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Therapeutic Communication in Inclusive Islamic Education: Integrating Qur'anic Qaulan Principles at Ainul Yakin Pesantren

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Abstract

Objective: This study analyzes therapeutic communication practices at Ainul Yakin Islamic Boarding School in Gunungkidul, Yogyakarta, and develops a conceptual model of hybrid therapeutic da'wah integrating Islamic communication, psychosocial assistance, and digital media. **Theoretical framework:** The study draws on therapeutic communication, Islamic da'wah, inclusive education, and psychosocial rehabilitation to examine how relational security, spiritual meaning, accessibility, and dignity shape supportive interactions. **Literature review:** Relevant literature published between 2015 and 2026 was reviewed to identify connections among therapeutic communication, pesantren-based rehabilitation, inclusive Islamic education, and digital da'wah, particularly the integration of interpersonal mentoring and new media. **Methods:** A qualitative single-case study design combined semi-structured interviews, available institutional observations and documents, and literature analysis. Data were examined using the Framework Method, incorporating deductive and inductive coding to identify communication practices and develop a conceptual model. **Results:** Therapeutic communication was embedded in daily educational activities, worship routines, and independence training through gentle language, individualized instructions, appreciation, repeated assistance, and student participation. These practices highlighted the importance of relational security, accessible communication, spiritual meaning, and respect for the dignity of students with psychosocial disabilities. The proposed hybrid model positions face-to-face mentoring as central to trust formation, complemented by digital channels for psychoeducation, family support, activity reminders, communication coordination, and public education. **Implications:** The model offers guidance for developing context-sensitive, inclusive Islamic communication practices. Implementation should prioritize consent, confidentiality, accessibility, and professional referral, while avoiding assumptions that religious participation alone demonstrates clinical recovery. **Novelty:** This study integrates Islamic therapeutic communication, pesantren-based psychosocial rehabilitation, and new media within an inclusive conceptual framework. However, its feasibility, acceptability, safety, and potential benefits require empirical evaluation.

Keywords: therapeutic communication, therapeutic da'wah, inclusive Islamic education, psychosocial disabilities, digital da'wah

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INTRODUCTION

Psychosocial disability is inadequate if it is understood solely as a collection of clinical symptoms in individuals. This condition is formed through the interaction between mental health problems and various social barriers, such as stigma, discrimination, limited services, exclusion, and low access to education, employment, and social participation [1]. In severe mental disorders, such interactions can weaken social skills, independence, involvement in daily activities, and occupational function, so that rehabilitation is not sufficiently directed at symptom reduction, but also needs to restore social function and life meaning [2]. The burden of recovery also involves families who carry out parenting, decision-making, emotional and spiritual support, and liaisons with services, while at the same time facing emotional, social, financial, and time constraints [3]. Psychosocial disability is a relational and ecological problem that takes place at the individual, family, community, and service system levels.

One of the main obstacles in the recovery process is stigma. Research on the Community Mental Health Implementation Team shows that good knowledge does not always eliminate prejudice, although 98% of respondents have good knowledge about people with mental disorders (ODGJ), as many as 72% still show negative stigma [4]. Stigma can appear in the form of labeling, stereotypes that ODGJ are dangerous, discrimination, exclusion, and mystical explanations that hinder access to health services, employment, and social relationships [5]. In Muslim communities, the search for help is also influenced by family norms, religious meanings, cost, confidentiality, and the availability of culturally sensitive services [6]. This phenomenon suggests that the provision of mental health information alone is not enough. Recovery requires communication that builds trust, reduces shame, respects dignity, and involves service recipients in decision-making.

Therapeutic communication provides a relational foundation to meet these needs. Peplau's theory of interpersonal relationships places therapeutic communication as a gradual process that includes phases of orientation, work, and termination, with trust, collaboration, respect for autonomy, and self-esteem strengthening as its main mechanisms [7]. In mental health services, the process can be operationalized through coaching, rapport, introduction, stages of work, and evaluation [8]. In special education environments, its implementation requires adjusting language, tempo, persuasion, and emotional responses based on the character and needs of each individual [9]. Therefore, therapeutic communication is not just a message delivery technique, but a structured process to bring a sense of security, understand personal experiences, develop capacity, and build independence gradually.

In an Islamic perspective, therapeutic communication rests on morality, compassion, empathy, acceptance, and respect for the individual, with spiritual strengthening as a source of hope without neglecting clinical needs [10]. Caution is necessary because spirituality does not always have a protective effect. Spiritual well-being is associated with lower symptoms of depression, whereas negative religious coping, such as feeling punished or abandoned by God, is associated with worse psychological conditions [11]. This principle is relevant to be developed as a therapeutic da'wah at the Ainul Yakin Islamic Boarding School in Gunungkidul, which integrates religious education, parenting, therapy, and independence training through need mapping and curriculum adjustments based on the individual abilities of students [12]. The placement of prayer as the center of practical-applicative activities and application Habitual Learning Through simple activities that are carried out repeatedly, it helps build the independence of students [13]. The Ainul Yakin Islamic Boarding School has the potential to become a therapeutic da'wah ecology that combines spiritual strengthening, emotional support, habituation, and recovery of psychosocial functions without simplifying mental disorders as a weakness of faith or replacing professional intervention.

Research on Ainul Yakin still focuses on educational models, classification of needs, habituation of behavior, and independence of students, but has not conceptualized the relationship between kiai, ustaz, companions, students, and families as therapeutic da'wah. Because the categories of children with special needs, autism, intellectual disabilities, and

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psychosocial disabilities are not interchangeable, this study uses the term "students with psychosocial disabilities" based on operational definitions and field findings so that therapeutic da'wah does not replace professional diagnosis. The need for this model is strengthening as new media transforms da'wah into interactive, multimodal, and transcends the boundaries of space-time [14], [15], but at the same time presents privacy risks, fragmentation of authority, disinformation, polarization, and algorithmic amplification, so that Commitment cannot be equated with therapeutic success [16]. Therefore, technology in Ainul Yakin needs to be positioned as a support channel for message reinforcement, routine reminders, psychoeducation, spiritual reflection, post-case support, and controlled communication with family.

The research gap arises because the study of therapeutic communication is more developed in hospitals, psychotherapy, and face-to-face special education, while inclusive pesantren research focuses on curriculum, nurturing, and habituation. In contrast, the digital da'wah literature generally discusses general audiences, Muslim identity, religious authority, religiosity, and the effectiveness of message dissemination, not the needs of users with psychosocial vulnerabilities. No model systematically integrates Islamic therapeutic communication, pesantren rehabilitation ecology, and new media characteristics with safety, confidentiality, consent, retraumatization prevention, and professional referral mechanisms. This research fills this gap by placing face-to-face interaction at the center of trust formation, while digital channels function as a supporting layer in the hybrid therapeutic da'wah model.

Based on these gaps, the main question of this study is: how can the principles of Islamic therapeutic communication, Islamic boarding school rehabilitation practices, and the character of new media be synthesized into a safe, inclusive, and relevant hybrid therapeutic da'wah model for the psychosocial recovery of students at the Ainul Yakin Islamic Boarding School? This study has two objectives: (1) to analyze and map the normative, relational, and rehabilitation principles that form Islamic therapeutic communication at the Ainul Yakin Islamic Boarding School; and (2) to formulate a conceptual model of new media-based therapeutic da'wah that integrates face-to-face assistance and digital channels, including actors, messages, platforms, interaction stages, safety mechanisms, and psychosocial recovery indicators.

LITERATURE REVIEW

The concept of the soul and principles of Squirt provide the ethical foundation of Islamic therapeutic communication through an understanding of the psychospiritual dimension of the human being as well as an emphasis on respect, gentleness, honesty, and the precision of the message [17]. This foundation intersects with therapeutic relationships that prioritize trust, acceptance, individual dignity, and spiritual strengthening. However, the psychological benefits of religiosity are not uniform: spiritual well-being is associated with lower depression, while negative religious coping shows the opposite tendency; the relationship between alms and mental health also differs according to the motivational orientation [18]. Dialogue of faith experiences can enrich interpersonal understanding, although its application across communities requires contextual adjustment [19].

Operationally, therapeutic relationships include the formation of trust, the implementation of mentoring, and evaluation through the orientation, work, and termination phases. Mentoring of Down syndrome students adds pre-interaction preparation and individualized communication adjustments, while mental hospital practice emphasizes formation of rapport, active listening, and understanding verbal–nonverbal messages. The quality of the process is reinforced by safety, user participation, staff competence, and organizational support; implementation experience shows that trauma-informed care also shows increased staff empathy as well as the benefits of stabilization skills for service users [20], [21].

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Improvements in behavior and functioning were also reported in individual mentoring, but case report evidence limited the generalization.

In rehabilitation pesantren programs, gradual and supportive communication is reported to support the sense of security and involvement of ODGJ students, while spiritual programs are combined with psychosocial support and skill development [22], [23]. At Ainul Yakin, education, therapy, and parenting are adjusted to the ability of the students, while the habituation of daily activities supports the formation of independence [24]. Adaptive principles are also found in inclusive education, religious learning for autistic children, and persuasive communication for faith development [25]–[27]. The findings shed light on mentoring practices, but population differences and the dominance of descriptive designs limited conclusions regarding the effectiveness of ODGJ rehabilitation.

Recovery also depends on family networks and social environments. Families face the burden of multidimensional care, while stigma remains in communities and among mental health care actors [28]. Structural support includes housing, inclusion, employment, access to services, and organizational culture; in Muslim communities, the search for help is also influenced by social norms, costs, socio-political contexts, and trust in services. Faith-based interventions offer more structured development, but publications such as Islamic Trauma Healing and IM-Adapted are still in the form of a test design or protocol, not evidence of the effectiveness of the intervention [29], [30].

In the digital space, research shows an expansion of religious practices, although the study of Muslim social media is still dominated by document analysis rather than user experience [31]. Digital da'wah is related to strengthening religiosity as well as the risk of polarization, so that the popularity of content cannot be equated with psychosocial benefits. Qur'anic ethics and supervision of the use of artificial intelligence are concerns in message development, while Islamic counseling offers muhasabah, tazkiyah, self-control, and digital ethics as a conceptual framework for emotion regulation, not a tested intervention for ODGJ students [32], [33].

The literature provides an ethical foundation, the structure of therapeutic relationships, the context of pesantren parenting, and the understanding of digital interactions, but it has not yet integrated its relevance in the psychosocial assistance of students. This gap underlies the formulation of a conceptual model of new media-based therapeutic da'wah in Ainul Yakin, with digital channels as a complement to face-to-face mentoring, not a substitute for clinical services. Its contribution lies in conceptual integration, which further requires testing its feasibility, acceptance, safety, and support for psychosocial recovery.

The gap in the literature studied lies in the lack of integrated explanations of therapeutic relationships, spiritual coaching in Islamic boarding schools, and digital mentoring, not solely differences in research locations. Islamic boarding school studies provide a practical context, Islamic communication offers a normative foundation, and new media research explains the dynamics of platforms, but the connection of the three to the psychosocial recovery process still requires formulation. This study responds to these gaps by synthesizing the foundations of Islamic therapeutic communication and Islamic boarding school mentoring practices to formulate a conceptual model of new media-based therapeutic da'wah in Ainul Yakin.

METHODOLOGY

This research was designed using a qualitative approach with a single case study design at the Ainul Yakin Islamic Boarding School. The design was used to understand the therapeutic communication process in the context of nurturing, worship habits, and student independence activities. The unit of analysis is the communication process in mentoring, including adjusting approaches, forming trust, delivering messages, responding to individual needs, and evaluating development. Empirical findings are then combined with national and

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international literature to formulate a conceptual model of therapeutic da'wah based on new media. The case study allows an in-depth study of processes that are closely related to the real-life context.

The data source consists of primary data and literature sources. Primary data is obtained through semi-structured interviews with informants who are purposively selected based on direct involvement and experience in assisting students. Interviews are directed at communication practices, consideration of approach selection, meaning of religious activities, parenting barriers, and needs for support development. The involvement of students, families, or health workers is only included if they are actually research participants. Observation records and institutional documents are used as additional sources when available and collected through explanatory procedures.

Literature sources include articles from national and international journals on Islamic therapeutic communication, interpersonal relationships, psychosocial rehabilitation, pesantren education, digital da'wah, and Islamic counseling. The study of Islamic therapeutic communication is used to examine the ethical orientation of mentoring relationships, while interpersonal theory helps organize the process of forming, implementing, and ending therapeutic relationships. Research on pesantren and the role of families is used as a comparison of the context of parenting and support networks, while social media studies are used to examine the opportunities and limitations of digital channel development.

The literature search was directed to Indonesian and English-language publications for the period 2015 to the date of the last search in 2026. Articles were selected based on relevance to the research question, clarity of the method or conceptual argument, and their contribution to the interpretation of the findings. If the index restriction is maintained, the status of Scopus-indexed international journals and SINTA 1–5 accredited national journals needs to be verified. Selected articles are arranged in a matrix that includes the identity of the publication, purpose, design, population or context, findings, limitations, and relevance to the case. Empirical, conceptual, review, and protocol literature are differentiated so that conclusions do not equate theoretical arguments with evidence of effectiveness.

Analysis uses the Framework Method with deductive–inductive coding through data reading, initial encoding, analytical framework construction, matrix mapping, and interpretation. Deductive coding uses the concepts of Squirt, stages of therapeutic relationships, worship habits, independence, and social support as initial categories. Inductive coding is used to capture experiences that are not covered by the framework, including rejection, discomfort, differences in approach, and companion fatigue. Each finding is maintained as traceable through citations or source notes, then compared to the literature to identify appropriateness, differences, and limitations in the application of the concept.

Integration is carried out through the flow of findings, interviews, conceptual interpretation, comparative of previous research, implications of model development. The literature is not treated as an automatic confirmation of informants' statements. Inconsistencies and alternative explanations are still analyzed. Credibility is strengthened through cross-source checks where available, review of different findings, peer discussions, and recording of analytical decisions and researcher reflexivity. Participant identities are disguised, consent is obtained according to ethical procedures, and participation is not associated with acceptance of services [32], [33].

To systematically examine therapeutic communication practices within inclusive Islamic education at Ainul Yakin Pesantren, this study employs an integrated methodological framework. The complete research process, spanning initial research design, data collection, framework analysis, cross source synthesis, and conceptual model development, is visually outlined in detail.

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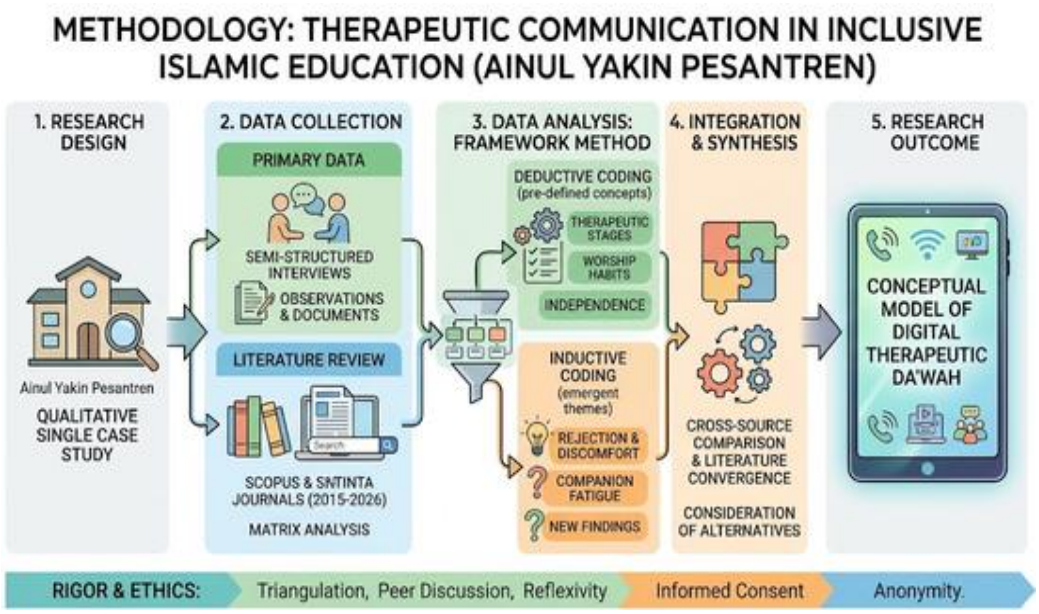


Figure 1. Methodological Framework of Therapeutic Communication in Inclusive Islamic Education, Detailing Research Stages, Data Integration, Rigor, and Ethics.

As illustrated in Figure 1, the overall research operationalization begins with a qualitative single case study design at Ainul Yakin Pesantren. Primary empirical data gathered through semi structured interviews, field observations, and institutional documents are combined with a structured literature matrix spanning 2015 to 2026. The Framework Method facilitates data analysis using deductive coding for pre defined concepts and inductive coding to capture emergent themes such as companion fatigue. Subsequently, field observations and theoretical perspectives are synthesized through cross source comparison. This structured workflow yields a novel conceptual model of digital therapeutic da'wah, maintained under strict ethical research protocols.

RESULTS AND DISCUSSION

Therapeutic Communication in the Parenting and Daily Life of Students

The practice of mentoring at the Ainul Yakin Islamic Boarding School shows that therapeutic communication does not take place as a separate session from pesantren life, but is attached to nurturing, worship habits, and independence activities. Gentle greetings, adjustment of instructions, giving appreciation, and assistance with daily tasks are elements that connect religious activities with the individual needs of students. These findings direct the discussion from just a type of activity to the quality of relationships built through these activities. Integrated education, nurturing, and habituation are also important characteristics of mentoring in previous research on Ainul Yakin [12], [13].

Analytically, the peculiarity of the practice lies in the encounter between communication, spiritual meaning, and the opportunity to participate. The same activity can produce a different experience if it is conveyed through pressure, rather than through easy-to-understand explanations and appreciation for the readiness of the students. Therefore, the existence of rituals is not enough to explain the therapeutic character of mentoring. Attention needs to be directed to the way in which students are invited, listened to, helped, and given space to respond. This perspective is in line with Islamic therapeutic communication, which places trust, acceptance, and respect for individual dignity as the basis of mentoring relationships [10].

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Table 1. Mentoring Practices and Their Therapeutic Interpretation

Concept	Indicator	Key points in the field narrative	Analytical interpretation
Individualized approach	Adjustment of needs	Introduction of initial conditions; gradual approach; language adjustment and assistance	The readiness of students is the basis for interaction, not the application of a uniform approach.
Relational security	Admissions and awards	Gentle greeting; non-judgmental communication; appreciation of involvement	Mentoring is directed at building a sense of acceptance and reducing the pressure of interaction
Communication accessibility	Message comprehension	Simple instructions; repetition; tempo adjustment and auxiliary media	Messages are tailored to the ability to understand and retain attention
Worship habits	Regularity and meaning	Prayer, dhikr, prayer, and study accompanied by explanation and reinforcement	Routine becomes a space for meeting and repeated mentoring, not just the implementation of rituals.
Independence	Tasks and step-by-step assistance	Cleanliness, gardening, and livestock with monitoring and appreciation	Students get the opportunity to carry out their roles and recognize their contributions
Ongoing support	Connectivity between actors	Parenting, family involvement, senior caregiver support, and healthcare	Mentoring is understood as a shared responsibility, not a mere individual relationship
Psychosocial experiences	Perceived serenity	Narrative about feeling calmer after worship activities	Subjective experiences that need to be distinguished from changes in clinical symptoms

As detailed in Table 1, the therapeutic mentoring practices encompass seven core concepts ranging from individualized approaches to psychosocial experiences. Each dimension connects field indicators with analytical interpretations, highlighting how relational security, accessible communication, structured worship, and gradual independence foster student growth. Together, these elements demonstrate that holistic pesantren care relies on collective support and subjective serenity.

Exploring the initial condition of students and families is an important part because the need for assistance cannot be determined only from the category of disorders. In the draft, assessment is the starting point for adjusting the approach, but it needs to be clarified what information is gathered, who provides the information, and how the information is used. The term assessment in this discussion refers to the identification of the need for assistance, unless there is evidence of clinical examination by the authorized personnel. The emphasis on preparation before interaction and communication adjustment to individual conditions is also found in the assistance of students with special needs and psychiatric hospital services [8], [9].

Trust building can then be understood as an iterative process, rather than a stage completed after introduction. In long-term parenting, the companion may need to re-explain activities, negotiate engagement, or adjust responses when the student's condition changes. Thus, the therapeutic stages are used as a device to read the process, rather than a rigid sequence that must always proceed in a linear manner. The orientation, work, and termination framework places shared goals and independence as important elements of the relationship, while special

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educational practices demonstrate the need for pre-interaction preparation. Daily evaluations are therefore not automatically called terminations; discussions of termination require evidence of termination of relationship, return, or transfer of assistance.

Spiritual Meaning and Student Participation in Psychosocial Assistance

Principle Squirt deepening the reading of the quality of the relationship. Tenderness can be used to interpret ways of inviting without embarrassment, respect for reading acknowledgment of the dignity of students, and ease of assessing the understanding of the message. This linkage is the interpretation of the researcher, and evidence that caregivers consciously operationalize each category. The concept of the soul is also positioned as an ethical-spiritual orientation, not a tool for categorizing diagnoses or assessing students' level of faith. This boundary keeps therapeutic communication centered on acceptance and appreciation of the individual, as emphasized in the study of Islamic therapeutic communication [34].

In the implementation of worship, congregational prayers, dhikr, and prayers provide a time structure as well as an opportunity to interact consistently. Based on the available narrative, the activity is accompanied by greetings, explanations, and appreciation, so that habituation takes place with communicative assistance [35]. A mechanism that can be proposed interpretively is the connection between recognizable routines, the presence of companions, and spiritual meanings that help students carry out activities. This mechanism has not yet been tested for cause-and-effect relationships, but it expands the understanding of habituation from repetition of behavior to a continuous relational process. Habituation of simple activities and previous education-parenting integration were also reported in Ainul Yakin's research [12], [13].

The calmness felt by students after worship shows that religious activities are perceived as helpful and can be understood as part of the recovery process that involves elements that support each other, namely worship, treatment, social support, the pesantren environment, and natural changes in the condition of the students. This interpretation is in line with the finding that the relationship between spirituality and mental health is influenced by the quality of experience and the form of religious coping, so that its benefits need to be understood in the context of each individual's experience [11]. The difference in the relationship between motivational orientation for alms and mental health also shows that the psychological meaning of religious practices is not uniform for each individual [18]. Thus, the experience of calmness of students provides a positive picture of the role of religious activities in the overall assistance received, without making it separate evidence of clinical recovery or symptom reduction.



Figure 2. Pesantren Students with Mental Health Conditions and Disabilities Reciting the Qur'an

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Figure 2 depicts students with mental health conditions and neurodivergent disabilities participating in collective Qur'an recitation sessions at the pesantren. This structured religious routine creates a soothing, supportive environment, demonstrating how integrated spiritual practices serve as an essential therapeutic element within inclusive educational mentoring frameworks.

Cleaning, gardening, and livestock activities extend mentoring to the experience of carrying out social roles. The findings state that the task is accompanied by instruction, monitoring, and appreciation, making students not only recipients of care, but also opportunities to contribute. This contribution can be read as a space for the formation of a sense of ability and social recognition, not merely a measure of productivity. This interpretation intersects with attention to inclusion and opportunities to participate in the framework of psychosocial disabilities [1]. However, the task needs to be discussed together with the suitability of ability, the choice of students, safety, and the level of assistance. A momentary participation is not enough to conclude an increase in independence or social reintegration outside the pesantren.

Table 2. Evidence Level and Yield Claim Limits

Aspects	Narrative-driven statements	Additional evidence for stronger claims
Trust	Companions use communication aimed at building a sense of security	Examples of student openness, context of interaction, and experience from more than one source
Tranquility	The informant reported that worship activities were felt to help calm	Repeated observations, appropriate measurements, and other intervention information
Independence	Students are involved in daily tasks with assistance	Changes in capabilities, assistance levels, and consistency of implementation over time
Social participation	Activities provide opportunities to work together and contribute	Student experience, quality of engagement, and sustainability of participation
Reintegration	Islamic boarding school activities can be discussed as preparation for carrying out their role.	Data on return, family follow-up, and participation in home environment
Stigma reduction	Mentoring emphasizes appreciation for students.	Data on attitudes or experiences of discrimination before and after the program
Digital support	Digital channels proposed to complement the assistance	Documentation of use, user experience, safety, and benefit evaluation

Table 2 outlines the methodological boundaries governing qualitative empirical claims across seven key dimensions, including trust, tranquility, independence, and digital support. By systematically contrasting baseline narrative statements against the additional evidence required for stronger claims, this framework maintains analytical rigor, ensuring that subjective informant experiences are not overstated without comprehensive cross source empirical triangulation data.

The continuity of further mentoring depends on the relationship between students, families, caregivers, and health services. Families can provide information and support life after students return, but such involvement should not be assumed to always be available

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without barriers. The psychological, social, and economic burden of families suggests that the sustainability of support also requires attention to the capacity of family caregivers [3]. Similarly, fatigue and limitations of companion experience need to be read as organizational problems, not simply a lack of personal patience. The importance of staff competence, supervision, user participation, and institutional support is in line with the synthesis of implementation of trauma-informed care [20].

In this context, day-long parenting does not automatically guarantee consistent communication quality. Discussions need to pay attention to how information is passed on between caregivers, how differences in approaches are handled, and how referral decisions are made. These questions help shift the explanation from dependence on caregiver figures to accountable institutional processes. Experience with the implementation of a trauma-sensitive approach shows the importance of the relationship between improved staff understanding and service user mentoring experience [21]. Thus, family character becomes a strength when accompanied by role limits, protection of rights, and professional support mechanisms.

Hybrid Therapeutic Da'wah Development Proposition

The development of new media needs to follow these relational needs [36]. Because the available narrative has not documented digital implementation, digital channels are not placed as a result of rehabilitation, but as a proposition to expand existing communication. The priority of development can be directed to materials for families, explanations of activities, and continuity of information [37], according to the consent of the students. This option is more measurable than directly assuming that all students need access to social media or automated services. The study of Muslims and social media itself shows the need for greater attention to user experience, while the study of digital da'wah shows that strengthening religiosity can go hand in hand with the risk of polarization [38].

Table 3. Hybrid Therapeutic Proselytizing Development Propositions

Assistance needs	Proposed digital functions	Design requirements	Initial evaluation
Message comprehension	Short material in text, audio, or simple visual form	Non-judgmental language; accessibility; customization of abilities	User understanding and comfort
Family support	Psychoeducation and limited communication with a companion	Student approval; confidentiality; clarity of authority	Usability of materials and the implementation of communication
Continuity of activity	Agreed activity guides or reminders	Non-forceful; as needed; can be stopped	Acceptance and usage load
Mentoring coordination	Timely information delivery and follow-up	Response deadline; record-keeping; referral procedure	Follow-up clarity and information security
Public education	Message on the dignity and rights of persons with psychosocial disabilities	Not exposing personal identity or experiences without consent	Audience understanding, not just the number of impressions
Assistance needs	Proposed digital functions	Design requirements	Initial evaluation

Table 3 outlines five strategic propositions for hybrid therapeutic proselytizing, mapping assistance needs to digital features, design imperatives, and evaluation metrics. This

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framework prioritizes accessible communication, family involvement, flexible activity engagement, structured mentoring coordination, and ethical public awareness initiatives.

With this position, the novelty of the model does not lie in the transfer of studies to digital platforms, but in the design of the continuity of cross-channel mentoring relationships [39]. The ethical foundation determines how the message is conveyed; the therapeutic stage organizes the relationship process; the practice of pesantren provides the context of everyday life; and new media offer the possibility of expanding support. The relationship between these components is a conceptual synthesis, not evidence that the model has been effective in improving recovery [40]. These claims can only be strengthened through testing acceptance, accessibility, safety, and perceived benefits, before research is directed to broader psychosocial changes [41].

CONCLUSION

This study concludes that therapeutic communication at Ainul Yakin Islamic Boarding School is embedded in everyday educational, spiritual, and independence-building activities rather than being limited to formal therapeutic sessions. The practices discussed in this study, including gentle communication, individualized instructions, appreciation, repeated assistance, and guided participation in daily tasks, illustrate the importance of relational security, message accessibility, and respect for the dignity of students with psychosocial disabilities. Within this context, Islamic therapeutic communication provides an ethical and spiritual foundation for strengthening trust, facilitating participation, and supporting psychosocial assistance. Qur'anic qaulan principles offer a relevant normative framework for interpreting these practices, although their specific operationalization requires further empirical clarification. The study further proposes a hybrid therapeutic da'wah model that integrates face-to-face mentoring as the primary foundation of trust with digital communication as a complementary channel for psychoeducation, family support, activity reminders, information coordination, and public education. The proposed model brings together Islamic communication ethics, the stages of therapeutic relationships, the rehabilitation practices of pesantren, and the supporting functions of new media. Its implementation, however, requires individualized communication, informed consent, confidentiality, accessibility, protection of students' dignity, and clear referral mechanisms to professional health services. Digital engagement should not be treated as evidence of therapeutic success, nor should spiritual practices replace appropriate clinical care. The principal contribution of this study lies in its conceptual integration of Islamic therapeutic communication, pesantren-based psychosocial assistance, and new media within an inclusive framework of therapeutic da'wah. Nevertheless, the proposed model remains conceptual and requires further validation. Future research should examine its feasibility, acceptability, safety, accessibility, and perceived benefits through sustained observation, multiple perspectives, and systematic evaluation. Further studies should also assess changes in communication quality, student participation, independence, and continuity of support over time without equating perceived calmness or participation in religious activities with clinical recovery. Such efforts may contribute to the development of a more accountable, inclusive, and context-sensitive model of Islamic therapeutic communication for psychosocial assistance.

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Author Contribution

Kurnia Nur Khodijah contributed to conceptualization, research design, data collection, literature review, data analysis, and manuscript preparation. Indra Martian Permana contributed to the development of the research framework, methodological guidance, data interpretation, and critical revision of the manuscript. Ibdalsyah contributed to theoretical guidance, scholarly review, interpretation of the findings, and critical revision of the manuscript. All authors participated in reviewing and approving the final version of the manuscript for submission and publication.

Conflicts Of Interest

The authors declare that they have no conflicts of interest related to this research or its publication. The study was conducted independently and objectively, without inappropriate personal, financial, or institutional influence that could affect the research process, interpretation of the findings, or conclusions.

Use of Artificial Intelligence (AI)

The authors acknowledge that artificial intelligence (AI) tools were used solely to support language editing, grammar checking, academic readability, and sentence refinement. AI tools did not replace the authors' scholarly judgment or determine the research design, data analysis, interpretation of findings, or conclusions. The authors remain fully responsible for the accuracy, originality, integrity, and final content of the manuscript.

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