



IHSAN (Islamic Healing & Self-Awareness Narrative): An Islamic Expressive Writing Model for Strengthening Emotional Regulation in Madrasah Adolescents

Eka Chandra Oktaviani^{1*}, Ahmad Sarbini², Nani Nuraisah Djamal³, Taufiq Hidayat⁴

^{1,2,3} Universitas Islam Negeri Sunan Gunung Djati, Bandung, Indonesia

⁴ Universitas Islam Negeri Imam Bonjol, Padang, Indonesia

¹ekachandraoktaviani@uinsgd.ac.id, ²ahmadsarbini@uinsgd.ac.id, ³nani.nuraisah@uinsgd.ac.id,

⁴2214090052@uinib.ac.id

*Correspondence

Article Information:

Received: 4 December 2025

Revised: 28 February 2026

Accepted: 3 March 2026

Published: 4 April 2026

Keywords:

Emotion Regulation,
Expressive Writing, Islamic
Psychology, Madrasah
Education.

Abstract

This study developed and evaluated the IHSAN (Islamic Healing & Self-Awareness Narrative) model as a structured Qur'anic reflection-based expressive writing intervention to enhance emotion regulation among madrasah adolescents. Using a modified Research and Development design, the model was validated by experts and implemented in an eight-week program involving 92 Grade XI students at MAN 1 Sumedang. Emotion regulation was measured using the Difficulties in Emotion Regulation Scale (DERS) and the Emotion Regulation Questionnaire (ERQ) ($\alpha > .87$). Paired-samples t-tests indicated a significant reduction in overall emotion regulation difficulties ($p < .001$, $d = 0.87$) and a significant increase in cognitive reappraisal ($d = 0.79$). Implementation feasibility was rated very high ($M = 4.71-4.75$). The findings demonstrate that *tafakkur*, emotion labeling, and structured reflective writing can be operationalized as systematic psychopedagogical mechanisms integrating Islamic spiritual reflection within an antecedent-focused emotion regulation framework. The study contributes theoretically by extending emotion regulation theory into a religio-spiritual context and practically by providing a validated, scalable intervention model for madrasah-based guidance and counseling services.

How to Cite this Article

Oktaviani, E. C., Sarbini, A., Djamal, N. N., & Hidayat, T. (2026). IHSAN (Islamic Healing & Self-Awareness Narrative): An Islamic Expressive Writing Model for Strengthening Emotional Regulation in Madrasah Adolescents. *Al-Musyrif: Jurnal Bimbingan Dan Konseling Islam*, 9(1), 10-34. <https://doi.org/10.38073/almusyrif.v9i1.4441>

INTRODUCTION

Adolescent mental health has become a strategic global issue, particularly within educational environments where identity formation, academic performance, and peer interaction intersect (Putra et al., 2025). The World Health Organization (WHO, 2023) identifies emotional and behavioral disorders as among the leading causes of disability among adolescents, underscoring schools as primary sites for early preventive intervention (Aziz et al., 2023). In Indonesia, national reports indicate an increasing prevalence of emotional distress, anxiety symptoms, and behavioral dysregulation among youth populations (Desiningrum et al., 2025; Kementerian Kesehatan Republik Indonesia, 2023). Within Islamic secondary education, a national survey conducted by the Research and Development Agency of the Ministry of Religious Affairs reported that 34% of madrasah students demonstrated low emotional regulation capacity, 28% experienced academic burnout, and 21% reported symptoms of social anxiety (Hamzah et al., 2026; Puslitbang Kemenag, 2023). These data demonstrate that emotional regulation constitutes not merely an individual psychological difficulty but a structural educational concern requiring systematic, culturally grounded intervention models (Minsih et al., 2024).

Emotion regulation is widely recognized as a central mechanism underlying resilience, adaptive coping, and psychosocial functioning during adolescence (At Thohiroh et al., 2025). Gross (2015) conceptualizes emotion regulation as the processes by which individuals influence which emotions they experience, when they experience them, and how these emotions are expressed (Cahyani & Nashori, 2024). His process model distinguishes between antecedent-focused strategies, such as cognitive reappraisal, and response-focused strategies such as expressive suppression (Cahyani & Nashori, 2024; Gross & John, 2003). Empirical findings consistently show that cognitive reappraisal predicts lower levels of internalizing symptoms, stronger resilience, and better academic adjustment, whereas expressive suppression is associated with emotional exhaustion and social withdrawal (Aziz et al., 2023). This theoretical distinction provides a foundational framework for understanding why intervention efforts should prioritize strengthening antecedent-focused regulation mechanisms.

Recent Indonesian studies reinforce the strategic importance of cognitive reappraisal in strengthening adaptive outcomes (Daud et al., 2024). Demonstrated that resilience significantly moderates the relationship between adverse childhood experiences (ACEs) and emotion regulation difficulties among Generation Z, suggesting that structured resilience-building interventions can buffer the psychological consequences of early adversity (Liviana et al., 2025). Similarly, Saptandari et al. (2025) found that cognitive reappraisal significantly mediates the relationship between social support and academic resilience among Indonesian university students, whereas expressive suppression does not exhibit a significant mediating effect. These findings collectively indicate that strengthening reappraisal-based regulatory mechanisms constitutes a promising pathway for enhancing adolescent resilience within Indonesian educational contexts.

Beyond individual coping strategies, emotion regulation develops within relational and ecological systems (Desiningrum et al., 2025). Nurcintame et al. (2025) found that parent–adolescent attachment mediates the relationship between parents' romantic relationship quality and adolescents' emotion regulation difficulties. This finding highlights that regulatory capacity is shaped by interpersonal security and emotional modeling within the family system (Hapsari et al., 2024). However, although these studies illuminate relational predictors of emotion regulation, they do not translate these insights into structured, school-based interventions that directly train adolescents in adaptive regulatory strategies (Ghufron et al., 2026).

Within Islamic educational scholarship, emerging research emphasizes the affective dimensions of Qur'anic narratives (Dumbi et al., 2025). Hamzah et al. (2026) argue that the stories of prophetic figures in the Qur'an provide concrete models of emotional intelligence, self-regulation, and moral resilience. Their narrative-thematic analysis demonstrates that the Qur'an contains structured affective pedagogies relevant to contemporary Islamic psychopedagogy (Haryanto & Muslih, 2025). Nevertheless, their contribution remains conceptual and curriculum-oriented; it does not operationalize these affective principles into measurable psychological interventions nor evaluate their effects using standardized psychometric instruments (Javier & Dartim, 2026).

Parallel developments in Islamic counseling research advocate for integrating spirituality with contemporary psychological frameworks (Kurniawan et al., 2025). Hidayat and Fajri (2025) propose that combining *tazkiyat al-nafs* practices with Western psychological interventions provides a more holistic model for addressing Generation Z mental health challenges. Their integrative framework underscores the importance of engaging the *qalb* (heart) and *ruh* (spirit) alongside cognitive-behavioral mechanisms (Solichah et al., 2025). However, their study is primarily conceptual and literature-based, and explicitly recommends future quantitative research to empirically evaluate the efficacy of such integrative models within educational settings (Maryono & Bakir, 2026).

When synthesized, these bodies of literature reveal a patterned limitation. First, psychological studies in Indonesia confirm the importance of cognitive reappraisal and resilience but remain predominantly secular in orientation (Liviana et al., 2025; (Saptandari et al., 2025). Second, Islamic educational scholarship articulates emotionally rich Qur'anic models but lacks operationalization into empirically testable interventions (Hamzah et al., 2026). Third, integrative Islamic counseling frameworks propose holistic conceptual models yet lack standardized quantitative validation (Hidayat & Fajri, 2025). Thus, despite parallel theoretical developments, there remains a fragmentation between spiritual pedagogy and measurable psychological intervention science (Meylinda & Widyowati, 2025).

This fragmentation gives rise to four interrelated research gaps. The first is a theoretical gap: faith-based emotional education principles have not been systematically integrated within established emotion regulation theory (Nurcintame et al., 2025). The second is an empirical gap: prior Indonesian studies confirm the significance of reappraisal but do not incorporate structured spiritual meaning-making as an active

regulatory mechanism (Musyarofah et al., 2026). The third is a methodological gap: integrative Islamic counseling research rarely employs standardized instruments such as the Emotion Regulation Questionnaire (ERQ) and the Difficulties in Emotion Regulation Scale (DERS) to measure change (Susanti et al., 2025). The fourth is a contextual gap: madrasah-based guidance and counseling programs (BKPI) lack validated, replicable modules specifically designed to strengthen antecedent-focused regulation among adolescents (Rahmawati et al., 2024).

Responding to these gaps, this study introduces the IHSAN (Islamic Healing & Self-Awareness Narrative) model as a structured Islamic expressive writing intervention. The model integrates three core components: Qur'anic reflection, emotional labeling, and tafakkur-based narrative writing. Conceptually, the intervention operationalizes faith-based meaning reconstruction as a mechanism of antecedent-focused regulation, aligning spiritual contemplation with cognitive reappraisal processes. Rather than positioning religious practice as merely devotional, IHSAN frames it as an active cognitive-affective restructuring strategy grounded in both Islamic epistemology and contemporary affective science.

This study contributes to the literature in several ways. First, it advances theoretical integration by empirically examining how Qur'anic meaning-making functions as a structured reappraisal mechanism within Gross's (2015) process model of emotion regulation. Second, it addresses methodological limitations in prior Islamic counseling scholarship by employing a mixed-methods research and development design that integrates ERQ and DERS quantitative measurement with qualitative reflective narratives. Third, it offers contextual innovation by developing a validated prototype specifically tailored for implementation within madrasah-based BKPI programs, thereby bridging Islamic psychology, educational counseling, and adolescent mental health intervention research.

Accordingly, this study addresses the following research questions: (1) How can the IHSAN model be systematically developed as a structured Islamic expressive writing intervention for madrasah adolescents? (2) To what extent is the IHSAN model effective in enhancing emotional regulation and self-awareness as measured by ERQ and DERS? (3) How valid and practical is the model for implementation within madrasah-based guidance and counseling programs?

The purpose of this study is to develop, validate, and evaluate the effectiveness of the IHSAN model among Grade XI students at MAN 1 Sumedang during the 2024–2025 academic year. Theoretically, this research extends emotion regulation theory by integrating spiritual meaning-making into antecedent-focused regulatory processes. Practically, it provides a structured and replicable intervention module for madrasah counselors. At the policy level, it offers an evidence-informed framework for strengthening adolescent emotional resilience within Islamic secondary education, contributing to the development of culturally grounded, scientifically accountable mental health interventions.

METHOD

This study employed a modified Research and Development (R&D) design adapted from the framework of Borg and Gall (1983) to develop and empirically evaluate the IHSAN (Islamic Healing & Self-Awareness Narrative) model for strengthening emotional regulation among madrasah adolescents. The developmental cycle was organized into seven sequential phases: preliminary study, conceptual formulation, prototype development and manual drafting, expert validation, iterative revision, limited field testing, and full-scale implementation. The preliminary phase combined a systematic review of emotion regulation theory (Abdullah et al., 2022; Gross, 2015), expressive writing intervention research (Widodo et al., 2023; Pennebaker & Chung, 2011), and Islamic counseling scholarship with contextual needs analysis conducted at MAN 1 Sumedang. Classroom observations and structured consultations with BKPI teachers identified a gap between students' emotional regulation capacities and spiritually grounded coping expectations, thereby establishing the integrative rationale for the IHSAN model.

Ethical approval for this study was formally granted by the Research Ethics Committee of UIN Sunan Gunung Djati Bandung (Approval No. 117/KEP-PSI/UIN-SGD/2024, dated 12 July 2024) prior to any recruitment or data collection procedures. Institutional authorization to conduct the intervention at MAN 1 Sumedang was issued by the Ministry of Religious Affairs (Kementerian Agama) of Sumedang Regency (Letter No. B-214/Kk.10.15/PP.00/08/2024). The research was implemented in academic collaboration with UIN Imam Bonjol Padang as a partner institution supporting supervision and monitoring. Written informed consent was obtained from parents or legal guardians of all eligible students, and written assent was obtained from the students themselves. Participation was explicitly voluntary. Students were informed verbally and in writing that refusal or withdrawal at any stage would not affect academic standing, counseling access, or school evaluation.

Safeguarding procedures were operationalized through multiple mechanisms. First, all participants were assigned coded identification numbers to replace names in datasets and analysis files. Second, reflective journals were not collected as research documents unless excerpts were voluntarily shared; thus, personal narratives remained under student ownership (Abubakar, 2021). Third, group confidentiality agreements were signed and verbally reaffirmed at the beginning of the intervention to prevent disclosure of peers' emotional experiences outside the sessions (Sugiyono, 2013). Fourth, a screening procedure was conducted by BKPI counselors prior to inclusion to identify students with high psychological distress or ongoing psychiatric treatment. Students meeting risk criteria were excluded from participation and referred to professional counseling services within the school system. All digital data were stored in encrypted files accessible only to the principal investigator and authorized research assistants.

The IHSAN intervention was standardized into a fixed eight-week program consisting of 16 sessions (two sessions per week; 75 minutes per session). The decision to fix the duration at eight weeks was based on prior expressive writing and emotion

regulation intervention studies demonstrating measurable cognitive reappraisal changes within structured multi-session programs spanning 6–10 weeks (Sembiring et al., 2023; Pennebaker & Chung, 2011; Sloan & Marx, 2004). To ensure replicability, the final version eliminated the previously flexible 8–10 week range and adopted a single definitive format (8 weeks = 16 sessions). Each session followed an identical four-stage structure to preserve procedural consistency across implementation groups.

A detailed intervention manual was developed to guide replication. Each session included: (1) session number and specific objective (e.g., Session 1: Introduction to emotional awareness; Session 4: Recognizing emotional triggers; Session 8: Reframing anger through *sabr*; Session 12: Gratitude and positive reappraisal; Session 16: Consolidation and reflective integration); (2) duration of each component (Qur'anic reflection 15 minutes; emotional labeling 15 minutes; *tafakkur*-based expressive writing 30 minutes; structured group reflection 15 minutes); (3) Qur'anic thematic focus selected based on emotional regulation constructs such as patience (*sabr*), trust in God (*tawakkul*), forgiveness (*afw*), gratitude (*shukr*), and self-control; (4) standardized emotional labeling prompts (“Identify the dominant emotion you experienced this week,” “Describe the triggering event,” “What physical sensations accompanied the emotion?”); (5) structured writing prompts (“Narrate the event in detail,” “Reflect on the related Qur'anic message,” “Reinterpret the experience through spiritual meaning-making,” “Describe a constructive coping response”); and (6) group reflection format emphasizing voluntary sharing, empathic listening, and facilitator-guided normalization. Materials provided included printed reflection sheets, structured prompt guides, and thematic Qur'anic excerpts aligned with session objectives.

The intervention was delivered in regular classroom settings rearranged into circular seating to promote dialogical interaction while maintaining psychological safety. Each facilitation unit consisted of 8–12 students supervised by one trained BKPI teacher. At the first session, facilitators established confidentiality rules covering non-disclosure, respectful listening, and voluntary participation. Reflective journals remained the personal property of students and were not graded, collected, or evaluated for academic performance. This procedural arrangement ensured psychological security and minimized social desirability bias during narrative expression.

Procedural fidelity was monitored using a structured fidelity checklist derived directly from the intervention manual (Sugiyono, 2013). The checklist comprised 12 observable indicators covering thematic accuracy of Qur'anic reflection, correct administration of labeling prompts, adherence to writing duration, facilitator neutrality, and structured closure procedures. Two trained research assistants conducted direct observation of 25% of sessions selected through random scheduling. Each indicator was scored as implemented (1) or not implemented (0). A minimum adherence rate of 80% was established as the compliance threshold. Sessions scoring below 80% triggered corrective supervision meetings and reinforcement training to restore protocol alignment.

Sampling was conducted in two clearly differentiated phases. In the limited trial phase, purposive sampling was used to recruit 32 Grade XI students who met operational

inclusion criteria: (1) age 16–17 years, (2) active enrollment and regular attendance, (3) parental consent and student assent, (4) willingness to engage in structured reflective writing, and (5) absence of acute emotional crisis based on counselor screening. Exclusion criteria included current participation in external psychological or psychiatric treatment, identification as high-risk for severe emotional instability, or incomplete consent documentation.

For the full-scale implementation phase, total population sampling was applied to all eligible Grade XI students. Of 102 students invited, 98 returned signed parental consent forms. Two students were excluded due to concurrent psychological treatment, resulting in 96 baseline participants. During the eight-week intervention, four students discontinued participation due to prolonged absence ($n = 2$) and school transfer ($n = 2$). Consequently, 92 students completed both pre-test and post-test assessments and were included in the final analysis. This explicit participant flow clarifies the distinction between purposive sampling in the pilot stage and total population sampling in the main implementation phase, thereby ensuring methodological consistency and transparency for replication.

RESULTS AND DISCUSSION

Results

Baseline Validation: Needs Analysis of Emotion Regulation Difficulties

The baseline phase was conducted as the first empirical step within the modified Research and Development framework to establish the magnitude and distribution of emotion regulation difficulties prior to any exposure to the IHSAN intervention. Data were collected from 96 Grade XI students at MAN 1 Sumedang who met all inclusion criteria and completed the pretest administration of the Difficulties in Emotion Regulation Scale (DERS). This baseline assessment functioned as a formal needs validation stage, ensuring that model development and field implementation were grounded in objectively measured psychological vulnerability rather than assumed contextual problems.

Table 1. Descriptive Statistics of Baseline Emotion Regulation Difficulties (N = 96)

Variable	N	Mean	SD	Category
Emotional Awareness	96	3.41	0.62	High
Emotional Clarity	96	3.38	0.59	Upper-Medium / Borderline High
Impulse Control Difficulties	96	3.52	0.65	High
Non-Acceptance of Emotional Responses	96	3.44	0.61	High
DERS Total Score	96	3.46	0.58	High Difficulty

Descriptive statistics derived from SPSS analysis demonstrate that emotion regulation difficulties were consistently elevated across the sample. As shown in Table 1, the overall DERS total score yielded a mean of 3.46 ($SD = 0.58$), exceeding the predetermined high-difficulty threshold (≥ 3.40). This indicates that, at entry, the population exhibited substantial regulatory impairment. Importantly, the distribution did

not reflect sporadic cases but rather a systematic elevation across participants, confirming the presence of a population-level regulatory burden.

Impulse control difficulties emerged as the most elevated subdimension ($M = 3.52$, $SD = 0.65$), representing the strongest vulnerability indicator within the cohort. Non-acceptance of emotional responses ($M = 3.44$, $SD = 0.61$) and deficits in emotional awareness ($M = 3.41$, $SD = 0.62$) followed closely. Although emotional clarity ($M = 3.38$, $SD = 0.59$) was slightly below the 3.40 cut-off, its proximity to the threshold indicates that students experienced persistent challenges in identifying and differentiating emotional states. The convergence of elevated scores across multiple domains demonstrates multidimensional regulatory difficulty rather than a single-function deficit.

To further verify that baseline findings were not distorted by extreme variability, dispersion indices were examined. Standard deviations across subscales ranged narrowly between 0.59 and 0.65, indicating moderate but consistent variability. No subdimension displayed inflated dispersion that would suggest outlier-driven mean elevation. Frequency distribution analysis in SPSS confirmed that the majority of students scored within the upper response categories (Likert 3–4), reinforcing the interpretation that emotional regulation difficulty was characteristic of the cohort.

Normality testing was conducted using the Shapiro–Wilk procedure to determine distributional integrity prior to inferential analysis. As presented in Table 2, the baseline DERS total score met normality assumptions ($W = 0.971$, $p = 0.084$), indicating no significant deviation from normal distribution.

Table 2. Shapiro–Wilk Normality Test (Baseline DERS)

Variable	Statistic (W)	Sig.
DERS Pretest	0.971	0.084

The non-significant p-value ($p > .05$) confirms that baseline scores were normally distributed, thereby validating the appropriateness of subsequent parametric testing procedures. This procedural sequencing, assumption testing prior to hypothesis testing ensures analytical rigor and protects against inflated Type I error.

Psychometric integrity of the baseline measurement was also verified. Reliability analysis using Cronbach’s alpha yielded $\alpha = 0.912$ for the DERS total scale, indicating excellent internal consistency. Item-total correlation diagnostics confirmed that all items exceeded the minimum corrected correlation threshold of 0.30. No items were deleted or modified. This preserves theoretical fidelity to the original construct and ensures that baseline vulnerability was measured through a stable and validated instrument.

From a methodological perspective, several safeguards reinforce the strength of this baseline establishment. First, data collection occurred before the first IHSAN session, eliminating contamination effects. Second, total population sampling was applied in the full-scale phase, minimizing selection bias. Third, standardized administration procedures were followed under supervised classroom conditions. Fourth, screening protocols excluded students experiencing acute psychological crisis, ensuring that the

measured difficulty reflected normative adolescent regulatory challenges rather than clinically extreme cases.

Taken together, these findings confirm clearly and empirically that Grade XI students at MAN 1 Sumedang entered the intervention phase with statistically verified, multidimensional, and population-wide emotion regulation difficulties. The elevated mean scores, normal distribution, strong reliability indices, and homogeneous dispersion collectively establish a robust baseline condition. This baseline validation provides a solid empirical foundation for evaluating the developmental validity and effectiveness of the IHSAN model in subsequent analytical stages.

Instrument Reliability and Internal Consistency Validation

Prior to evaluating intervention effectiveness, a comprehensive psychometric verification procedure was conducted to ensure the integrity, stability, and statistical credibility of all measurement instruments employed in this study. Reliability testing was performed using SPSS Version 26 through Cronbach's alpha analysis, following baseline data collection and prior to inferential hypothesis testing. This sequencing ensured that measurement quality was confirmed independently from outcome evaluation, thereby preventing post hoc instrument manipulation and safeguarding analytical transparency.

Internal consistency results demonstrate that all instruments met and exceeded established psychometric benchmarks for research in educational and psychological intervention studies. As presented in Table 3, the Difficulties in Emotion Regulation Scale (DERS) achieved a Cronbach's alpha coefficient of 0.912, indicating excellent reliability. This coefficient surpasses the conventional threshold of $\alpha \geq 0.70$ for acceptable reliability and $\alpha \geq 0.90$ for excellent internal consistency, confirming a strong inter-item correlation structure across the scale. Similarly, the Islamic Self-Awareness Scale yielded an alpha coefficient of 0.901, reflecting excellent reliability and demonstrating that spiritually grounded self-awareness was measured consistently across items. The Emotion Regulation Questionnaire (ERQ) achieved a Cronbach's alpha of 0.876, categorized as good reliability, indicating stable measurement of cognitive reappraisal and expressive suppression within the madrasah adolescent context.

Table 3. Internal Consistency Reliability Analysis (SPSS Output Summary)

Instrument	N of Items	Cronbach's α	Reliability Category
DERS	36	0.912	Excellent
ERQ	10	0.876	Good
Islamic Self-Awareness Scale	24	0.901	Excellent

Beyond global reliability coefficients, item-level diagnostics were examined to confirm construct coherence. Corrected item-total correlations were calculated for each instrument. All items across the three scales demonstrated corrected correlations exceeding 0.30, indicating adequate item discrimination and meaningful contribution to total scale variance. No item exhibited a low correlation that would suggest redundancy, construct drift, or conceptual misalignment. Furthermore, SPSS "Cronbach's Alpha if

Item Deleted” diagnostics were reviewed to determine whether removal of any item would substantially increase overall reliability. Results indicated that deletion of individual items did not produce meaningful improvement in alpha coefficients. Consequently, no items were removed, and the original standardized structure of each instrument was preserved. This decision maintained content validity and theoretical fidelity to the constructs of emotion regulation, cognitive reappraisal, and Islamic self-awareness as operationalized in prior validated research.

The absence of item elimination is methodologically significant. It confirms that reliability strength was inherent to the instrument’s structure rather than artificially inflated through selective item trimming. By retaining the full standardized configuration, the study ensures comparability with previous international validation studies of DERS and ERQ, as well as contextual adaptation research for Islamic self-awareness measurement. To further ensure measurement robustness, scale scoring procedures were standardized using mean composite scoring rather than sum scoring, thereby controlling for potential bias arising from missing responses. Data screening confirmed no excessive missing values, and internal consistency analysis was conducted using complete-case data from 96 baseline participants.

Collectively, the reliability findings demonstrate that all instruments used in this study possess strong internal consistency, stable inter-item correlation patterns, and psychometric integrity suitable for high-impact intervention research. The excellent reliability of DERS ($\alpha = 0.912$) establishes a strong measurement foundation for evaluating changes in emotion regulation difficulties. Likewise, the robust reliability of ERQ ($\alpha = 0.876$) and the Islamic Self-Awareness Scale ($\alpha = 0.901$) ensures that observed pre–post differences can be interpreted as genuine psychological change rather than measurement instability. These findings confirm that the study’s measurement framework is statistically sound, theoretically coherent, and methodologically rigorous, thereby strengthening the credibility of subsequent effectiveness and effect size analyses.

Statistical Assumption Testing and Analytical Integrity

Before conducting inferential analysis to evaluate intervention effectiveness, statistical assumption testing was performed to ensure that all analytical procedures met parametric requirements. This step was implemented systematically following instrument reliability verification and prior to hypothesis testing, in accordance with rigorous quantitative research standards. The purpose of this stage was to confirm that the dataset satisfied distributional and analytical prerequisites for paired-samples t-test application, thereby preventing inflated Type I error and ensuring valid statistical inference. Normality of score distributions was examined using the Shapiro–Wilk test in SPSS Version 26. This test was selected due to its statistical power and suitability for sample sizes below 200. Both pretest and posttest distributions for DERS total scores and ERQ cognitive reappraisal scores were analyzed independently. As presented in Table 4, all variables yielded non-significant results ($p > .05$), indicating that the null hypothesis of normal distribution could not be rejected.

All significance values exceeded the .05 criterion, confirming that score distributions did not deviate significantly from normality. This finding validates the appropriateness of parametric statistical testing and eliminates the need for non-parametric alternatives such as the Wilcoxon signed-rank test. The consistency of normality across both measurement points further strengthens analytical stability and indicates that post-intervention score reductions were not artifacts of skewness or distributional distortion. In addition to normality testing, descriptive dispersion analysis was reviewed to identify potential extreme outliers. Standard deviations remained proportionate to mean values across measurement points, and inspection of standardized residuals revealed no cases exceeding ± 3.29 , the conventional threshold for extreme deviation. No data points were removed. This decision preserves statistical transparency and prevents artificial inflation of effect size estimates.

Table 4. Shapiro–Wilk Normality Test Results (Pretest and Posttest Scores)

Variable	Statistic (W)	Sig.
DERS Pretest	0.971	0.084
DERS Posttest	0.975	0.112
ERQ Reappraisal Pretest	0.968	0.067
ERQ Reappraisal Posttest	0.973	0.094

Analytical sequencing followed a pre-specified protocol: (1) baseline validation, (2) instrument reliability testing, (3) assumption verification, and (4) inferential effectiveness analysis. This procedural order is methodologically significant because it demonstrates that statistical methods were determined prior to examining outcome differences. Such sequencing reduces researcher bias and protects against opportunistic method selection. Furthermore, the within-subject design inherently controls for inter-individual variability by comparing participants against their own baseline scores. Because the same individuals contributed to both pretest and posttest data, potential confounding from stable personality characteristics, demographic background, or contextual differences is minimized. This design strengthens internal validity and isolates intervention-related change as the primary source of variance.

Statistical power considerations were also supported by the sample size (N = 92 complete cases in the final analysis). With degrees of freedom exceeding 90, the paired-samples t-test possesses adequate sensitivity to detect medium-to-large effects, thereby reducing the probability of Type II error. The absence of missing data patterns that could bias estimates further enhances analytical reliability. Taken together, the assumption testing results confirm that the dataset satisfies parametric requirements, is free from extreme distortion, and is analytically stable for inferential evaluation. By verifying normal distribution, maintaining complete-case transparency, and adhering to a pre-defined analytical sequence, this stage establishes strong statistical integrity. Consequently, subsequent effectiveness findings can be interpreted as statistically valid

and methodologically sound rather than artifacts of violated assumptions or post hoc analytical adjustment.

Effectiveness of the IHSAN Intervention Model

The effectiveness of the IHSAN (Islamic Healing & Self-Awareness Narrative) model was evaluated using a within-subject pretest–posttest design involving 92 students who completed the full eight-week intervention and both measurement waves. Four participants from the initial 96 baseline sample were excluded from final analysis due to prolonged absence ($n = 2$) and school transfer ($n = 2$), resulting in complete-case analysis for 92 students ($df = 91$ for paired comparison). No imputation procedures were applied, and no extreme values were removed. Descriptive statistics derived from SPSS analysis demonstrate a clear reduction in emotion regulation difficulties following the intervention. As presented in Table 5, the mean DERS total score decreased from 3.46 ($SD = 0.58$) at pretest to 2.91 ($SD = 0.54$) at posttest.

Table 5. Paired Samples Descriptive Statistics (N = 92)

Measure	Mean	SD
DERS Pretest	3.46	0.58
DERS Posttest	2.91	0.54

The observed mean reduction of 0.55 points reflects a shift from the high-difficulty category to a moderate range. The reduction magnitude exceeds trivial fluctuation and indicates measurable improvement across participants. To determine whether the observed reduction was statistically significant, a paired-samples t-test was conducted. Results are presented in Table 6.

Table 6. Paired Samples t-Test Results (DERS Total Score)

Mean Difference	t	df	Sig. (2-tailed)
0.55	9.84	91	< .001

The mean difference of 0.55 yielded a t-value of 9.84 with 91 degrees of freedom, and the significance level was $p < .001$. This result indicates a highly statistically significant reduction in emotion regulation difficulties following participation in the IHSAN program. The large t-value reflects a strong separation between pretest and posttest means relative to within-subject variability. Importantly, this statistical significance is not attributable to inflated error rates or assumption violations. As previously established, normality assumptions were satisfied, and no data trimming was conducted. Therefore, the inferential result reflects genuine score change rather than analytical artifact.

Examination of paired differences revealed that the majority of participants demonstrated a downward shift in DERS scores. The direction of change was overwhelmingly negative (posttest < pretest), indicating consistency of improvement rather than isolated individual gains. The relatively stable posttest standard deviation (SD

= 0.54) compared to pretest (SD = 0.58) suggests that improvement occurred across the distribution rather than through compression of extreme cases. Although primary analysis focused on total DERS score as the global indicator of regulatory difficulty, subdimension inspection indicated parallel downward trends in impulse control, non-acceptance, emotional awareness, and clarity domains. This pattern supports the interpretation that change was multidimensional rather than restricted to a single emotional component.

The within-subject design controlled for between-person variability by comparing each student to their own baseline score. No covariates were introduced, and no post hoc subgroup analysis was conducted, preserving model parsimony and reducing risk of overfitting. Statistical testing was conducted strictly according to the pre-specified analytical plan described in the Method section. The magnitude of reduction, combined with strong statistical significance ($p < .001$) and high degrees of freedom ($df = 91$), indicates robust statistical power and minimizes the probability of spurious findings. The change observed exceeds what would be expected from measurement error alone, particularly given the excellent internal consistency of the DERS ($\alpha = 0.912$).

The findings clearly demonstrate that the IHSAN intervention produced a statistically significant and directionally consistent reduction in emotion regulation difficulties among Grade XI madrasah students. The decrease from $M = 3.46$ to $M = 2.91$, supported by a t -value of 9.84 ($p < .001$), confirms measurable improvement across the sample. These results provide empirical evidence that participation in the eight-week IHSAN program was associated with substantial enhancement in students' emotional regulation capacity under controlled analytical conditions.

Effect Size and Substantive Impact of the Intervention

To complement statistical significance testing and to determine the practical magnitude of change, effect size analysis was conducted using Cohen's d for paired samples. While the paired-samples t -test established that pre-post differences were statistically significant ($p < .001$), effect size estimation quantifies the strength of the intervention effect independent of sample size. This procedure ensures that conclusions regarding effectiveness are not based solely on probability values but also reflect substantive impact. Effect size calculations were derived from SPSS output using the standardized mean difference approach for dependent samples. The pooled standard deviation of pretest and posttest scores was used to compute Cohen's d . Results are presented in Table 7.

Table 7. Effect Size Estimates (Cohen's d)

Variable	Mean Pre	Mean Post	Mean Difference	Cohen's d	Interpretation
DERS Total Score	3.46	2.91	0.55	0.87	Large Effect
ERQ Cognitive Reappraisal	3.12	3.68	0.56	0.79	Medium-to-Large Effect

The effect size for the DERS total score was $d = 0.87$, which exceeds the conventional benchmark for a large effect ($d \geq 0.80$). This indicates that the reduction in

emotion regulation difficulties was not merely statistically detectable but substantively strong. A Cohen's d of 0.87 suggests that the average posttest participant scored nearly 0.87 standard deviations lower in emotional regulation difficulty compared to their own baseline level. This magnitude reflects a meaningful shift in regulatory functioning across the cohort. Similarly, the effect size for ERQ cognitive reappraisal was $d = 0.79$, categorized as medium-to-large. This finding demonstrates that the intervention not only reduced maladaptive emotional difficulties (as measured by DERS) but also strengthened adaptive regulation strategies, specifically cognitive reappraisal. The parallel improvement across both maladaptive and adaptive dimensions indicates bidirectional regulatory enhancement. Importantly, effect size estimation was conducted without removal of extreme scores and without statistical adjustment. Because assumption testing confirmed normal distribution and reliability analysis demonstrated strong internal consistency ($\alpha > .87$ across instruments), the observed effect sizes can be interpreted as robust and stable estimates rather than inflated artifacts.

The magnitude of $d = 0.87$ for DERS is particularly notable within school-based intervention research, where effect sizes commonly range between 0.30 and 0.60 for psychosocial programs. The observed value therefore indicates that the IHSAN intervention produced a comparatively strong impact within a naturalistic educational setting. From a distributional perspective, the reduction in DERS scores shifted the sample mean from the high-difficulty category ($M = 3.46$) to a moderate range ($M = 2.91$). This categorical movement further supports the substantive relevance of the change, as it reflects a shift in overall regulatory classification rather than a marginal statistical fluctuation.

The combination of statistically significant t -test results ($t = 9.84, p < .001$) and large effect size ($d = 0.87$) strengthens the empirical claim that the intervention produced meaningful psychological change. Effect size analysis confirms that the improvement is not attributable to sample size sensitivity or minor variance reduction but represents a substantial intervention impact. In summary, the IHSAN model demonstrated a large practical effect in reducing emotion regulation difficulties and a medium-to-large effect in enhancing adaptive cognitive reappraisal. These findings establish that the intervention's impact is both statistically robust and substantively meaningful within the context of madrasah-based adolescent counseling.

Practicality and User Acceptance of the IHSAN Model

Following the completion of the full eight-week implementation phase, a structured practicality and user acceptance evaluation was conducted to assess operational feasibility within the madrasah-based BKPI context. This stage was designed to determine whether the IHSAN model was not only statistically effective but also implementable under routine school conditions without procedural burden or instructional disruption. Data were collected from participating students ($N = 92$ completers) and facilitators using a standardized practicality evaluation instrument administered anonymously at the end of Session 16. Responses were measured using a 5-point Likert scale (1 = very low, 5 = very high). The instrument assessed three primary

dimensions: (1) ease of implementation, (2) module clarity, and (3) contextual relevance within madrasah values. Descriptive statistics generated via SPSS analysis are presented in Table 8.

Table 8. User Acceptance and Practicality Evaluation (N = 92)

Aspect	Mean	SD	Interpretation
Ease of Implementation	4.71	0.41	Very High
Module Clarity	4.68	0.44	Very High
Contextual Relevance	4.75	0.39	Very High

All dimensions demonstrated mean scores above 4.60, indicating consistently high acceptance levels. Contextual relevance yielded the highest mean ($M = 4.75$, $SD = 0.39$), demonstrating strong alignment between intervention content and madrasah-based spiritual and educational values. Ease of implementation ($M = 4.71$, $SD = 0.41$) indicates that the structured session format Qur'anic reflection, emotional labeling, tafakkur-based writing, and guided reflection was executable within standard 75-minute BKPI sessions without procedural complications. Module clarity ($M = 4.68$, $SD = 0.44$) confirms that instructions, writing prompts, and facilitator guidelines were comprehensible and systematically organized.

The relatively low standard deviations (0.39–0.44) indicate response consistency and minimal disagreement among participants. No dimension exhibited inflated variability that would suggest polarized evaluation. Frequency distribution analysis showed that the majority of responses clustered in the “high” and “very high” categories (Likert 4–5), reinforcing the interpretation of broad-based acceptance. Procedural safeguards were implemented to minimize expectancy bias. First, evaluation forms were completed anonymously. Second, respondents were not informed of the statistical hypotheses related to intervention effectiveness. Third, facilitators did not collect or score the forms directly; they were submitted in sealed envelopes to the research team. These measures strengthen the credibility of the acceptance findings and reduce social desirability effects.

From an operational perspective, no session cancellations occurred due to structural incompatibility, and fidelity monitoring indicated adherence rates above the predetermined 80% compliance threshold. The circular seating format, non-graded reflective journals, and confidentiality agreements contributed to maintaining psychological safety while preserving procedural stability. The high practicality ratings confirm that the IHSAN model is feasible for structured integration into madrasah counseling programs without requiring additional institutional restructuring. The intervention operated within existing classroom infrastructure, utilized available BKPI personnel, and followed a standardized manualized format that supports replicability. In summary, empirical findings demonstrate that the IHSAN model achieved very high levels of user acceptance across all evaluated dimensions. The intervention was perceived as clear, contextually aligned, and operationally manageable. These results establish that

the model satisfies not only effectiveness criteria but also scalability and implementation viability standards within Islamic secondary education settings.

Discussion

IHSAN (Islamic Healing & Self-Awareness Narrative) is an intervention model grounded in Islamic expressive writing that integrates Qur'anic reflection, emotional labeling, and *tafakkur*-based narrative writing to enhance emotional regulation among madrasa adolescents. The study's findings revealed a significant reduction in the total DERS score, from $M = 3.46$ ($SD = 0.58$) to $M = 2.91$ ($SD = 0.54$), with a large effect size (Cohen's $d = 0.87$), consistently observed across all subdimensions, indicating the development of comprehensive adaptive emotional regulation. These results underscore that the integration of spiritual practices with cognitive strategies, particularly cognitive reappraisal through Qur'anic reflection enables students to modify their initial appraisals of emotional situations before responses occur, aligning with Gross's (2015) antecedent-focused regulation model and Gratz & Roemer's (2004) multidimensional theory (Daud et al., 2024). IHSAN demonstrates that religious values function not merely as ritualistic contexts but as transformational cognitive mechanisms, enhancing adolescents' capacity to manage academic, social, and everyday emotional stressors, while simultaneously providing novel empirical and theoretical contributions to the literature on Islam-based emotion regulation (At Thohiroh et al., 2025).

The findings of IHSAN (Islamic Healing & Self-Awareness Narrative) indicate that the enhancement of emotional regulation among madrasa adolescents occurs primarily through antecedent-focused regulation strategies, with cognitive reappraisal serving as the central mechanism (Cahyani & Nashori, 2024). Through structured Qur'anic reflection, students are guided to cognitively and spiritually reappraise emotionally triggering situations, such as linking experiences of frustration to the principles of *sabr* (patience) and *tawakkul* (trust in God's decree). This process enables the modification of initial perceptions of stress or conflict, resulting in more adaptive emotional responses (Dharmastuti et al., 2025). This approach aligns with Gross (2015), who emphasizes that altering initial interpretations of situations is the most effective method for regulating emotions before reactions emerge (Nabilla et al., 2026). Additionally, the integration of *tafakkur*-based narrative writing functions as an external cognitive tool, helping students articulate and process emotional experiences reflectively (Yudiarso et al., 2025; Pennebaker & Chung, 2011), while simultaneously strengthening Islamic self-awareness (Susanti et al., 2025). Consequently, IHSAN not only reduces maladaptive emotional regulation symptoms but also cultivates cognitive-spiritual skills that enable adolescents to interpret life experiences positively, adaptively, and meaningfully within the context of Islamic education, demonstrating a unique integration of psychological mechanisms and religious values in the development of emotional regulation (Nurcintame et al., 2025).

The findings of this study indicate that IHSAN (Islamic Healing & Self-Awareness Narrative) provides a significant theoretical contribution by integrating Islamic religious practices into established frameworks of psychological emotion

regulation, particularly Gross's Process Model of Emotion Regulation (Gross, 2015) and Gratz & Roemer's (2004) multidimensional theory (Subardjo et al., 2024). Through Qur'anic reflection and narrative expression, the model facilitates cognitive reappraisal that is not only cognitive but also spiritually infused, enabling adolescents to interpret their emotional experiences through a constructive religious lens (Pratama & Boediman, 2025). This approach expands the understanding of emotion regulation by demonstrating that religious meaning can serve as an effective source of reappraisal, an aspect that has rarely been empirically tested within the context of madrasa education (Sauqi, 2026). Moreover, the combination of *tafakkur*, emotional labeling, and expressive writing provides an operational mechanism for embedding Islamic values within applied psychology, bridging the gap between Western psychological literature and Islamic education (Hidayat & Fajri, 2025; Pennebaker & Chung, 2011). Thus, IHSAN offers a novel perspective in emotion regulation research (Solichah et al., 2025), suggesting that a spiritual-cognitive integration can enhance adolescents' adaptive capacities while simultaneously enriching interdisciplinary literature on Islamic positive psychology, character education, and school-based mental health development (Putra et al., 2025).

The study's findings indicate that IHSAN (Islamic Healing & Self-Awareness Narrative) is not only statistically effective but also highly practical for implementation within madrasa settings, particularly through the BKPI (Islamic Guidance and Counseling) program (Rahmawati et al., 2024). High scores for implementation ease ($M = 4.71$) and contextual relevance ($M = 4.75$) suggest that the IHSAN module can be conducted using existing BKPI personnel, standard classroom infrastructure, and a 75-minute session allocation without disrupting academic activities. This aligns with Borg and Gall's (1983) principle emphasizing the importance of replicability and scalability in R&D program development (Saptandari et al., 2025). The practical applicability is further reinforced by a systematic manual structure, including guidance for Qur'anic reflection, emotional labeling prompts, and *tafakkur*-based writing instructions, enabling BKPI teachers to facilitate emotional regulation processes consistently and in a psychologically safe manner (Hidayah Putri et al., 2026). Moreover, this approach respects madrasa culture and Islamic values, allowing students not only to learn modern psychological strategies but also to cultivate habits of spiritual and moral reflection (Javier & Dartim, 2026). Consequently, IHSAN provides a feasible, relevant, and sustainable intervention model to strengthen adolescents' adaptive emotional management capacities while simultaneously supporting the objectives of character education grounded in religious principles within madrasa contexts (Khoir & Kurniawati, 2025).

The analysis of the findings indicates that the enhancement of emotional regulation among IHSAN participants was primarily facilitated through antecedent-focused regulation strategies, particularly cognitive reappraisal, which enables students to modify their cognitive interpretation of emotional events before emotional responses emerge (Liviana et al., 2025; Gross, 2015). During *tafakkur* sessions and Qur'anic reflective writing, students were trained to identify emotional triggers, reinterpret the meaning of experiences based on Qur'anic values, and construct adaptive responses

aligned with the principles of *sabr*, *tawakkul*, and *afw* (Marini et al., 2025). This process not only enhanced reappraisal abilities but also reduced maladaptive tendencies such as expressive suppression, which, according to relevant literature, are often associated with interpersonal tension and social withdrawal (Musyarofah et al., 2026; Gratz & Roemer, 2004; Pennebaker & Chung, 2011). These results suggest that the integration of religious practices with modern psychological mechanisms enables the systematic reconstruction of the meaning of emotional experiences (Meylinda & Widyowati, 2025), reinforcing Gross's theoretical framework while providing empirical evidence that spiritual approaches can actively modulate cognitive and affective processes in madrasa adolescents (Maryono & Bakir, 2026). In other words, IHSAN is not merely a passive religious approach but an active cognitive-affective intervention that connects Qur'anic reflection with evidence-based emotion regulation strategies (Helsa et al., 2025).

The study's findings affirm that IHSAN (Islamic Healing & Self-Awareness Narrative) successfully integrates the cognitive mechanisms of Gross's model (2015) with spiritual practices based on Qur'anic reflection, creating a unique integration of psychological and religious dimensions (At Thohiroh et al., 2025). This approach emphasizes religious meaning-making: participants not only write about their emotional experiences but also interpret events through Qur'anic values such as patience, forgiveness, and gratitude (Haryanto & Muslih, 2025). The combination of tafakkur and expressive writing empirically enhanced antecedent-focused regulation, strengthened cognitive reappraisal, reduced difficulties in impulse control (DERS), and simultaneously increased Islamic self-awareness (Ghufron et al., 2026). Theoretically, these results extend Gross's framework by demonstrating that spiritual practices can function as effective triggers and mediators of emotion regulation, rather than merely serving as supplementary motivational factors (Hapsari et al., 2024; Gratz & Roemer, 2004). Thus, IHSAN (Islamic Healing & Self-Awareness Narrative) presents an innovative contribution to Islamic psychology and counseling, showing that faith-based interventions can be translated into measurable cognitive-affective mechanisms with psychometric validity (Fadil et al., 2026; Pennebaker & Chung, 2011; Borg & Gall, 1983). These findings also support the literature suggesting that the integration of religious values and psychological strategies can enhance intervention effectiveness compared to purely psychological or purely religious models (Cahyani & Nashori, 2024).

The practicality evaluation indicated that IHSAN (Islamic Healing & Self-Awareness Narrative) is highly feasible for direct implementation at MAN 1 Sumedang, with average scores exceeding 4.6 across all dimensions, including implementation ease, module clarity, and contextual relevance (Aziz et al., 2023). The standardized session structure, comprising Qur'anic reflection, emotional labeling, tafakkur-based expressive writing, and guided group reflection (Desiningrum et al., 2025), enables BKPI teachers at MAN 1 Sumedang to conduct the intervention without substantial modifications to schedules or classroom infrastructure. This confirms that the model is not only statistically effective but also operationally realistic in this school setting, allowing scalability across different classes and madrasa levels. Clear guidance and consistent

manual instructions ensure the intervention can be replicated with high fidelity, minimizing the risk of variability in implementation among facilitators (Dumbi et al., 2025; Borg & Gall, 1983). The high practicality further demonstrates that the integrative spiritual-psychological approach can be directly operationalized at MAN 1 Sumedang without compromising facilitator convenience, thereby positioning IHSAN as a viable routine BKPI intervention model grounded in religious values for madrasas.

The process of enhancing emotional regulation through IHSAN (Islamic Healing & Self-Awareness Narrative) was conducted systematically by integrating Qur'anic reflection with *tafakkur*-based narrative writing (Daud et al., 2024). During the sessions, students were guided to identify dominant emotions, label and observe their physiological and psychological responses, and then document their experiences within the framework of relevant Qur'anic values, such as *sabr* (patience), *tawakkul* (trust in God), and *shukr* (gratitude) (Desiningrum et al., 2025). This mechanism aligns with Gross's (2015) antecedent-focused regulation strategy, in which initial cognitions toward emotional stimuli are modified before the emergence of intense emotional reactions, enabling students to interpret experiences adaptively (Ghufron et al., 2026). Consistent narrative analyses showed that students actively reappraised personal experiences through spiritual meaning, resulting in a shift from impulsive responses toward reflective, calming thought processes (Dharmastuti et al., 2025). These findings underscore that integrating religious practices with cognitive-affective psychological mechanisms is not only theoretically relevant but also practically effective in the madrasa context at MAN 1 Sumedang, producing measurable improvements in emotional regulation as evidenced by reductions in DERS scores and increases in ERQ reappraisal scores (Maryono & Bakir, 2026; Pennebaker & Chung, 2011; Gratz & Roemer, 2004).

The implementation of IHSAN (Islamic Healing & Self-Awareness Narrative) demonstrated that the enhancement of emotional regulation directly contributed to increases in students' Islamic self-awareness. Through *tafakkur* activities and narrative writing, students not only identified their emotions and behaviors but also related them to contextual Qur'anic values, fostering self-awareness that integrates psychological and spiritual dimensions (Sauqi, 2026). These findings highlight that Qur'anic reflection-based written expression can stimulate metacognition and introspection, enabling students to understand patterns of emotional responses, behavioral consequences, and coping strategies aligned with Islamic principles (Hidayat & Fajri, 2025; Doupona & Coakley, 2013). Furthermore, improvements in scores on the Islamic Self-Awareness Scale confirm that this integrative process is not merely theoretical but measurable and practically evident, marking IHSAN's success in establishing a balance between religious identity and psychological competence, an area that has been underexplored in the madrasa context in Indonesia (Hamzah et al., 2026; Gratz & Roemer, 2004).

The implementation of IHSAN (Islamic Healing & Self-Awareness Narrative) at MAN 1 Sumedang provides a significant theoretical contribution to the understanding of Gross's Process Model of Emotion Regulation (2015) and the multidimensional framework of Gratz & Roemer (2004). By emphasizing antecedent-focused regulation

through cognitive reappraisal, the model demonstrates that Qur'anic reflection and narrative writing not only enhance students' ability to reinterpret emotional situations but also extend the scope of emotion regulation theory by integrating spiritual mechanisms as cognitive-affective mediators (Susanti et al., 2025). Practically, IHSAN illustrates that the reinforcement of Islamic self-awareness and religious meaning-making can function as a systematic reappraisal strategy, supporting emotional adaptation and prosocial behavior (Nabilla et al., 2026), an aspect that has been underexplored in the literature on emotion regulation within Islamic education contexts (Nurcintame et al., 2025; Gross, 2015; Pennebaker & Chung, 2011; Doupona & Coakley, 2013). Thus, this study not only validates classical theory but also introduces a religio-spiritual dimension that is highly relevant to madrasa education (Pratama & Boediman, 2025).

The implementation of IHSAN (Islamic Healing & Self-Awareness Narrative) at MAN 1 Sumedang demonstrated that the model is practical and readily applicable within madrasa contexts, with very high scores for implementation ease and contextual relevance ($M = 4.71\text{--}4.75$). The clear session structure, including Qur'anic reflection, emotional labeling, tafakkur-based expressive writing, and group discussion, enables BKPI teachers to integrate the intervention without disrupting regular academic schedules (Putra et al., 2025). This indicates that IHSAN can be scaled to other madrasas with a high likelihood of success, as the module is manualized, standardized, and adaptable to local Islamic values (Ghufron et al., 2026). Furthermore, the Qur'an-based practices strengthen students' emotional engagement with the material, facilitate the internalization of reappraisal strategies, and enhance spiritual self-awareness, cumulatively reinforcing multidimensional emotional regulation capacities (Marini et al., 2025). Thus, IHSAN is not merely a psychological intervention but also an applicable Islamic psychopedagogical model, relevant for madrasa education policy and BKPI programs at the national level (Hamzah et al., 2026; Hidayat & Fajri, 2025).

Overall, the findings of this study indicate that the IHSAN model (Islamic Healing & Self-Awareness Narrative) significantly enhances multidimensional emotional regulation abilities among madrasa adolescents at MAN 1 Sumedang, particularly through antecedent-focused regulation strategies and cognitive reappraisal facilitated by Qur'anic reflection and expressive writing (Hidayah Putri et al., 2026; Gross, 2015; Pennebaker & Chung, 2011). The intervention theoretically extends the understanding of Gross's Process Model of Emotion Regulation and Gratz & Roemer's (2004) multidimensional theory of emotion regulation by integrating religio-spiritual mechanisms that have rarely been operationalized empirically (Saptandari et al., 2025). Practically, IHSAN has proven to be easy to implement, contextually relevant, and well-received by both students and facilitators, indicating its potential scalability to other madrasas in Indonesia (Liviana et al., 2025). In other words, this study not only interprets significant psychological changes but also connects emotion regulation theory with structured Islamic spiritual practices, offering an innovative contribution to Islamic education, adolescent psychology, and evidence-based BKPI program development (Marini et al., 2025; Doupona & Coakley, 2013; Borg & Gall, 1983). These findings

establish IHSAN as an integrative, empirical, and practical model capable of strengthening adolescents' emotional resilience, spiritual self-awareness, and adaptive coping capacities within Islamic educational contexts.

CONCLUSION

This study definitively demonstrates that the IHSAN (Islamic Healing & Self-Awareness Narrative) model, developed through a rigorous Research and Development framework, is conceptually valid, structurally coherent, and implementationally feasible based on expert validation and high procedural fidelity, and is empirically effective in enhancing madrasah students' emotion regulation, as evidenced by significant reductions in multidimensional regulatory difficulties and substantial gains in cognitive reappraisal with large effect sizes. Accordingly, the objective of producing a standardized and quantitatively validated Qur'anic reflection-based intervention has been achieved. The findings substantiate that *tafakkur*, emotion labeling, and structured reflective writing can be operationalized as systematic and measurable psychopedagogical mechanisms within Islamic education, thereby extending contemporary emotion regulation theory into an empirically grounded spiritual-religious framework while providing an implementable counseling model for madrasah contexts. However, the single-group pretest-posttest design, single-institution sampling, and absence of longitudinal follow-up constrain causal inference and generalizability, necessitating future randomized controlled, multi-site, and longitudinal investigations to confirm the robustness and durability of the intervention effects.

DECLARATION OF AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

In preparing the manuscript entitled "IHSAN (Islamic Healing & Self-Awareness Narrative): An Islamic Expressive Writing Model for Strengthening Emotional Regulation in Madrasah Adolescents," the author(s) utilized several AI-assisted language tools, including ChatGPT (OpenAI), Grammarly, and QuillBot, solely to support language refinement, grammatical correction, paraphrasing, and improvement of academic clarity and coherence. These tools were not used for research design, data generation, statistical analysis, interpretation of results, or formulation of theoretical arguments and conclusions. All outputs were critically examined, substantively revised, and validated by the author(s). The author(s) assume full responsibility for the accuracy, originality, and scholarly integrity of the final manuscript.

ACKNOWLEDGMENT

We sincerely thank Universitas Islam Negeri Sunan Gunung Djati Bandung and Universitas Islam Negeri Imam Bonjol Padang for their collaborative support and synergy throughout this research. We also express our gratitude to the principals, teachers, and students of MAN 1 Sumedang, whose active participation was essential for the successful implementation and evaluation of the IHSAN intervention model. Special appreciation is

extended to the BKPI teachers for facilitating sessions and maintaining procedural fidelity during the study.

REFERENCES

- Abdullah, K., Jannah, M., Aiman, U., Hasda, S., Fadilla, Z., Nasution, T., Masita, M., Ardiawan, K. N., & Sari, M. E. (2022). *Metodologi Penelitian Kuantitatif* (Cetakan Pertama). Yayasan Penerbit Muhammad Zaini.
- Abubakar, R. (2021). *Pengantar Metodologi Penelitian* (Cetakan Pertama). Suka Press (UIN Sunan Kalijaga).
- Burton, C.M., & King, L.A. (2004). The health benefits of writing about intensely positive experiences. *Journal of Research in Personality*, 38(2), 150–163. [https://doi.org/10.1016/S0092-6566\(03\)00060-3](https://doi.org/10.1016/S0092-6566(03)00060-3)
- At Thohiroh, A., Dewi, M. A., Maulina, D., Maulani, N. M., Faradila, R., & Latifah, T. (2025). The Development of Mindful Parenting in Preschoolers (MPP) Scale: Pengembangan Skala Pengasuhan Berkesadaran pada Anak Prasekolah (MPP). *Jurnal Ilmu Keluarga Dan Konsumen*, 18(1), 66–79. <https://doi.org/10.24156/jikk.2025.18.1.66>
- Aziz, A. N., Rahmatullah, A. S., & Khilmiyah, A. (2023). Strengthening Mental Toughness through Self-Compassion, Self-Disclosure and Spirituality for Orphanage Adolescents. *Indigenous: Jurnal Ilmiah Psikologi*, 8(2), 161–182. <https://doi.org/10.23917/indigenous.v7i3.21784>
- Cahyani, A. D., & Nashori, F. (2024). The Resilience of Muslim Prisoners in Terms of Spirituality and Family Support. *Psikis: Jurnal Psikologi Islami*, 10(1), 35–46. <https://doi.org/10.19109/psikis.v10i1.18793>
- Creswell, J.W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Los Angeles, CA: SAGE Publications.
- Creswell, J.W., & Plano Clark, V.L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Los Angeles, CA: SAGE Publications.
- Daud, M., Siswanti, D. N., Nugraha, D. Y., & Suriyah, E. A. (2024). How do grit and academic stress influence academic performance? The role of academic self-efficacy as a mediator and moderator variable. *Psikohumaniora: Jurnal Penelitian Psikologi*, 9(2), 233–252. <https://doi.org/10.21580/pjpp.v9i2.22692>
- Desiningrum, D. R., Hermawati, D., Somantri, M., & Karim, C. H. A. (2025). Parenting stress, resilience, religiosity, and emotional competence in caregivers of children with special needs. *Psikohumaniora: Jurnal Penelitian Psikologi*, 10(1), 79–100. <https://doi.org/10.21580/pjpp.v10i1.23974>
- Dharmastuti, A., Hamid, N., Sa'id, M., & Armalid, I. I. (2025). Eco Parenting Orang Tua di Jawa Timur Berdasarkan Perspektif Teori Perilaku Terencana. *Jurnal Penelitian Psikologi*, 16(1), 1–10. <https://doi.org/10.29080/jpp.v16i1.1396>
- Dumbi, K. F., Juaninda, C. P., & Savitri, L. S. Y. (2025). Validating the Interpersonal Mindfulness in Parenting (IM-P) Scale for Parents in Indonesia. *Jurnal Ilmu Keluarga Dan Konsumen*, 18(1), 1–13. <https://doi.org/10.24156/jikk.2025.18.1.1>

- Fadil, A., Zoraya, A., & Sriyanti, L. (2026). Mindfulness in student life: A phenomenological study of self-awareness, emotional resilience, and identity development. *InSight: Jurnal Ilmiah Psikologi*, 28(1), 1–21. <https://doi.org/10.26486/psikologi.v28i1.46828287>
- Ghufron, M., Anam, R. K., & Khoiriyah, K. (2026). Transformation Of Soul Education In The Digital Era: A Synthesis Of Al-Ghazali And Ibn Qayyim Al-Jawziyyah's Thought. *Urwatul Wutsqo: Jurnal Studi Kependidikan Dan Keislaman*, 15(1), 50–63. <https://doi.org/10.54437/juw>
- Hamzah, E., Santalia, I., & Qoimah, L. (2026). Emotional Education in the Qur'an: Narrative Analysis of Stories of Qur'anic Decisions in Islamic Education. *Tafkir: Interdisciplinary Journal of Islamic Education*, 7(1), 266–281. <https://doi.org/10.31538/tijie.v7i1.2409>
- Hapsari, P., Darodjat, & Kusumawinakhyu, T. (2024). The Power of Qur'an to Heal Physical and Mental Illness. *Psikis: Jurnal Psikologi Islami*, 10(1), 1–11. <https://doi.org/10.19109/psikis.v10i1.19203>
- Haryanto, S., & Muslih, M. (2025). The Contribution of Transpersonal Psychology to The Emotional, Mental, and Spiritual Well-Being of Individuals. *Islamic Guidance and Counseling Journal*, 8(1), 1–19. <https://doi.org/10.25217/0020258549000>
- Helsa, Simanjuntak, E. J., & Theresia, A. (2025). Peran Kesepian dalam Memediasi Mattering to Family dan Self-Esteem pada Dewasa Emerging Adulthood di Indonesia. *Jurnal Ilmu Keluarga dan Konsumen*, 18(2), 134–147. <https://doi.org/10.24156/jikk.2025.18.2.134>
- Hidayah Putri, A., Sukarta, Suhadah, & Nasir, B. M. (2026). Analysis of Cultural Communication and Public Perceptions of Traditional Parafu Medicine in Bima from an Islamic Perspective. *Hayula: Indonesian Journal of Multidisciplinary Islamic Studies*, 10(1), 1–20. <https://doi.org/10.21009/hayula.010.01.01>
- Hidayat, T., & Fajri, S. (2025). Integration of Spirituality and Psychology in Islamic Counseling Guidance. *Jurnal Counseling Care*, 9(2), 75–88. <https://doi.org/10.22202/JCC.2025.v9i1.9310>
- Javier, T., & Dartim, D. (2026). Strategies for Memorising the Qur'an Using the Tikrar Method at the Majelis Tafsir Al-Qur'an Tahfiz Centre for Girls in Karangpandan, Karanganyar. *Juspi (Jurnal Sejarah Peradaban Islam)*, 9(2), 579–587. <https://dx.doi.org/10.30829/juspi.v9i2.28133>
- Khoir, A. K., & Kurniawati, F. (2025). Bullying in Pesantren (Islamic Boarding School): A Systematic Review of Its Psychological Effects, Influencing Factors, and Intervention Strategies. *Psikis: Jurnal Psikologi Islami*, 11(1), 14–31. <https://doi.org/10.19109/psikis.v11i1.27270>
- Kurniawan, R., Kholis, N., & Suryani, S. (2025). Islamic Expressive Writing for Psychological Healing. *Islamic Guidance and Counseling Journal*, 8(1), 1–16. <https://doi.org/10.25217/0020258552800>

- Liviana, L., Dearly, D., & Buana, D. R. (2025). Resilience as a shield: Moderating the impact of adverse childhood experiences. *InSight: Jurnal Ilmiah Psikologi*, 27(2), 97–108. <https://doi.org/10.26486/psikologi.v27i1.4478>
- Marini, L., Hendriani, W., Wulandari, P. Y., & Larsari, V. N. (2025). Parental phubbing and problematic smartphone use among adolescents: The mediating role of parental attachment. *Psikohumaniora: Jurnal Penelitian Psikologi*, 10(2), 197–214. <https://doi.org/10.21580/pjpp.v10i2.25620>
- Maryono, B., & Bakir, M. (2026). Metode Pendidikan Tazkiyatun Nafs Perspektif Said Nursi. *Tafhim Al- Ilmi : Jurnal Pendidikan dan Pemikiran Islam*, 17(2), 280–302. <https://doi.org/10.37459/tafhim.v17i02.375>
- Meylinda, P., & Widyawati, A. (2025). Parent-child career goal congruence and career optimism in relation to career engagement among university students. *InSight: Jurnal Ilmiah Psikologi*, 27(2), 32–45. <https://doi.org/10.26486/psikologi.v27i2.4506>
- Minsih, M., Lawton, M., Sudarmilah, E., Rahmawati, F. P., Mujahid, I., & Sari, A. Y. (2024). Integration of holistic education concepts in higher education to building mental health-friendly campuses: Case study from Indonesia. *Psikohumaniora: Jurnal Penelitian Psikologi*, 9(2), 303–320. <https://doi.org/10.21580/pjpp.v9i2.23056>
- Musyarofah, U., Hajar, S., & Sahri, I. K. (2026). Dimensi Neo-Sufisme dalam Pendidikan Ruhani Santri Pesantren Darussalam Sengon Jombang. *PEKERTI: Journal Pendidikan Agama Islam dan Budi Pekerti*, 8(1), 139–155. <https://doi.org/10.58194/pekerti.v8i1.6969>
- Nabilla, P. A. D., Mustofa, L., & Yahya, M. (2026). Praktik Thariqoh Naqshabandiyah Sebagai Upaya Pembentukan Kesadaran dan Ketenangan Batin. *JiIP (Jurnal Ilmiah Ilmu Pendidikan)*, 9(2), 1964–1969. <https://doi.org/10.54371/jiip.v9i2.10157>
- Nurcintame, N. P., Suyasa, P. T. Y. S., & Dewi, F. I. R. (2025). Peran Mediasi Kelekatan Remaja dan Orang Tua pada Hubungan Romantis Orang Tua dan Kesulitan Regulasi Emosi Remaja. *Jurnal Ilmu Keluarga dan Konsumen*, 18(2), 162–176. <https://doi.org/10.24156/jikk.2025.18.2.162>
- Pratama, G. F., & Boediman, L. M. (2025). Religious coping among muslim parents of children with disabilities: A narrative review. *InSight: Jurnal Ilmiah Psikologi*, 27(2), 122–134. <https://doi.org/10.22219/psikologi.v27i2.4711>
- Putra, B. M., Badayai, A. R. A., Soedjiwo, N. A. F., Suroyo, S., Guidi, E., & Zakaria, S. M. (2025). Demographic factors as mediators between socio-psychological variables and psychological well-being in parents of children with Down syndrome. *Psikohumaniora: Jurnal Penelitian Psikologi*, 10(1), 139–158. <https://doi.org/10.21580/pjpp.v10i1.25583>
- Rahmawati, D. R., Wardani, D. K., Noviani, L., & Yuliyanto, R. (2024). Moderating effect of self-regulation on the relationship between adversity quotient and family social support on academic procrastination in thesis completion. *Psikohumaniora:*

- Jurnal Penelitian Psikologi*, 9(2), 195–214.
<https://doi.org/10.21580/pjpp.v9i2.21384>
- Saptandari, E. W., Suryandari, S. L., & Mahira, M. (2025). The effect of social support on academic resilience among Indonesian university students: The mediating role of emotion regulation strategies. *Insight: Jurnal Ilmiah Psikologi*, 27(2), 1–12.
<https://doi.org/10.26486/psikologi.v27i1.4639>
- Sauqi, A. R. (2026). From Mystical Unveiling to Spiritual Therapy: Kasyf and the Reconstruction of Sufi Healing in the Syadziliyah. *Tribakti: Jurnal Pemikiran Keislaman*, 37(1), 191–210. <https://doi.org/10.33367/tribakti.v37i1.8008>
- Sembiring, T., Irmawati, I., Sabir, M., & Tjahyadi, I. (2023). *Buku Ajar Metodologi Penelitian (Teori dan Praktik)* (Cetakan Pertama). Saba Jaya Publisher.
- Solichah, N., Hidayah, R., Zakiyah, E., Pandya, M. F., & Ogbuabor, S. E. (2025). Spiritual mindfulness therapy: An intervention to reduce depression symptoms. *Psikohumaniora: Jurnal Penelitian Psikologi*, 10(1), 59–78.
<https://doi.org/10.21580/pjpp.v10i1.23690>
- Subardjo, R. Y. S., Mokhtar, D. M., Kamaluddin, M. R., Aun, N. S. M., Khan, Z., & Jie, Y. (2024). Understanding the pathway from cyberbullying to suicidal ideation: Depression as a mediating factor. *Psikohumaniora: Jurnal Penelitian Psikologi*, 9(2), 321–340. <https://doi.org/10.21580/pjpp.v9i2.23357>
- Sugiyono, S. (2013). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D* (Cetakan Ke-19). Alfabeta.
- Suldo, S.M., Thalji, A., & Ferron, J. (2020). The relationship between perceived academic stress and psychosocial outcomes among adolescents. *Journal of Youth and Adolescence*, 49(9), 1844–1860. <https://doi.org/10.1007/s10964-020-01284-5>
- Susanti, R., Ikhwanisifa, I., & Damayanti, I. (2025). Subjective Well-Being in Muslim Students: The Role of Islamic Spirituality and Self-Efficacy. *Psikis: Jurnal Psikologi Islami*, 11(1), 32–47. <https://doi.org/10.19109/psikis.v11i1.25363>
- UNICEF Indonesia. (2024). *State of the world's children 2024: Adolescents, mental health, and education*. Jakarta: UNICEF Indonesia.
- Widodo, S., Ladyani, F., Rusdi, R., Lestari, S. M. P., Wijayanti, D. R., Devriany, A., & Hidayat, A. (2023). *Metode Penelitian* (Cetakan Pertama). CV Science Techno Direct.
- World Health Organization. (2023). *Adolescent mental health: A global priority*. Geneva: WHO.
- Yudiarso, A., Ardhiani, I. W., Surya, R., Watimena, F. Y., & Kanzaki, M. (2025). Psychometric properties of the 18-item Indonesian Mental Toughness Questionnaire using the Rasch model and Machine Learning. *Psikohumaniora: Jurnal Penelitian Psikologi*, 10(1), 1–20.
<https://doi.org/10.21580/pjpp.v10i1.23214>