, only like this.” These narratives indicate that some participants perceived changes in social confidence, openness, and interpretation of peer relationships.

At the same time, participants did not describe social well-being only as openness. Several accounts emphasized boundaries and assertiveness. P1 stated, “I used to feel very uncomfortable refusing people... now I fight that discomfort, so I say what is true.” P1 also expressed a form of emotional boundary by saying, “I do not care too much about people who hurt me.” P4 described greater assertiveness in refusing inappropriate requests: “If someone’s attitude toward me is not good, I become a bit firmer with that person... I say, ‘Not all of your requests can I follow.’” P3 also described selective friendship as a protective response to negative social experiences: “With close friends, yes... with those who are not close, no,” and “I am afraid... that they might talk about me behind my back again.” These findings show that social well-being in participants’ narratives involved both openness and boundary-setting.

Spiritual experience was another important dimension in participants’ narratives. Some participants described prayer and worship as sources of calmness, reflection, and emotional expression. P1 stated, “I worship seriously so that my heart can feel calm” and “In every prostration, I pray for what I want.” P3 described emotional comfort during prayer: “I pray while crying, and sometimes I pray for quite a long time... I feel more comfortable.” P4 associated night prayer with reflection: “When I wake up for night prayer... after the night prayer, I immediately remember everything.” These accounts suggest that spiritual practice was perceived as closely connected to emotional regulation.

Prayer was also described as a form of spiritual coping. P1 said, “When I pray, it feels like I am confiding in Allah.” P5 similarly expressed, “I want to always be closer to Allah, I want to confide in Allah...” and referred to “long prayers.” P5 also identified the question about prayer as a memorable part of the coaching process: “When I was asked what prayer I wanted to make?” The additional informant supported this observation by stating that the participant became more aware of her responsibilities, especially in daily discipline and worship: “Through this coaching session, she realized that what had become her responsibility had to be completed. Especially discipline in daily activities and worship. So what I saw was a positive effect, especially in her waking time, worship, and congregational prayer.” This account was used as contextual support rather than as the main basis of interpretation.

2) Participants’ Experiences during the Coaching Process

Participants’ experiences during the coaching process were marked by an initial sense of anxiety, uncertainty, and hesitation. All participants described nervousness or discomfort at the beginning of the session. P1 said, “I was nervous... what should I say later? I was confused.” P2 stated, “I was nervous... and confused about what to say.” P3 described fear and hesitation: “When I was asked questions, I was usually afraid to answer

and hesitant.” Similar expressions appeared in P4’s account, “I was nervous, I did not know what to say, and I felt awkward,” and P5’s account, “I was nervous because I was afraid of being asked questions.” The informant also observed a similar pattern: “At first she was tense... afraid of being asked questions.”

As the session progressed, participants described a gradual movement toward openness. P1 explained that she needed to express what she felt: “If I do not pour out what is in my heart, I will become confused by myself.” P4 said that some questions felt connected to what she was thinking: “Sometimes the questions were connected to what was in my mind, so I could answer right away.” P2 described the process as gradual: “At first I was confused, but then something came up.” P3 also stated that she tried to answer honestly: “There I tried to answer as honestly as possible.” These narratives suggest that openness did not appear immediately, but developed through the structure of the conversation and the participants’ growing sense of safety.

The coaching process was also remembered through motivational and symbolic elements. P1 stated that the most memorable part was “motivation, not caring too much about people who hurt me.” P4 recalled a metaphor about an eagle: “It was motivation like an eagle that is destined to fly high. When other birds peck at it so that it comes down, the eagle flies even higher and does not care.” P3 summarized the experience as helping her become “more focused.” P5 also described a shift in how she viewed her own capacity: “Maybe all this time I always thought that I was not capable, but after coaching, after talking and receiving motivation, it turns out that I am grateful that I am capable, insya Allah.” The informant’s account provided contextual support for this perception, although it cannot be treated as independent evidence of behavioral change: “At first she rarely socialized... now she has started to gather with others and talk.”

One challenge appeared in relation to language. P5 stated, “I had to think about the language repeatedly, especially because there were many new words.” This indicates that although the coaching process was generally perceived as helpful, some terms or expressions used during the session were not immediately familiar to participants. This finding is important for understanding the need to adapt coaching language to the age, educational level, and daily vocabulary of santri.

3) Perceived Helpful Elements of the I.S.L.A.M Model

Participants’ narratives suggest that several elements of the I.S.L.A.M Model were experienced as helpful, although the participants did not always name each stage explicitly. The elements of Intention and See appeared in the way participants were encouraged to clarify what they felt, what they wanted to express, and how they understood their situation. The sense of relief described by P2, P4, and P5 indicates that the coaching questions helped participants bring previously hidden emotional concerns into a more reflective conversation. The sense of safety described by P3 and P5 also suggests that these early stages supported honest expression without forcing participants to disclose beyond their comfort.

The element of Learn appeared in participants' reflection on personal strengths, problems, and lessons. P4's statement that she could think about how to face problems rather than only cry shows a perceived shift toward reflective problem understanding. P5's statement, "It turns out that I am capable... all this time I thought I was not capable," also indicates a process of recognizing personal capacity. In this sense, the Learn element was perceived as helpful because it allowed participants to reinterpret their experiences and reduce excessive self-blame.

The element of Action appeared in participants' accounts of practical steps, self-management, and assertive behavior. P1's use of a daily to-do list shows a concrete action after the coaching process. P1 and P4 also described more assertive communication, especially in setting boundaries and refusing inappropriate requests. These accounts suggest that Action was not limited to planning, but also appeared in how participants tried to manage daily responsibilities and social interactions.

The element of Munajat was the most explicit spiritual element in participants' narratives. Participants repeatedly connected prayer, worship, and surrender to Allah with emotional calmness and self-expression. P1 described prayer as a way to "confide in Allah," while P5 remembered being asked about the prayer she wanted to say. P3 and P4 also associated prayer and night worship with comfort and reflection. These findings indicate that Munajat was perceived not merely as a closing ritual, but as a spiritual space where participants could express emotions, seek calmness, and reconnect their personal struggles with reliance on Allah.

2. Discussion

The findings indicate that adolescent santri perceived Islamic Coaching with the I.S.L.A.M Model as a structured and relatively safe space for emotional expression, self-reflection, social repositioning, and spiritual coping. Participants' narratives show that the coaching process was not experienced merely as a conversation about problems, but as a guided reflective encounter through which they could name emotional burdens, reconsider personal difficulties, and relate those experiences to religious meaning.

The emotional relief described by participants reflects the emotional dimension of mental health in Keyes's framework. Feelings of calmness, relief, and reduced burden suggest the presence of positive affect after participants were able to express concerns that had previously been held privately (Keyes, 2007). This finding also aligns with the view that emotion regulation involves processes through which individuals monitor, interpret, and modify emotional responses in relation to personal and social demands (Gross, 2015). In Islamic terms, this emotional movement can be read through the concepts of *sakīnah* and *ṭuma'nīnah*, which refer to inner calm, balance, and serenity of the heart. The participants' accounts also resonate with the Qur'anic emphasis on the remembrance of Allah as a source of tranquility, as discussed in the interpretation of Surah al-Ra'd: 28 (Al-Sa'di, 2012). However, the finding that one participant felt emotionally tired after the session indicates that emotional release should not be viewed

as an entirely simple or linear process. Speaking about personal burdens may bring relief, but it may also require psychological energy and continued support.

A sense of safety was a central condition that allowed participants to speak more openly. Participants felt more comfortable when they perceived that the questions were not intrusive, that privacy was respected, and that they retained control over what they wished to disclose. This supports Lungu et al. (2021), who argue that coaching may function as a non-clinical form of assistance that is relatively less stigmatizing than formal mental health services. It also corresponds with coaching research showing that coaching can support self-regulation, goal clarification, and individual functioning when delivered through structured reflective interaction (Grant, 2003; Theeboom et al., 2014). In the pesantren context, this point is important because adolescent santri may hesitate to discuss emotional and psychological concerns when such concerns are associated with weakness, moral failure, or social judgment. Mental health stigma in Muslim communities has been linked to shame, fear of social labeling, and religious or cultural interpretations of psychological distress (Ciftci et al., 2013). This issue is also relevant in Indonesia, where limited mental health literacy, stigma, and uncertainty about where to seek help may shape adolescents' willingness to disclose emotional or psychological problems (Kaligis et al., 2021; Sarfika et al., 2021). The presence of a non-judgmental conversational structure may therefore reduce the barrier to disclosure, although it does not replace professional mental health care when clinical symptoms are present.

The psychological dimension of the findings appears in participants' reported changes in self-understanding, problem interpretation, and personal agency. Some participants described a movement away from crying, self-blame, and excessive concern with others' judgments toward a more reflective reading of their difficulties. These accounts are compatible with Keyes's view that psychological well-being involves self-acceptance, purpose, autonomy, and the ability to manage everyday responsibilities (Keyes, 2007, 2014). They also align with coaching literature that defines coaching as a partnership directed toward goal clarification, self-development, and responsible action (International Coaching Federation, 2025; Whitmore, 2017). In this study, the psychological value of coaching appeared not in clinical symptom reduction, but in participants' perceived ability to reinterpret their experiences and identify more constructive responses.

The moral dimension of participants' narratives is also important. Participants did not only describe feeling better emotionally, but also reflected on patience, self-control, responsibility, and the need to act within appropriate limits. This is consistent with Islamic understandings of mental health, in which psychological balance is closely linked to moral orientation and ethical conduct. The ambivalent account of P2, who felt more expressive but worried that her behavior might go beyond her usual boundaries, is especially important. This account prevents the findings from being read as uniformly positive. It shows that increased self-expression still requires moral and social interpretation, especially among adolescents who are developing emotional maturity and social judgment.

Participants' social experiences suggest that Islamic Coaching was perceived as related to both openness and boundary-setting. Some participants reported becoming more comfortable in social interaction, while others emphasized the ability to refuse inappropriate requests or limit contact with peers who had hurt them. These findings are relevant to Keyes's social well-being, particularly social integration, social acceptance, and social coherence (Keyes, 2007). They also correspond with evidence that social support is associated with well-being among children and adolescents (Chu et al., 2010). In the pesantren environment, social well-being cannot be reduced to being sociable or friendly. It also involves the capacity to interpret peer relations, maintain dignity, set boundaries, and participate in collective life without losing personal agency. This interpretation is consistent with Islamic views of mental health that connect a sound inner state with morally appropriate social relationships (Awaad et al., 2019).

The spiritual dimension was the most explicit feature of the participants' accounts. Prayer, night worship, prostration, and personal supplication were repeatedly described as sources of calmness and emotional expression. Participants did not present worship only as an institutional obligation in pesantren life, but also as a personal medium for speaking to Allah, processing sadness, and seeking inner stability. Research on religiosity and adolescent health also suggests that religious and spiritual resources can be related to adolescents' coping, adjustment, and health-related attitudes, although the relationship should not be treated as uniformly positive in every context (Rew & Wong, 2006). Broader evidence also indicates that religious and spiritual factors may be associated with mental health outcomes, especially when they provide meaning, support, hope, and adaptive coping resources (Bonelli & Koenig, 2013). This finding suggests that Islamic Coaching may be meaningful for santri because it allows psychological reflection and spiritual practice to remain connected rather than separated.

The participants' use of prayer and reliance on Allah can also be understood through the concept of religious coping. Pargament et al. (2000) distinguish positive and negative forms of religious coping, showing that religious coping is not simply the presence of religious practice but the way religious meanings are used in dealing with stress. A meta-analysis by Ano and Vasconcelles (2005) also found that positive religious coping tends to be associated with better psychological adjustment, whereas negative religious coping is associated with poorer adjustment. In the present study, participants' descriptions of prayer as a way to speak to Allah, seek calmness, and process emotional burden are closer to positive religious coping. Nevertheless, this interpretation must remain cautious because the study did not measure religious coping quantitatively.

The findings also show that participants' openness developed gradually during the coaching process. At the beginning of the session, participants described nervousness, confusion, fear, and hesitation. Over time, these feelings shifted into greater willingness to speak, especially when questions were perceived as connected to what they were thinking. This pattern suggests that the processual structure of coaching matters. Participants did not become open simply because they were asked to speak. They became more open when the conversation created sufficient safety, relevance, and direction. This

finding is important for the implementation of Islamic Coaching among adolescents because it indicates that the coach's language, pacing, and sensitivity to participants' readiness may influence how far participants are able to engage.

The language-related difficulty reported by one participant deserves attention. The presence of unfamiliar vocabulary suggests that Islamic Coaching with the I.S.L.A.M Model needs age-sensitive and context-sensitive communication when applied among santri. Adolescents may benefit from a structured reflective conversation, but the language used in that conversation must match their cognitive development, educational background, and everyday vocabulary. If the language is too abstract, participants may spend more effort understanding the terms than reflecting on their own experiences. This point has practical implications for coaches working in pesantren settings. Evidence from spiritually integrated psychotherapy also indicates that religious and spiritual elements need to be integrated carefully, ethically, and in ways that fit the client's worldview rather than imposed mechanically (Captari et al., 2018). The model may therefore need adaptation in examples, metaphors, and questioning techniques without changing its core structure.

The I.S.L.A.M Model appeared in participants' narratives through its five elements, although participants did not always identify each stage by name. Intention and See were reflected in the way participants clarified what they felt and began to observe their problems more consciously. Learn appeared in participants' recognition of personal capacity, reduction of self-blame, and reflection on lessons from experience. Action appeared in concrete strategies such as making a daily to-do list, speaking more assertively, and setting relational boundaries. Munajat appeared most clearly in the participants' use of prayer, worship, and surrender to Allah as sources of calmness and meaning. This is consistent with Triastari et al. (2025), who describe the I.S.L.A.M Model as consisting of Intention, See, Learn, Action, and Munajat, and as integrating psychological and spiritual elements in responding to adolescent mental health challenges. The model was perceived as helpful not only because it provided motivation, but because it linked reflection, action, and spiritual orientation within one conversational structure.

The interpretation of these findings requires caution. The participants' accounts were retrospective and based on self-reported experiences after coaching. Therefore, the narratives cannot establish whether Islamic Coaching caused changes in mental health, reduced psychological symptoms, or produced stable behavioral transformation. The pesantren context may also shape how participants narrated their experiences, especially because religious commitment, obedience, patience, worship discipline, and moral self-control are socially valued within this environment. Participants may have described prayer, patience, and self-improvement not only as personal experiences but also as culturally and religiously expected responses. This does not invalidate their narratives, but it requires careful interpretation. This caution is consistent with Indonesian adolescent mental health research, which indicates that mental health experiences and expressions

are shaped by social relationships, family expectations, school environments, and culturally specific ways of understanding distress (Willenberg et al., 2020).

Another important limitation concerns the evidence base of the I.S.L.A.M Model itself. The model has been introduced as an Islamic coaching framework that integrates psychological reflection and spiritual orientation, but empirical studies on its application remain limited. In this study, the model was meaningful for participants because it offered a structured way to connect emotional expression, self-reflection, action, and *munajat*. However, the study does not provide evidence that the model is clinically effective or superior to other forms of psychosocial, counseling, or religious support. Further research is needed to examine the model across different pesantren contexts, gender groups, age ranges, and mental health conditions.

The role of the coach and the ethical boundaries of coaching also need attention. Because the participants were adolescents discussing emotionally sensitive experiences, Islamic Coaching should be implemented with clear limits, age-sensitive language, confidentiality safeguards, and referral mechanisms. Coaches working with santri should be able to recognize situations that require professional mental health support, especially when participants show signs of severe distress, self-harm risk, trauma, or other clinical concerns. Islamic Coaching may function as a supportive and spiritually meaningful non-clinical intervention, but it should not be positioned as a replacement for counseling, psychotherapy, or psychiatric care.

These findings support the relevance of Islamic Coaching as a non-clinical and spiritually grounded form of support in pesantren settings. Nevertheless, the findings should not be interpreted as evidence of clinical effectiveness. The study relied on five female santri and one additional informant in a single pesantren context. The data were based on participants' narratives after participating in coaching, without pre-intervention measurement, post-intervention follow-up, or comparison with other forms of support. Therefore, the findings are best understood as a description of perceived experiences rather than proof that the I.S.L.A.M Model reduces mental health symptoms. Future studies may examine the model with more diverse participants, longer observation, and mixed methods designs that can assess both subjective experience and measurable changes in mental well-being.

The findings show that the I.S.L.A.M Model was meaningful for participants because it connected emotional expression, reflective understanding, practical action, and spiritual reliance within one structured conversation. In the pesantren context, this connection is important because santri's mental health experiences are shaped not only by psychological pressure, but also by moral expectations, collective life, religious routines, and the need for socially acceptable forms of emotional disclosure. The value of Islamic Coaching in this study therefore lies in its contextual fit as a non-clinical support model, while its limitations must be acknowledged in relation to sample size, single-site context, and reliance on retrospective participant narratives.

D. Conclusion

This study concludes that female adolescent santri who participated in Islamic Coaching with the I.S.L.A.M Model perceived their mental health experiences through interconnected emotional, psychological, social, moral, and spiritual dimensions. The coaching process was described as a relatively safe and structured space for expressing emotional burdens, reflecting on personal difficulties, managing peer relationships, setting social boundaries, and reconnecting personal struggles with prayer and reliance on Allah. The findings suggest that the model was meaningful for participants because it linked self-reflection, practical action, and spiritual orientation within a conversational structure that was compatible with the pesantren context.

This study contributes to the discussion on adolescent mental health in Islamic boarding schools by offering a contextual account of Islamic Coaching as a non-clinical, spiritually grounded form of support. However, the findings should be read as participants' perceived experiences rather than evidence of clinical effectiveness. The study involved five female santri and one additional informant in a single pesantren context, relied on retrospective interview data, and did not include pre-intervention measurement, follow-up observation, comparison groups, or clinical assessment. Future research should involve more diverse participants, longer observation, mixed methods designs, and clearer evaluation procedures to examine both subjective experiences and measurable changes in mental well-being. In practice, Islamic Coaching in pesantren settings should use age-sensitive language, maintain clear ethical boundaries, and remain connected to professional referral mechanisms when participants show signs of serious psychological distress.

References

- Al-Ghazali, A. H. M. ibn M. (1992). *Al-Mustasfa min ilm al-usul*. Dar al-Arqam ibn Abi al-Arqam.
- Al-Qarafi, A. ibn I. (2004). *Sharh tanqih al-fusul fi ikhtisar al-mahsul fi al-usul*. Dar al-Fikr.
- Al-Sa'di, A. A. R. ibn N. (2012). *Taysir al-karim al-rahman fi tafsir kalam al-mannan*. Resalah Publishers.
- Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, 61(4), 461–480. <https://doi.org/10.1002/jclp.20049>
- Awaad, R., Mohammad, A., Elzamzamy, K., Fereydooni, S., & Gamar, M. (2019). Mental health in the Islamic golden era: The historical roots of modern psychiatry. In H. S. Moffic, J. Peteet, A. Z. Hankir, & R. Awaad (Eds.), *Islamophobia and psychiatry: Recognition, prevention, and treatment* (pp. 3–17). Springer International Publishing. https://doi.org/10.1007/978-3-030-00512-2_1

- Bonelli, R. M., & Koenig, H. G. (2013). Mental disorders, religion and spirituality 1990 to 2010: A systematic evidence-based review. *Journal of Religion and Health*, 52(2), 657–673. <https://doi.org/10.1007/s10943-013-9691-4>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Captari, L. E., Hook, J. N., Hoyt, W., Davis, D. E., McElroy-Heltzel, S. E., & Worthington, E. L., Jr. (2018). Integrating clients' religion and spirituality within psychotherapy: A comprehensive meta-analysis. *Journal of Clinical Psychology*, 74(11), 1938–1951. <https://doi.org/10.1002/jclp.22681>
- Center for Reproductive Health, University of Queensland, & Johns Hopkins Bloomberg School of Public Health. (2022). *Indonesia - National Adolescent Mental Health Survey (I-NAMHS) report*. Center for Reproductive Health. <https://qcmhr.org/docman/reports/13-i-namhs-report-english/file>
- Chu, P. S., Saucier, D. A., & Hafner, E. (2010). Meta-analysis of the relationships between social support and well-being in children and adolescents. *Journal of Social and Clinical Psychology*, 29(6), 624–645. <https://doi.org/10.1521/jscp.2010.29.6.624>
- Ciftci, A., Jones, N., & Corrigan, P. W. (2013). Mental health stigma in the Muslim community. *Journal of Muslim Mental Health*, 7(1), 17–32. <https://doi.org/10.3998/jmmh.10381607.0007.102>
- Grant, A. M. (2003). The impact of life coaching on goal attainment, metacognition and mental health. *Social Behavior and Personality: An International Journal*, 31(3), 253–263. <https://doi.org/10.2224/sbp.2003.31.3.253>
- Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry*, 26(1), 1–26. <https://doi.org/10.1080/1047840X.2014.940781>
- International Coaching Federation. (2025). *2025 ICF core competencies*. <https://coachingfederation.org/credentialing/coaching-competencies/icf-core-competencies/>
- Kaligis, F., Ismail, R. I., Wiguna, T., Prasetyo, S., Indriatmi, W., Gunardi, H., Pandia, V., Minayati, K., Magdalena, C. C., Nurraga, G. W., Anggia, M. F., Pamungkas, S. R., Tran, T. D., Kurki, M., Gilbert, S., & Sourander, A. (2022). Translation, validity, and reliability of mental health literacy and help-seeking behavior questionnaires in Indonesia. *Frontiers in Psychiatry*, 12, Article 764666. <https://doi.org/10.3389/fpsy.2021.764666>
- Keyes, C. L. M. (2006). Mental health in adolescence: Is America's youth flourishing? *American Journal of Orthopsychiatry*, 76(3), 395–402. <https://doi.org/10.1037/0002-9432.76.3.395>
- Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62(2), 95–108. <https://doi.org/10.1037/0003-066X.62.2.95>
- Keyes, C. L. M. (2014). Mental health as a complete state: How the salutogenic perspective completes the picture. In G. F. Bauer & O. Hämmig (Eds.), *Bridging*

- occupational, organizational and public health: A transdisciplinary approach* (pp. 179–192). Springer. https://doi.org/10.1007/978-94-007-5640-3_11
- Lungu, A., Boone, M. S., Chen, S. Y., Chen, C. E., & Walser, R. D. (2021). Effectiveness of a cognitive behavioral coaching program delivered via video in real world settings. *Telemedicine and e-Health*, 27(1), 47–54. <https://doi.org/10.1089/tmj.2019.0313>
- Pandia, V., Novianthari, A., Amelia, I., Hidayat, G. H., Fadlyana, E., & Dhamayanti, M. (2021). Association of mental health problems and socio-demographic factors among adolescents in Indonesia. *Global Pediatric Health*, 8, Article 2333794X211042223. <https://doi.org/10.1177/2333794X211042223>
- Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 56(4), 519–543. [https://doi.org/10.1002/\(SICI\)1097-4679\(200004\)56:4%3C519::AID-JCLP6%3E3.0.CO;2-1](https://doi.org/10.1002/(SICI)1097-4679(200004)56:4%3C519::AID-JCLP6%3E3.0.CO;2-1)
- Rew, L., & Wong, Y. J. (2006). A systematic review of associations among religiosity/spirituality and adolescent health attitudes and behaviors. *Journal of Adolescent Health*, 38(4), 433–442. <https://doi.org/10.1016/j.jadohealth.2005.02.004>
- Sarfika, R., Effendi, N., Malini, H., & Nurdin, A. E. (2021). Personal and perceived stigmas in adolescents toward peers with mental disorders in West Sumatra, Indonesia. *Open Access Macedonian Journal of Medical Sciences*, 9(E), 1010–1016. <https://doi.org/10.3889/oamjms.2021.6583>
- Theeboom, T., Beersma, B., & van Vianen, A. E. M. (2014). Does coaching work? A meta-analysis on the effects of coaching on individual level outcomes in an organizational context. *The Journal of Positive Psychology*, 9(1), 1–18. <https://doi.org/10.1080/17439760.2013.837499>
- Triastari, I., Zulfritri, F., & Andriana, N. (2025). Islamic coaching approaches: Solution for youth mental health challenges in Muslim communities using the I.S.L.A.M Model framework by Muslim Women Coaching. In *ICONIPSY Proceeding Volume 3* (pp. 50–58). <https://iamphome.org/wp-content/uploads/2025/04/Proceeding-IPS-2025-Final-2.pdf>
- Whitmore, J. (2017). *Coaching for performance: The principles and practice of coaching and leadership* (5th ed.). Nicholas Brealey Publishing.
- Willenberg, L., Wulan, N., Medise, B. E., Devaera, Y., Riyanti, A., Ansariadi, A., & Azzopardi, P. S. (2020). Understanding mental health and its determinants from the perspective of adolescents: A qualitative study across diverse social settings in Indonesia. *Asian Journal of Psychiatry*, 52, Article 102148. <https://doi.org/10.1016/j.ajp.2020.102148>
- World Health Organization. (2025, October 8). *Mental health*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>