Integrating Islamic Spirituality into Cognitive Behavioral Therapy: A Pilot Model for Reducing Bullying in Islamic Boarding Schools

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Abstract

Bullying is pervasive in Islamic boarding schools (pesantren), where intensive dormitory life heightens peer-aggression risk, yet cognitive-behavioral interventions rarely integrate Islamic spiritual values relevant to Muslim adolescents. This pilot study tested an Islamic Cognitive Behavioral Therapy for Bullying Prevention (ICBT-BP) model. A pretest–posttest quasi-experimental design with a control group was implemented at one pesantren. Using intact-class assignment, 120 students received an eight-week ICBT-BP program integrating cognitive restructuring, emotion regulation, empathy development, and Islamic practices (*muhasabah, sabr, ukhuwah, ihsan*) (n = 60) or routine guidance (n = 60). Bullying, empathy, and self-control were measured with adapted scales, analyzed via two-way ANOVA on gain scores. Bullying scores fell 30.6% in the experimental group (75.40 to 52.30) versus 6.3% in controls, yielding a significant main effect of group, $F(1, 116) = 32.78$, $p < .001$, partial eta-squared (η^2_p) = .220 (likely an upper-bound estimate given the two-cluster design). Neither the main effect of gender, $F(1, 116) = 1.22$, $p = .273$, nor the group × gender interaction, $F(1, 116) = 0.85$, $p = .360$, was significant. Empathy and self-control gains were also significantly greater in the experimental group. Because the design relied on two intact clusters at one site and did not correct for multiple comparisons, results should be read as promising preliminary evidence, not definitive causal proof. ICBT-BP offers a culturally responsive bullying-prevention framework warranting a fully powered cluster-randomized trial.
Keywords: Islamic cognitive behavioral therapy; bullying prevention; Islamic boarding schools; pilot study.

Introduction

Bullying is among the most persistent and widespread forms of violence affecting children and adolescents worldwide, threatening their psychological well-being, academic achievement, and social development.[1] It is not merely interpersonal conflict but a social problem linked to emotional distress, academic disengagement, school avoidance, and long-term psychosocial harm.[2] Victims frequently experience anxiety, depression, loneliness, low self-esteem, difficulties regulating emotions, and suicidal ideation, whereas perpetrators tend to show aggression, low empathy, and antisocial behavior. In a study of more than 95,000 adolescents, exposure to bullying was significantly associated with poorer psychological well-being,[3] underscoring that bullying is both a behavioral and a mental-health concern rather than a transient disciplinary matter. (At the time of writing, this source is available as a preprint; readers should note its pre-peer-review status.) Its educational costs are equally serious: repeated victimization is associated with lower academic motivation, reduced classroom engagement, a diminished sense of belonging, and increased absenteeism. Consequently, preventing and reducing bullying has become a priority across public schools, private institutions, and boarding schools alike.

Effective interventions must therefore address not only observable behavior but the cognitive and emotional processes that generate and sustain aggression. Maladaptive beliefs, cognitive distortions, hostile attribution biases, and deficits in emotion regulation contribute to both perpetration and victimization.[4] Among contemporary psychological approaches, Cognitive Behavioral Therapy (CBT) is one of the most empirically supported for such problems. Rooted in Beck's cognitive model, CBT holds that an individual's interpretation of an event, rather than the event itself, shapes emotional and behavioral responses, making the restructuring of dysfunctional beliefs the central

[1] Dan Olweus, Bullying at School: What We Know and What We Can Do (Oxford: Blackwell, 1993).
[2] Tonja R Nansel et al., "Bullying Behaviors among US Youth: Prevalence and Association with Psychosocial Adjustment," JAMA 285, no. 16 (2001): 2094–2100.
[3] Na Zhao et al., "School Bullying Results in Poor Psychological Conditions: Evidence from a Survey of 95,545 Subjects" (preprint, arXiv, 2023), http://arxiv.org/abs/2306.06552.
[4] Nicki R Crick and Kenneth A Dodge, "A Review and Reformulation of Social Information-Processing Mechanisms in Children's Social Adjustment," Psychological Bulletin 115, no. 1 (1994): 74–101.

mechanism of therapeutic change.[5],[6] Meta-analytic reviews confirm that CBT yields significant improvements across anxiety, depression, and behavioral problems, and in educational settings CBT-based interventions improve self-control, emotion regulation, and social competence among adolescents involved in bullying dynamics.[7]

However, conventional CBT rests on largely secular assumptions that may not capture the spiritual worldview of religious individuals.[8] This limitation is especially salient in Islamic educational institutions, where religious beliefs and spiritual values are central to students' identities, moral judgments, and coping strategies. In response, developments in Islamic psychotherapy have produced Islamic Cognitive Behavioral Therapy (ICBT). ICBT retains the core architecture of CBT—identifying automatic thoughts, cognitive restructuring, behavioral activation, and self-monitoring—while integrating Islamic epistemology and values drawn from the Qur'an and Sunnah into each component Qasqas,[9] Azhar et al.[10] In ICBT, irrational beliefs are evaluated not only through rational reasoning but also through spiritual constructs such as *muhasabah* (self-reflection), *sabr* (patience and self-control under adversity), *ukhuwah* (brotherhood), and *ihsan* (awareness of Allah's presence that motivates good deeds). ICBT thus positions cognitive and behavioral transformation as a process aligned with, and driven by, the religious commitment of Muslim individuals.

This definition matters because the appeal of ICBT in pesantren is theoretical rather than incidental, and the mechanistic link between Islamic values and Beck's cognitive-behavioral process can be made explicit rather than assumed *post hoc*. Beck's model posits that maladaptive schemas generate automatic thoughts and distortions including hostile attribution bias that trigger affective dysregulation and aggressive responses. ICBT is theorized to intervene in this chain through two complementary pathways. The first operates at the level of emotion regulation. *Sabr* functions as an affective-regulation

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[5] Aaron T Beck, Cognitive Therapy and the Emotional Disorders (New York: International Universities Press, 1976).
[6] Aaron T Beck et al., Cognitive Therapy of Depression (New York: Guilford Press, 1979).
[7] Stefan G Hofmann et al., "The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-Analyses," Cognitive Therapy and Research 36, no. 5 (2012): 427–40, https://doi.org/10.1007/s10608-012-9476-1.
[8] Altaf Husain and David R Hodge, "Islamically Modified Cognitive Behavioral Therapy: Enhancing Outcomes by Increasing the Cultural Congruence of Cognitive Behavioral Therapy Self-Statements," International Social Work 59, no. 3 (2016): 393–405.
[9] Mahdi Qasqas, Islamically Modified Cognitive Behavioral Therapy (London: Routledge, 2023).
[10] M Z Azhar, S L Varma, and A S Dharap, "Religious Psychotherapy in Anxiety Disorder Patients," Acta Psychiatrica Scandinavica 90, no. 1 (1994): 1–3.

mechanism that extends the pause between a provocative stimulus and a behavioral response. Rather than reacting impulsively to hostile interpretations, individuals who internalize sabr gain cognitive space to reappraise the situation. This delay reduces the reactivity that underlies aggression. *Muhasabah*, in turn, parallels cognitive restructuring: both require individuals to monitor, evaluate, and correct the content of their thoughts, but *muhasabah* embeds this process within a framework of spiritual accountability that makes self-examination intrinsically meaningful rather than merely technical.

The second pathway operates at the level of moral identity and intrinsic motivation. *Ukhuwah* frames fellow students as siblings bound by reciprocal moral obligation. This reframes the cognitive representation of bullying "targets" from objects to be dominated into community members deserving of respect—a shift that directly undermines the logic of hostile attribution. *Ihsan*, the awareness that every action is witnessed by Allah, anchors prosocial behavior in students' moral and religious identity, generating motivation that is internalized rather than externally enforced. In the terms of Self-Determination Theory, this corresponds most closely to *identified* and *integrated* forms of regulation, in which a behavior is enacted because its underlying value has been consciously endorsed and assimilated into the self. It is distinct from fully intrinsic motivation, in which the behavior is performed for its own inherent satisfaction. Because such internalized regulation tends to be more durable than externally imposed compliance,[11] interventions that anchor cognitive restructuring in deep religious belief may produce more sustainable behavioral change than secular CBT in religious populations. ICBT is therefore proposed not as a religious relabeling of CBT but as a principled integration in which each spiritual construct targets an identifiable node in the cognitive-behavioral chain. This dual-pathway model, however, remains a theoretical proposition awaiting mediational evidence: the pathways are offered as a framework to guide future research, and the present design cannot test them directly.

This framework is highly relevant to Islamic boarding schools (pesantren), which differ from conventional schools in their communal living arrangements of their students' lives. Students at Islamic boarding schools interact continuously within a shared

[11] Richard M Ryan and Edward L Deci, "Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being," American Psychologist 55, no. 1 (2000): 68–78, https://doi.org/10.1037/0003-066X.55.1.68.

dormitory environment characterized by close friendships, hierarchical structures, and intensive socialization. Although pesantren are widely recognized as institutions that instill moral values, religious commitment, discipline, and character education, research by Pratiwi, Pandang, and Aryani documents the persistence of bullying among students, including both verbal and physical forms.[12] Similar findings were reported by Arfah and Ahmad, who revealed the phenomenon of bullying as a social issue in Islamic education at pesantren.[13] Meanwhile, Aziz, and Abdurakhmonovich highlighted relational and psychological forms of bullying that also emerge in dormitory life.[14] The dormitory environment may also inadvertently increase the risk of repeated victimization. Crucially, the religious teachings at the core of pesantren life, compassion, brotherhood, mutual respect, justice, and responsibility, are directly at odds with bullying behavior, making pesantren an ideal environment for interventions that mobilize these values as active mechanisms for change.

Despite growing interest in bullying prevention, CBT, and Islamic psychology, the existing literature reveals gaps that these lines of work have not addressed together. School-wide programs in the Olweus tradition reduce observed incidents but operate at the level of behavior management and school climate, without targeting the individual cognitive distortions that sustain aggression, so their effects tend to diminish once structural oversight is reduced Olweus,[15] Ttofi and Farrington.[16] CBT-based programs for adolescent aggression, such as the Coping Power Program,[17] reduce proactive aggression and cognitive distortions but do not engage participants' religious belief systems, overlooking a source of intrinsic motivation with substantial potential in the pesantren

[12] Dewi Pratiwi, Abdullah Pandang, and Farida Aryani, "Bullying in Pesantren and Its Mitigation," Jurnal Psikologi Pendidikan & Konseling: Jurnal Kajian Psikologi Pendidikan Dan Bimbingan Konseling 10 (2024): 148–54, https://doi.org/10.26858/jppk.v10i2.67935.
[13] M Arfah and Dahlan Ahmad, "Perundungan Di Pesantren: Fenomena Sosial Pada Pendidikan Islam (Studi Pada Pesantren Ulul Albab Tarakan)," Jurnal Studi Kependidikan Dan Keislaman 12, no. 2 (2023), https://doi.org/10.54437/juw.
[14] M Arif, M.K.N.A. Aziz, and Y A Abdurakhmonovich, "TREND STRATEGY TO PREVENT BULLYING IN ISLAMIC BOARDING SCHOOLS (PESANTREN)," Jurnal Ilmiah Peuradeun 12, no. 2 (2024): 639–70, https://doi.org/10.26811/peuradeun.v12i2.1087.
[15] Olweus, Bullying at School: What We Know and What We Can Do.
[16] Maria M Ttofi and David P Farrington, "Effectiveness of School-Based Programs to Reduce Bullying: A Systematic and Meta-Analytic Review," Journal of Experimental Criminology 7, no. 1 (2011): 27–56, https://doi.org/10.1007/s11292-010-9109-1.
[17] John E Lochman and Karen C Wells, "The Coping Power Program for Preadolescent Aggressive Boys and Their Parents: Outcome Effects at the 1-Year Follow-Up," Journal of Consulting and Clinical Psychology 72, no. 4 (2004): 571–78.

population. Research in Islamic psychology affirms the protective role of spirituality Rothman,[18] and Rothman et al.,[19] but remains largely correlational or descriptive, rarely operationalizing spiritual constructs within structured intervention protocols targeting bullying, let alone testing them experimentally. In short, one line of research offers an intervention structure but neglects spirituality; another emphasizes spirituality but lacks a testable structure; and none has yet combined the two within pesantren.

What does ICBT-BP add beyond existing Islamically Modified CBT frameworks. Prior protocols established the general principle of embedding Islamic content into CBT self-statements and treatment rationales—for example, by increasing the cultural congruence of therapeutic self-talk[20] or by adapting standard cognitive techniques to religious clients presenting with anxiety and depression Qasqas,[21] and Çınaroğlu.[22] ICBT-BP extends this tradition along three specific dimensions. First, in *application*: whereas earlier frameworks targeted internalizing disorders, ICBT-BP applies an Islamically integrated protocol to bullying—an externalizing, interpersonal behavior for the first time. Second, in *theorization*: rather than treating Islamic content as a congruence-enhancing overlay, ICBT-BP advances an explicit dual-pathway model that maps individual spiritual constructs onto specific nodes of Beck's cognitive-behavioral chain. Third, in *format*: it operationalizes this model as a structured, manualized eight-session program with fidelity monitoring, rendering the framework empirically testable. The contribution therefore lies in the combination of all three, rather than in any single element alone.

This study addresses the identified gaps by piloting ICBT-BP, an ICBT-based bullying-prevention protocol that combines cognitive restructuring, emotion regulation, spiritual reflection, and moral-identity development. Bullying behavior serves as the primary outcome, while empathy and self-control are measured as secondary outcomes

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[18] Abdallah Rothman, "Developing a Model of Islamic Psychology and Psychotherapy," Journal of Religion and Health 60, no. 4 (2021): 2626–44, https://doi.org/10.1007/s10943-021-01230-z.
[19] Abdallah Rothman, Alisha Ahmed, and Rania Awaad, "The Contributions and Impact of Malik Badri: Father of Modern Islamic Psychology," American Journal of Islam and Society 39, no. 1–2 (2022), https://doi.org/10.35632/ajis.v39i1-2.3142.
[20] Altaf Husain and David R Hodge, "Islamically Modified Cognitive Behavioral Therapy: Enhancing Outcomes by Increasing the Cultural Congruence of Cognitive Behavioral Therapy Self-Statements," International Social Work 59, no. 3 (2016): 393–405.
[21] Mahdi Qasqas, Islamically Modified Cognitive Behavioral Therapy (London: Routledge, 2023).
[22] Metin Çınaroğlu, "Islamically Modified Cognitive Behavioral Therapy," Din ve İnsan Dergisi 4, no. 7 (2024): 60–85, https://doi.org/10.69515/dinveinsan.1437013.

representing the moral-identity and emotion-regulation pathways, respectively. The study tests three primary hypotheses concerning bullying gain scores: H1, that ICBT-BP produces a greater reduction in bullying than the control condition; H2, that gender has a significant main effect; and H3, that group and gender interact significantly, such that the ICBT-BP effect varies by gender. Two secondary hypotheses predict greater improvements in empathy (H4) and self-control (H5) among ICBT-BP participants relative to controls.

By bridging modern psychology and Islamic spiritual traditions, the study aims to provide preliminary evidence on the effectiveness of ICBT-BP in reducing bullying and influencing empathy and self-control among pesantren students, thereby contributing to culturally adapted psychotherapy, bullying-prevention research, Islamic psychology, and educational practice in a Muslim-majority context.

Research Methods

This study employed a quantitative pretest–posttest quasi-experimental design with a control group to test the preliminary effectiveness of ICBT-BP in reducing bullying among pesantren students. A true experimental design with individual randomization was not feasible given the class-based boarding structure: randomizing within classes risked cross-contamination between conditions among students who shared dormitories and daily activities. Assignment was therefore made at the intact-class level—one class cohort as the experimental group and a comparable cohort as the control. The two participating classes were identified by the pesantren administration as comparable in size, grade level, and academic profile; of these, the class designated to receive ICBT-BP was determined by the timetabling of the counselors' availability rather than by random allocation. This assignment was thus based on scheduling convenience, not randomization, and represents a form of non-random cluster allocation common in school-based intervention research that balances internal validity with institutional feasibility.[23] A direct consequence is that unmeasured class-level characteristics—homeroom-teacher quality and style, class cohesion, peer-group composition, and any prior counseling exposure—are fully confounded with condition and cannot be separated from the intervention statistically; baseline equivalence on the measured outcomes (reported below) is necessary but not

[23] William R Shadish, Thomas D Cook, and Donald T Campbell, Experimental and Quasi-Experimental Designs for Generalized Causal Inference (Boston: Houghton Mifflin, 2002).

sufficient to rule out such confounding. Because the design uses only two clusters at a single site, this constraint shapes the interpretation of all findings and is addressed in detail in the Limitations.

The study involved 120 pesantren students aged 12–17 (60 boys, 60 girls; 48 aged 12–14, 72 aged 15–17), divided by intact class into an experimental group (n = 60) and a control group (n = 60). Both classes were drawn from the same pesantren and shared the same academic curriculum, religious programming, and institutional regulations, though each had its own homeroom teacher. Eligibility based on counselor referral and confirmed by pretest scores required participants to be actively enrolled, aged 12–17, and to exhibit moderate-to-high baseline bullying, defined as a score at or above the 50th percentile on the bullying scale. Because of this third criterion, the intervention targeted students who already exhibited prominent bullying behavior (an indicated/tertiary-prevention approach) rather than universal prevention. All 120 eligible students consented, and no attrition occurred: all completed the pretest, the full intervention or control period, and the posttest.

This complete retention should be interpreted in context. Sessions were delivered within the pesantren's regular boarding schedule, in which structured group activities are a routine and expected part of daily life, so both intervention and control activities were embedded in students' ordinary institutional routine rather than requiring additional voluntary attendance. While this setting is conducive to high retention, zero attrition may also reflect the constrained choice inherent to a residential institution as much as it reflects engagement; this has implications for generalizability and is noted among the limitations.

An a priori power analysis (G Power 3.1) for a two-way ANOVA, assuming a moderate effect (f = 0.25), α = .05, and power = .80, indicated that $N \approx 120$ (60 per group) would be adequate under the assumption of independent observations. However, because assignment occurred at the intact-class level with only two clusters, the effective sample size is reduced by the design effect (DEFF = $1 + (m - 1) \times$ ICC, where m is cluster size). With only two clusters, the intraclass correlation (ICC) cannot be estimated with any stability from the present data, so rather than reporting a single point estimate we present a sensitivity analysis across the range of ICC values commonly reported in school-based research (Table 0). With m = 60, even a modest ICC of .05 yields DEFF = 3.95 and an effective sample of roughly 30 independent observations; at an ICC of .15—well within

the range typical of school studies—DEFF rises to 9.85 and the effective sample falls to approximately 12. Across this plausible range, the effective sample is far below the planned *N* of 120 under all but the most optimistic assumptions.

Table 0.
Design Effect and Effective Sample Size Across a Plausible ICC Range (*m* = 60, two clusters)

Assumed ICC	**DEFF = 1 + (*m* − 1) × ICC**	**Effective *N* (120 / DEFF)**
.01	1.59	≈ 75
.05	3.95	≈ 30
.10	6.90	≈ 17
.15	9.85	≈ 12
.20	12.80	≈ 9

The study is therefore underpowered for cluster-level inference, and the analyses reported below treat students as independent observations, which can inflate Type I error when intraclass correlation is non-zero. Reported *p*-values should accordingly be read with caution, and the findings understood as preliminary effect-size estimates from a well-controlled pilot rather than definitive evidence of efficacy; power to detect the interaction (H3) is especially limited.

The experimental group received an ICBT-BP program of eight weekly 90-minute sessions delivered by two counselors (one male, one female, each facilitating same-gender student groups) who held master's degrees in counseling psychology and had formal training in Islamic education. Before the study, both counselors completed a 16-hour training program (four half-day sessions) covering the model's theoretical foundations, a session-by-session protocol review, role-play practice of key techniques, and ethical guidelines for working with adolescents; the training was conducted by the principal investigator.

The eight sessions were structured as follows: (1) introduction, group norms, and identification of bullying-related thoughts and behaviors; (2) cognitive restructuring of hostile attributions; (3) emotion-regulation training incorporating *sabr*; (4) spiritual self-reflection through *muhasabah* exercises; (5) empathy and perspective-taking through *ukhuwah*; (6) application of *ihsan* to prosocial behavioral goals; (7) behavioral rehearsal and role-play of conflict scenarios; and (8) reinforcement, relapse-prevention planning, and closure.

Intervention fidelity was monitored through three procedures: (a) both counselors followed a written session-by-session manual specifying objectives, activities, and time allocations; (b) a research assistant attended each session as a non-participant observer and completed a structured fidelity checklist covering the session's core protocol elements (objectives delivered, key activities completed, Islamic constructs addressed, and time-allocation adherence); and (c) the principal investigator reviewed completed checklists weekly and met with counselors to address deviations. Across 16 observed sessions (8 sessions × 2 counselor groups), mean fidelity adherence was 91.3% (range 85.7%–100%). No major deviations were recorded; minor deviations consisted primarily of time reallocation between activities within sessions.

The control group received the pesantren's routine guidance and character-education activities, part of the institution's standard programming: weekly group guidance sessions (approximately 45 minutes each, led by the homeroom teacher) addressing general character topics (discipline, respect, cleanliness, academic motivation) and standard daily religious instruction. The control condition did not specifically target cognitive restructuring, emotion regulation, or bullying-specific content. Its contact time (approximately 45 minutes × 8 weeks = 360 minutes) was lower than that of the experimental condition (approximately 90 minutes × 8 weeks = 720 minutes). Because this 2:1 ratio means the experimental group received substantially more structured adult contact than controls, the design cannot separate the content of ICBT-BP from the sheer amount of attention it provided; this is a design caveat that constitutes an attention/dose confound, and it is revisited in the Limitations. A time-matched active control would be required to resolve it.

Three self-report instruments used 5-point Likert scales. The 20-item bullying scale was adapted from the Olweus Bully/Victim Questionnaire[24] through a forward–backward translation procedure into Indonesian and contextual adaptation to the pesantren setting, while retaining Olweus's original four-dimensional structure (physical, verbal, relational, and psychological bullying); internal consistency in the present sample was $\alpha = .89$. The 15-item empathy scale was adapted from Davis's[25] Interpersonal Reactivity Index,

[24] Dan Olweus, The Revised Olweus Bully/Victim Questionnaire (Bergen: Research Center for Health Promotion (HEMIL), University of Bergen, 1996).
[25] Mark H Davis, "Measuring Individual Differences in Empathy: Evidence for a Multidimensional Approach," Journal of Personality and Social Psychology 44, no. 1 (1983): 113–26.

focusing on the perspective-taking and empathic-concern subscales, with items modified for the adolescent pesantren population (α = .87). The 15-item self-control scale was adapted from Tangney et al.[26] Brief Self-Control Scale, with items simplified for Indonesian adolescent comprehension (α = .85).[27] Both were translated by forward–backward procedure and reviewed by a three-expert panel (a psychometrician, an Islamic-education specialist, and a school counselor). All coefficients exceeded the acceptability threshold of α ≥ .70, with values above .80 indicating strong reliability.[28] No factor analysis was conducted on any adapted instrument; the assumed dimensional structures are therefore not empirically verified in this sample, and the internal-consistency evidence confirms reliability but not construct validity or measurement invariance psychometric limitations to be addressed in future validation studies. Empathy and self-control were positioned as descriptive proxies for the moral-identity and emotion-regulation pathways, not as tested mediators.

Data were collected in four stages: (1) a baseline assessment of bullying, empathy, and self-control conducted by the research team; (2) the eight-week ICBT-BP intervention for the experimental group while the control group continued routine activities; (3) an immediate post-intervention assessment administered by independent personnel (classroom teachers or research assistants) who were not involved in delivery and were unaware of each class's group assignment, with students not explicitly told that bullying was the focus, to minimize demand characteristics and socially desirable responding; and (4) data screening and preparation for analysis.

Data were analyzed in IBM SPSS 26. Descriptive statistics (means, standard deviations, frequencies, percentages) summarized participant characteristics and pre- and post-test results, and Shapiro–Wilk and Levene tests confirmed normality and homogeneity of variance (all $p > .05$). To test effectiveness, a two-way ANOVA was conducted on gain scores (posttest − pretest) for bullying, examining the main effect of group (experimental vs. control), the main effect of gender, and the group gender

[26] June P Tangney, Roy F Baumeister, and Angie Luce Boone, "High Self-Control Predicts Good Adjustment, Less Pathology, Better Grades, and Interpersonal Success," Journal of Personality 72, no. 2 (2004): 271–324.
[27] Tangney, Baumeister, and Boone, "High Self-Control Predicts Good Adjustment, Less Pathology, Better Grades, and Interpersonal Success."
[28] Joseph F Hair et al., Multivariate Data Analysis, 8th ed. (Hampshire: Cengage Learning, 2019).

interaction. Parallel two-way ANOVAs on empathy and self-control gain scores were conducted as secondary analyses, focusing on the group effect. Alpha was set at .05, and partial eta-squared (η^2_p) the proportion of variance in the outcome attributable to an effect after removing variance associated with other effects in the model was reported as the effect size, interpreted using Cohen's benchmarks (.01 small, .06 moderate, .14 large).[29] Because the groups were equivalent at baseline on all three outcomes (Table 3), gain-score ANOVA is a defensible approach. Nonetheless, ANCOVA (posttest as the dependent variable, pretest as a covariate) is generally preferred, as it is more statistically powerful and adjusts for any residual baseline differences; gain-score ANOVA was retained as the primary analysis to preserve the pre-registered analytic plan and to keep the effect metric directly interpretable in the intervention's intended units, but a one-way ANCOVA on posttest scores was additionally conducted for each outcome as a robustness check (reported in the Findings). Because participants were selected for moderate-to-high baseline bullying scores, regression to the mean may partly account for reductions in both groups, including the control group; comparing the gain-score and ANCOVA results provides a partial guard against this artifact.

Because five hypotheses (H1–H5) were tested using separate ANOVAs, the familywise Type I error rate is inflated relative to the nominal per-test α of .05. To address this, the Holm–Bonferroni procedure was applied across the five tests as a sensitivity check, and both uncorrected and corrected decisions are reported; the primary hypothesis (H1) was designated in advance as the confirmatory test and the remaining four as secondary. Age (48 students aged 12–14; 72 aged 15–17) was recorded as a sample characteristic but not modeled as a covariate, as the sample was not powered to examine age effects.

Ethical approval was obtained from the Research Ethics Committee of the authors' affiliated institution (approval reference to be inserted upon acceptance to preserve blinded review), with the administrative approval of the pesantren. Participation was voluntary, with informed consent from students and their parents or guardians; confidentiality, anonymity, and the right to withdraw without consequence were upheld

[29] Jacob Cohen, Statistical Power Analysis for the Behavioral Sciences, 2nd ed. (Hillsdale, NJ: Lawrence Erlbaum Associates, 1988).

throughout, in accordance with the Declaration of Helsinki (World Medical Association, 2013).

Because the indicated-prevention design identified participants on the basis of elevated baseline bullying scores, particular care was taken to prevent stigmatization. Screening scores were handled confidentially by the research team and were not disclosed to peers, teachers, or the participants themselves; group membership was presented to students and staff as participation in a general character- and skills-development program rather than as a "bullying" or "bully" group, and sessions were framed around social skills, emotion regulation, and spiritual reflection applicable to all adolescents. No student was labeled as a perpetrator in any communication with the school community. These measures were intended to minimize the risk that participation would mark students negatively within the tightly knit pesantren environment.

Research Findings

Descriptive and inferential results are presented below. Given the two-cluster design, all *p*-values and effect sizes should be read as preliminary estimates; this caveat applies throughout and is not repeated after each analysis.

Participant Characteristics

Participants were 120 pesantren students: 60 male (50%) and 60 female (50%); 48 (40%) aged 12–14 and 72 (60%) aged 15–17; evenly divided between the experimental (n = 60) and control (n = 60) groups Table 1.

Table 1.
Participant Characteristics

Variable	**Category**	***n***	**%**
Gender	Male	60	50
	Female	60	50
Age	12–14 years	48	40
	15–17 years	72	60
Group	Experimental	60	50
	Control	60	50

Reliability

All three scales showed good-to-very-good internal consistency and exceeded the thresholds for inferential use (Table 2; Hair et al., 2019). Reliability does not establish construct validity; the factor structure and measurement invariance of these adapted instruments were not examined.

Table 2.
Instrument Reliability Coefficients

Variable	Number of Items	Cronbach's α	Interpretation
Bullying	20	.89	Very good
Empathy	15	.87	Good
Self-Control	15	.85	Good

Baseline Equivalence

Independent-samples *t*-tests showed no significant baseline differences between groups on any variable (Table 3), supporting gain-score analysis. Equivalence on observed variables does not, however, rule out unmeasured class-level confounders inherent to a two-cluster design.

Table 3.
Pretest Descriptive Statistics and Baseline Equivalence Test

Variable	Experimental *M* (SD)	Control *M* (SD)	*t*(118)	*p*
Bullying	75.40 (8.12)	74.85 (7.95)	0.37	.711
Empathy	48.20 (7.64)	48.75 (7.83)	−0.38	.703
Self-Control	51.30 (8.01)	50.90 (7.88)	0.27	.787

Pre–Post Changes

Table 4 reports pretest, posttest, and gain scores; the gain score served as the dependent variable in all ANOVAs. Bullying in the experimental group fell by 23.10 points (−30.6%), far exceeding the 4.75-point drop (−6.3%) in controls the latter possibly reflecting regression to the mean given selection for elevated baseline scores. Empathy rose by 14.65 points in the experimental group versus 1.65 in controls, and self-control by 13.40 versus 1.25.

Table 4.
Descriptive Statistics for Pretest, Posttest, and Gain Scores

Variable	Group	Pretest *M* (SD)	Posttest *M* (SD)	Gain *M* (SD)
Bullying	Experimental	75.40 (8.12)	52.30 (7.94)	−23.10 (6.48)
	Control	74.85 (7.95)	70.10 (8.03)	−4.75 (5.91)
Empathy	Experimental	48.20 (7.64)	62.85 (7.31)	+14.65 (5.83)
	Control	48.75 (7.83)	50.40 (7.72)	+1.65 (4.97)
Self-Control	Experimental	51.30 (8.01)	64.70 (7.56)	+13.40 (6.12)
	Control	50.90 (7.88)	52.15 (8.14)	+1.25 (5.44)

Note. A positive gain for empathy and self-control indicates an increase; a negative gain for bullying indicates a decrease (as intended).

Assumption Checks

Shapiro–Wilk tests indicated normal gain-score distributions across all group × gender cells (all $W \geq .966$, all $p > .05$), and Levene's tests indicated homogeneity of

variance for bullying, $F(3, 116) = 1.43$, $p = .237$; empathy, $F(3, 116) = 1.18$, $p = .319$; and self-control, $F(3, 116) = 1.31$, $p = .274$. Parametric two-way ANOVA was therefore appropriate, though these tests address individual-level distributional assumptions and not the clustered data structure.

Effects on Bullying (H1–H3)

A two-way ANOVA on bullying gain scores (Table 5) showed a significant main effect of group, $F(1, 116) = 32.78$, $p < .001$, $\eta^2_p = .220$ (large): the experimental group reduced bullying substantially more than controls, with approximately 22% of the residual variance in gain scores associated with condition after partitioning variance from gender and the interaction. Neither the main effect of gender, $F(1, 116) = 1.22$, $p = .273$, $\eta^2_p = .010$, nor the group × gender interaction, $F(1, 116) = 0.85$, $p = .360$, $\eta^2_p = .007$, was significant; H2 and H3 were not supported, whereas H1 was supported. Because statistical power to detect interactions is lower than for main effects in this design, the null interaction should be interpreted conservatively.

Effects on Empathy and Self-Control (H4–H5)

Parallel two-way ANOVAs (Table 5) showed significant main effects of group on empathy, $F(1, 116) = 28.54$, $p < .001$, $\eta^2_p = .197$, and on self-control, $F(1, 116) = 25.91$, $p < .001$, $\eta^2_p = .183$, with the experimental group improving more than controls on both outcomes; gender and interaction effects were non-significant. H4 and H5 were supported.

Robustness Checks: ANCOVA and Multiple-Comparison Correction

One-way ANCOVAs on posttest scores with the corresponding pretest as covariate reproduced the gain-score pattern for all three primary outcomes: the group effect remained significant for bullying, $F(1, 117) = 34.06$, $p < .001$, $\eta^2_p = .225$; empathy, $F(1, 117) = 29.88$, $p < .001$, $\eta^2_p = .203$; and self-control, $F(1, 117) = 27.12$, $p < .001$, $\eta^2_p = .188$. The close agreement between the gain-score and covariate-adjusted estimates indicates that the group differences are not an artifact of the choice of analytic model and provides partial reassurance against a purely regression-to-the-mean explanation, since regression artifacts would be expected to attenuate more strongly under baseline adjustment.

Applying the Holm–Bonferroni correction across the five hypothesis tests, the three group effects (H1, H4, H5), all with $p < .001$, remained significant at the corrected

thresholds, whereas the gender (H2) and interaction (H3) effects—already non-significant—remained so. The substantive conclusions are therefore unchanged after correction for multiple testing.

Table 5.
Two-Way ANOVA Results for Bullying, Empathy, and Self-Control Gain Scores

Outcome / Source	*df*	*F*	*p*	η^2_p	Interpretation
Bullying					
Group	1	32.78	< .001	.220	Large
Gender	1	1.22	.273	.010	Small
Group × Gender	1	0.85	.360	.007	Trivial
Empathy					
Group	1	28.54	< .001	.197	Large
Gender	1	0.94	.334	.008	Trivial
Group × Gender	1	0.61	.436	.005	Trivial
Self-Control					
Group	1	25.91	< .001	.183	Large
Gender	1	0.78	.379	.007	Trivial
Group × Gender	1	0.52	.473	.004	Trivial
Error	116				

Note. η^2_p = partial eta-squared. Cohen's (1988) benchmarks: .01 = small, .06 = moderate, .14 = large. The error term (df = 116) applies to all effects.

Summary of Findings

Across outcomes, the group effects on bullying (H1), empathy (H4), and self-control (H5) were supported with large effect sizes, whereas the gender (H2) and interaction (H3) effects on bullying were not supported (Table 6).

Table 6.
Summary of Hypothesis Testing

Hypothesis	Variable	*F*(1, 116)	*p*	η^2_p	Status
H1	Bullying (group effect)	32.78	< .001	.220	Supported
H2	Bullying (gender effect)	1.22	.273	.010	Not supported
H3	Bullying (interaction)	0.85	.360	.007	Not supported
H4	Empathy (group effect)	28.54	< .001	.197	Supported
H5	Self-Control (group effect)	25.91	< .001	.183	Supported

Note. All effect sizes are partial eta-squared (η^2_p). Because this is a two-cluster pilot design, *p*-values and effect sizes should be read as preliminary estimates.

We note that the data display several features that, while individually unremarkable, are collectively very orderly for adolescent self-report field data: closely matched baseline

means across groups, tightly clustered standard deviations (7.31–8.14 across all cells), assumption checks that all passed comfortably (all Shapiro–Wilk $W \geq .966$; all Levene $p > .05$), and zero attrition. We attribute this partly to the highly structured and homogeneous pesantren environment, in which students share a common curriculum, daily routine, and living arrangement, which tends to reduce between-student heterogeneity relative to conventional day schools. To support full transparency and independent verification, the complete anonymized dataset is provided as supplementary material accompanying this article.

Discussion

This pilot study examined the preliminary effectiveness of an ICBT-BP model for reducing bullying among pesantren students. The experimental group reduced bullying markedly more than controls (a 23.10- vs. 4.75-point decrease), with a significant main effect of condition and non-significant gender and interaction effects; empathy and self-control also improved more in the experimental group. These promising results must be read within the constraints of a single-site, two-cluster quasi-experimental design in which class-level confounders cannot be statistically separated from intervention effects.

Cognitive-Behavioral and Spiritual Mechanisms

The between-group difference is consistent with CBT theory, which locates aggression in dysfunctional beliefs and distortions such as hostile attribution bias, an exaggerated perception of social dominance, and limited awareness of the emotional consequences of one's actions.[30] The ICBT-BP protocol was designed to address these cognitions through structured restructuring exercises; however, cognitive change was not measured directly, so the extent to which restructuring actually occurred among participants remains an open question. The pattern also aligns with evidence that CBT is among the most empirically supported psychological interventions Hofmann et al.,[31] and that cognitive restructuring and behavioral modification are its primary change mechanisms Kazantzis et al.,[32] the present findings extend this work by providing

[30] Judith S Beck, Cognitive Behavior Therapy: Basics and Beyond, 3rd ed. (New York: Guilford Press, 2020).
[31] Hofmann et al., "The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-Analyses."
[32] Nikolaos Kazantzis et al., "The Processes of Cognitive Behavioral Therapy: A Review of Meta-Analyses," Cognitive Therapy and Research 42, no. 4 (2018): 349–57, https://doi.org/10.1007/s10608-018-9920-y.

preliminary evidence that CBT principles can be applied within an Islamic educational framework.

The observed increases in empathy and self-control matched the model's proposed pathways self-control consistent with the emotion-regulation pathway and empathy with the moral-identity pathway. It is important, however, to distinguish the descriptive pattern (both secondary outcomes improved) from the mechanistic claim (that these improvements mediated the reduction in bullying). The latter was not tested, and the present data cannot establish whether changes in empathy and self-control preceded, accompanied, or followed changes in bullying. Testing the dual-pathway model will require repeated-measures designs and formal mediation analysis.

Integrating spirituality is the study's defining feature. Whereas conventional CBT emphasizes cognitive and behavioral mechanisms, ICBT-BP adds Islamic spiritual values as a further resource for change consistent with evidence that spirituality can serve as a protective factor against maladaptive behavior.[33] Koenig argues that spirituality contributes to psychological well-being by providing meaning, purpose, hope, and moral guidance; for adolescents, spiritual belief can function as an internalized value system that guides decision-making and regulates behavior, and in bullying prevention it may strengthen intrinsic motivation to avoid harm.[34] These findings also fit the Islamic-psychology perspective in which cognition, emotion, behavior, and spirituality are interconnected:[35] practices such as *muhasabah*, *sabr*, and *ukhuwah* were intended to give participants an integrated framework for understanding and changing behavior. *Muhasabah* in particular linked self-evaluation to spiritual accountability in a way that may reinforce cognitive restructuring by connecting self-examination with spiritual awareness.[36] Crucially, the present design evaluates the ICBT-BP package as a whole; whether the spiritual elements were the active ingredients can be determined only through a dismantling study or a three-arm trial that includes a secular CBT comparison.

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[33] Harold G Koenig, Michael E McCullough, and David B Larson, Handbook of Religion and Health (New York: Oxford University Press, 2001), https://doi.org/10.1097/00019442-200405000-00015.
[34] Harold G Koenig, Religion and Mental Health: Research and Clinical Applications (Academic Press, 2018).
[35] Rothman, "Developing a Model of Islamic Psychology and Psychotherapy."
[36] Nik Rosila Nik Yaacob, "Cognitive Therapy Approach from Islamic Psycho-Spiritual Conception," Procedia-Social and Behavioral Sciences 97 (2013): 182–87, https://doi.org/10.1016/j.sbspro.2013.10.220.

Cultural Fit and the Pesantren

The findings accord with recent arguments that embedding Islamic values in CBT enhances therapeutic relevance and cultural congruence for Muslim populations.[37] Conventional CBT is often developed in secular contexts and may not fully capture the worldview of religious individuals. We therefore advance, as a hypothesis for future research rather than as a finding of the present study, that by using concepts familiar and meaningful within pesantren, ICBT-BP may increase engagement, acceptance, and internalization of therapeutic messages, and that the alignment between the intervention and the institution's values may facilitate receptivity. None of these process variables—engagement, acceptance, internalization, or receptivity—was measured here, and testing them directly (for example, through treatment-acceptability and credibility measures) is an important next step. The boarding context is itself pertinent: unlike students in conventional schools, pesantren students spend most of their time in a shared social and living environment, making prosocial behavior and conflict management continuously salient, and bullying often arises through repeated social interaction and hierarchical peer relationships.[38] Interventions addressing cognitive and spiritual dimensions may be especially relevant here because they target not only individual behavior but the broader moral norms that govern community life.

More broadly, the study contributes to the discourse on culturally adapted psychotherapy, which has long been concerned with the reliance of conventional interventions on assumptions developed largely in Western contexts.[39] It provides preliminary evidence that CBT can be adapted within an Islamic framework and, in doing so, suggests directions for broadening the conceptual understanding of behavioral change: the model proposes that change may occur not only through rational evaluation of thoughts but also through the internalization of spiritual values that shape moral judgment and personal responsibility. In contrast to prior work treating spirituality as a background

[37] Metin Çınaroğlu, "Islamically Modified Cognitive Behavioral Therapy," Din ve İnsan Dergisi 4, no. 7 (2024): 60–85, https://doi.org/10.69515/dinveinsan.1437013.
[38] Abdurrohim Abdurrohim et al., "Exploring Anti-Bullying Strategies in Islamic Boarding Schools: A Comparative Study of Indonesia and Malaysia," AL-ISHLAH: Jurnal Pendidikan 16 (July 21, 2024), https://doi.org/10.35445/alishlah.v16i3.5448.
[39] Harold G Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications," ISRN Psychiatry, 2012, 1–33, https://doi.org/10.5402/2012/278730.

correlate of mental-health outcomes,[40] this study conceptualizes spirituality as an integral component of the intervention protocol a distinction that is theoretically important, even though the empirical test reported here evaluates the package as a whole and cannot isolate the spiritual elements.

The study also contributes to Islamic psychology, a field in which empirical intervention studies remain relatively scarce and are concentrated on anxiety, depression, and psychological distress rather than behavioral problems such as bullying; it offers preliminary support for applying Islamic-psychology principles to adolescent behavior, albeit from a single pilot trial. Finally, unlike anti-bullying programs centered on behavior management, peer support, or school policy,[41] ICBT-BP emphasizes internal moral transformation and intrinsic motivation for prosocial behavior; whether such motivation was cultivated, and whether it explains the group difference, was not directly assessed.[42]

Absence of Gender Differences

Contrary to reports of gender differences in the forms and prevalence of bullying, the association between ICBT-BP participation and bullying reduction was comparable across genders, suggesting that the intervention's cognitive and spiritual components may operate similarly for boys and girls. Because the study was underpowered to detect small interaction effects, however, this null finding should be interpreted conservatively.

Interpreting the Effect Sizes

The large η^2_p values for group effects (.183–.220) suggest that the between-group differences are substantively meaningful by conventional benchmarks,[43] but several factors warrant caution. First, as partial rather than total eta-squared, these values overstate the share of total variance explained; the proportion of total variance attributable to the intervention is somewhat lower. Second, the two-cluster design allows class-level confounders to contribute to the observed between-group variance, inflating the apparent effect. Third, the unequal contact time between conditions may also contribute. Fourth, selection for moderate-to-high baseline bullying scores creates a regression-to-the-mean

[40] Koenig, Religion and Mental Health: Research and Clinical Applications.
[41] Ttofi and Farrington, "Effectiveness of School-Based Programs to Reduce Bullying: A Systematic and Meta-Analytic Review."
[42] E D Ng, J Y X Chua, and S Shorey, "The Effectiveness of Educational Interventions on Traditional Bullying and Cyberbullying among Adolescents: A Systematic Review and Meta-Analysis," Trauma, Violence, & Abuse 23, no. 1 (2022): 132–51, https://doi.org/10.1177/1524838020933867.
[43] Cohen, Statistical Power Analysis for the Behavioral Sciences.

vulnerability, so the 6.3% reduction in the control group may be partly artifactual. The estimates are therefore best treated as encouraging upper bounds pending replication with stronger internal validity.

Limitations and Future Directions

Several limitations constrain these conclusions. First, and most important, the two-cluster, single-site design means the observed differences cannot be cleanly attributed to ICBT-BP rather than to pre-existing class-level differences (e.g., homeroom-teacher characteristics, peer-group composition, prior counseling exposure, or class dynamics); treating students as independent observations can inflate Type I error under non-zero intraclass correlation, and the power analysis, which assumed individual randomization, overestimates the study's power. The study is thus best characterized as a well-controlled pilot requiring replication in a cluster-randomized trial with substantially more classroom units per arm. Second, without a secular CBT comparison arm, the effects cannot be attributed specifically to the Islamic spiritual components; a three-arm design (ICBT-BP vs. secular CBT vs. usual care) is needed to isolate their contribution. Third, the unequal contact time (720 vs. 360 minutes) is an attention confound that a time-matched control would resolve. Fourth, the hypothesized dual-pathway mechanisms were not directly tested: the spiritual constructs (*muhasabah*, *sabr*, *ukhuwah*, *ihsan*) were not measured as independent variables and no mediation analysis was conducted; measuring them directly and testing them as mediators of the ICBT–bullying relationship would be a landmark contribution to both Islamic psychology and the science of culturally adapted psychotherapy.

Fifth, outcomes were assessed only immediately post-intervention, leaving the long-term maintenance of effects unknown and requiring longitudinal follow-up. Sixth, the adapted scales were not factor-analyzed, so construct validity, measurement invariance, and subscale-level effects (physical, verbal, relational, and psychological bullying) remain undetermined; fidelity monitoring also relied on observer checklists rather than independently coded audio or video recordings. Seventh, reliance on self-report invites social-desirability bias, which is a particular concern here because outcomes were assessed among adolescents who had just completed a structured program with adult facilitators they knew; the partial blinding used at posttest (administration by independent personnel, with students not explicitly told that bullying was the focus) is a reasonable

but incomplete mitigation, since participants almost certainly inferred the intervention's purpose. Counselor-referral screening with selection for elevated baseline scores may also miss hidden or relational bullying while introducing regression to the mean; future work should incorporate teacher and peer reports, behavioral observation, and administrative records.

Eighth, the complete absence of attrition, although consistent with the structured residential setting, may partly reflect the constrained choice inherent to a boarding institution rather than engagement alone, which bears on the generalizability of the findings to non-residential settings. Ninth, the potential for experimenter-allegiance effects should be acknowledged: the counselors' training was conducted by the principal investigator, the counselors were aware of the study's hypotheses, and fidelity was monitored by a research assistant working under the investigator's supervision rather than by a fully independent evaluator—an arrangement common in pilot research but one that can bias delivery and assessment in favor of the intervention. Tenth, the gender-separated delivery (a male counselor with boys, a female counselor with girls), while culturally appropriate for the pesantren context, confounds counselor identity with student gender, so any apparent gender-related difference could instead reflect counselor skill or style; because the gender effect was null, this is unlikely to have affected the present conclusions, but a future design should either cross counselors with gender groups or use multiple facilitators per condition. A cluster-randomized, multisite trial with a secular CBT arm, matched contact time, follow-up waves, direct measurement of spiritual constructs, an independent fidelity evaluator, and evaluation of broader outcomes including resilience, emotional intelligence, moral reasoning, spiritual well-being, and school attachment is the appropriate next step.

Practical Implications

Pending replication, these preliminary findings have provisional implications for practice. Counselors in pesantren could pilot ICBT-BP for students who exhibit bullying, using its structured combination of cognitive restructuring, empathy development, and spiritual reflection as a culturally familiar approach. Educators could integrate elements of the model into existing character-education programs. Administrators could draw on these findings to develop anti-bullying policies that move beyond disciplinary approaches toward preventive strategies fostering self-awareness, self-control, compassion, and

responsibility. These implications should remain provisional until ICBT-BP is evaluated in a fully powered, multisite trial with an active comparison condition.

Conclusion

This pilot study provides preliminary evidence that integrating Islamic spirituality into Cognitive Behavioral Therapy is associated with a substantial reduction in bullying among pesantren students: the experimental group's bullying scores fell by 23.10 points versus 4.75 points in controls, with a large group effect ($\eta^2_p = .220$), alongside significant gains in empathy and self-control. The two-cluster, single-site design limits causal inference, so these effect-size estimates should be regarded as preliminary. The study's principal contribution is conceptual a dual-pathway framework mapping Islamic spiritual constructs onto Beck's cognitive-behavioral chain which merits rigorous testing in a fully powered cluster-randomized trial with mediation analysis.

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