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Libraries as Therapeutic Spaces for Supporting the Mental Health of *Santri* in *Pesantren*

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Abstract

The mental health of *santri* is influenced by academic demands, communal life, adjustment processes, social support, and spiritual experiences within *pesantren*. In this context, libraries may be developed not only as learning resource centres but also as therapeutic spaces that support the psychological and spiritual well-being of *santri*. This study aims to examine the role of libraries as therapeutic spaces in supporting *santri* mental health in *pesantren*. An integrative literature review was conducted on 58 Indonesian- and English-language publications issued between 2020 and 2026. The literature was analysed through thematic synthesis focusing on *santri* mental health, libraries as safe and restorative spaces, bibliotherapy, mental health information services, psychosocial support, and spiritual–psycho-Sufistic approaches. The findings indicate that therapeutic *pesantren* libraries can be conceptualised through five interconnected dimensions: physical-restorative, informational, bibliotherapeutic, social-relational, and spiritual–psycho-Sufistic. These dimensions are manifested through calm and comfortable spaces, access to credible mental health information, reflective reading activities, peer support, collaboration with counsellors and *pesantren* caregivers, and the integration of *muhasabah*, *dhikr*, *sabr*, *shukr*, *tawakkul*, and Sufi literature. The model positions libraries at three levels of support: universal-preventive support, targeted support, and a bridging function towards professional services. This review concludes that libraries can become part of the *pesantren* mental health ecosystem without assuming the clinical functions of qualified professionals.

Kata Kunci:
Perpustakaan Terapeutik, Kesehatan Mental, *Santri*, *Pesantren*, Psikosufistik.

Abstrak

Kesehatan mental *santri* dipengaruhi oleh tuntutan akademik, kehidupan komunal, proses adaptasi, dukungan sosial, dan pengalaman spiritual di *pesantren*. Dalam konteks tersebut, perpustakaan berpotensi dikembangkan tidak hanya sebagai

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pusat sumber belajar, tetapi juga sebagai ruang terapeutik yang mendukung kesejahteraan psikologis dan spiritual *santri*. Penelitian ini bertujuan menganalisis peran perpustakaan sebagai ruang terapeutik dalam mendukung kesehatan mental *santri* di *pesantren*. Penelitian menggunakan metode *integrative literature review* terhadap 58 publikasi berbahasa Indonesia dan Inggris yang diterbitkan pada 2020–2026. Literatur dianalisis menggunakan sintesis tematik dengan fokus pada kesehatan mental *santri*, perpustakaan sebagai ruang aman dan restoratif, biblioterapi, layanan informasi kesehatan mental, dukungan psikososial, serta pendekatan spiritual-psikosufistik. Hasil kajian menunjukkan bahwa perpustakaan terapeutik *pesantren* dapat dirumuskan melalui lima dimensi yang saling berkaitan, yaitu fisik-restoratif, informasional, biblioterapeutik, sosial-relasional, dan spiritual-psikosufistik. Kelima dimensi tersebut diwujudkan melalui ruang yang tenang dan nyaman, akses terhadap informasi kesehatan mental yang kredibel, kegiatan membaca reflektif, dukungan teman sebaya, kolaborasi dengan konselor dan pengasuh *pesantren*, serta integrasi nilai *muhasabah*, zikir, sabar, syukur, tawakal, dan literatur tasawuf. Model ini menempatkan perpustakaan pada tiga tingkat dukungan, yaitu universal-preventif, dukungan terarah, dan penghubung menuju layanan profesional. Kajian ini menyimpulkan bahwa perpustakaan dapat menjadi bagian dari ekosistem kesehatan mental *pesantren* tanpa mengambil alih fungsi klinis tenaga profesional.

INTRODUCTION

Mental health is an essential component of individual well-being that influences a person's ability to learn, build social relationships, manage pressure, and perform daily activities. Mental health problems are not limited to the general population but may also affect adolescents and students living in residential educational environments. *Santri* in *pesantren* experience a distinctive way of life because they are required to participate in academic activities, religious instruction, worship, disciplinary programs, and communal living within relatively demanding schedules. For some *santri*, these demands may lead to fatigue, psychological pressure, adjustment difficulties, anxiety, and stress when they are not balanced by adequate environmental support and coping strategies.

Previous studies have demonstrated that psychological pressure among *santri* may arise from the intensity of *pesantren* activities, memorization requirements, difficulties in time management, adaptation to residential life, academic expectations, and separation from family. Irwansyah et al. (2021) found that stress levels among *santri* were associated with the availability of social support and the coping mechanisms they employed. Among *santri* engaged in Qur'anic memorization, the combination of formal education, *diniyah* instruction, Qur'an memorization, and limited rest periods may similarly result in fatigue and psychological strain (Hasanah & Sa'adah, 2021). Comparable challenges are experienced by university students living in *pesantren* who must simultaneously fulfil their roles as university students and *santri*. Difficulties in adaptation, time management,

academic performance, and compliance with *pesantren* responsibilities constitute several sources of stress for these students (Izah et al., 2023). Zahrah & Sukirno (2022) also found that academic stress was negatively associated with the psychological well-being of university *santri*, whereas social support played a positive role in strengthening their psychological well-being.

Although life in *pesantren* involves various demands, *pesantren* inherently possess social, cultural, and spiritual resources that can be developed to support *santri* mental health. Religiosity, resilience, inner peace, social support, relationships with the kiai, and a positive *pesantren* climate have been identified as important factors contributing to the psychological well-being of *santri*. Resilience and religiosity, for instance, have positive relationships with the psychological well-being of *santri* (Suryatiningsih et al., 2024). The spiritual leadership of the kiai may also help preserve mental health through spiritual guidance, emotional closeness, role modelling, and the creation of a supportive caregiving environment (Attarwiyah et al., 2025). Furthermore, spiritual well-being has been found to mediate the effects of resilience and the *pesantren* climate on *santri* mental health (Layyinah et al., 2026). These findings indicate that *santri* mental health should be supported through an ecological approach that focuses not only on individual interventions but also on establishing a safe, comfortable, supportive, and spiritually meaningful *pesantren* environment.

One facility that has the potential to become part of such a supportive environment is the *pesantren* library. Traditionally, libraries have often been understood primarily as places for storing, managing, and providing access to reading materials. Developments in library and information science, however, demonstrate an expansion of the library's function into that of a social space, safe space, information-support centre, and environment that promotes user well-being. Libraries provide benefits not only through their collections and information services but also through spatial characteristics such as tranquillity, comfort, orderliness, accessibility, privacy, positive social interaction, and opportunities to temporarily withdraw from stressful environments. Libraries may therefore be conceptualised as therapeutic spaces that provide restorative experiences and support users' psychological well-being.

The concept of a *library therapeutic landscape* explains how the library environment can be designed as a place that facilitates recovery and enhances well-being through interactions among physical space, social activities, and users' personal experiences (Husaini et al., 2022). Restorative experiences may occur when libraries provide calm, comfortable, and secure environments that enable users to reduce mental fatigue. Song et al. (2024) demonstrated that library spatial environments can generate restorative experiences among university students. In school settings, libraries may also function as places of refuge for adolescents who experience discomfort or marginalisation or who require temporary distance from the crowded school environment (Joing, 2023). These findings suggest that the therapeutic value of libraries does not necessarily take the form of clinical services. Instead, it may be generated through feelings of safety, acceptance, tranquillity, social connectedness, and opportunities for users to regulate their

emotions and restore concentration.

The role of libraries in supporting mental health can also be realised through collection development, information services, mental health literacy programs, bibliotherapy, reading activities, referrals to professional services, and collaboration with relevant institutions. Zhang et al. (2026) identified several types of mental health services that libraries may develop, including collection development and reference services, spatial design, supportive activities and materials, user education, referral and collaborative services, and digital resources. In educational settings, libraries can promote student well-being by functioning as safe spaces, providing access to mental health information, encouraging reading for pleasure, and facilitating bibliotherapeutic practices (M. Merga, 2020). The therapeutic character of a library is therefore created through the interaction of spatial quality, collections, programs, social relationships, and institutional support.

Bibliotherapy is among the most relevant services that can be developed within a therapeutic library. Bibliotherapy uses purposefully selected reading materials to help individuals understand their personal experiences, recognise emotions, acquire new perspectives, and develop problem-solving strategies. Various studies have indicated that therapeutic reading activities have the potential to reduce anxiety and stress and improve students' psychological well-being (Arslan et al., 2022; Hamdan et al., 2021; Rahmat et al., 2021). In the *pesantren* context, bibliotherapy may be developed through the use of psychological literature, self-development books, exemplary Islamic narratives, prophetic biographies, works on Islamic ethics, and Sufi literature. These materials can be integrated into reflective activities, group discussions, peer assistance, self-examination, and spiritual guidance.

The integration of spiritual values is an important element that distinguishes therapeutic libraries in *pesantren* from therapeutic spaces in other educational settings. The psycho-Sufistic approach to Islamic counselling views spiritual well-being as inseparable from psychological health. Rozikan et al. (2021) showed that Islamic counselling based on a psycho-Sufistic approach can strengthen *santri* spiritual well-being across personal, communal, environmental, and transcendental dimensions. From this perspective, *pesantren* libraries can be developed not only as spaces that provide physical and psychological tranquillity but also as spaces for reading, contemplation, self-reflection, meaning-making, and spiritual strengthening. Library collections and programs can serve as media that connect information needs, emotional support, therapeutic reading practices, and the spiritual values of *pesantren*.

Previous studies have examined libraries as safe and restorative spaces, sources of well-being support, and settings for bibliotherapy, while research on *santri* mental health has largely focused on stress, coping, resilience, religiosity, social support, kiai leadership, *pesantren* climate, and spiritual well-being. However, these fields have rarely been integrated within the social, cultural, and spiritual context of *pesantren*, where libraries are still mainly viewed as educational facilities. This article addresses that gap by conceptualising the *pesantren* library as a multidimensional therapeutic space

comprising physical-restorative, informational, bibliotherapeutic, social-relational, and spiritual–psycho-Sufistic dimensions. It aims to identify the characteristics, functions, and development strategies through which *pesantren* libraries may support the mental health and psycho-spiritual well-being of *santri*.

METHOD

This study employed an integrative literature review to examine the role of libraries as therapeutic spaces in supporting the mental health of *santri* in *pesantren*. This approach was selected because the topic intersects several fields, including library and information science, mental health, bibliotherapy, Islamic guidance and counselling, and psycho-Sufistic studies. The literature search focused on publications addressing libraries as therapeutic, restorative, safe, or well-being-supportive spaces; mental health and psychological well-being among *santri*; and bibliotherapy, spiritual guidance, and psycho-Sufistic approaches. References were identified through academic search engines and scholarly databases using combinations of keywords such as "therapeutic library," "library as therapeutic space," "mental health," "psychological well-being," "bibliotherapy," "*santri*," "*pesantren*," "Islamic counselling," and "spiritual well-being."

The review prioritised publications issued between 2020 and 2026 in English and Indonesian. Journal articles, books, and theses were included when they discussed library-based mental health support, safe and restorative library environments, bibliotherapy, or psychological and spiritual well-being among *santri* (Creswell & Clark, 2017). Studies conducted in schools, universities, public libraries, or other educational settings were also considered when their findings were conceptually relevant to the development of therapeutic libraries in *pesantren*. Publications were excluded when they lacked relevance to libraries, mental health, well-being, bibliotherapy, *santri*, or *pesantren*, provided insufficient scholarly information, or focused solely on technical library administration. The final collection consisted of 58 publications, which were examined through their titles, abstracts, keywords, and full texts where available.

The selected studies were analysed using thematic synthesis. Relevant information was organised according to authorship, publication year, research context, methodology, major findings, and conceptual relevance (Miles et al., 2014). Recurring findings were then grouped into themes concerning *santri* mental health challenges, libraries as safe and restorative spaces, bibliotherapy and reflective reading, mental health information services, social support, and Islamic spiritual and psycho-Sufistic dimensions. These themes were integrated into five interrelated dimensions of a therapeutic *pesantren* library: physical-restorative, informational, bibliotherapeutic, social-relational, and spiritual-psycho-Sufistic. Findings from studies outside *pesantren* were interpreted critically by considering the distinctive communal, educational, cultural, and spiritual characteristics of *pesantren*.

RESULTS AND DISCUSSION

Mental Health Challenges among *Santri* in *Pesantren*

The mental health of *santri* is influenced by the interaction among individual demands, communal life, the educational climate, social support, and spiritual experiences within *pesantren*. *Pesantren* provide an intensive educational environment in which *santri* participate not only in formal education but also in *diniyah* instruction, congregational worship, memorisation activities, organisational programs, community service, and various regulations governing residential life. Such intensive activities may foster discipline, independence, and personal resilience; however, they may also become sources of pressure when the demands exceed the adaptive capacity and psychological resources of *santri*.

Several studies have demonstrated that stress among *santri* is associated with demanding schedules, academic and memorisation requirements, difficulties in time management, limited rest, and adjustment to the *pesantren* way of life. Hasanah and Sa'adah (2021), for example, identified several sources of stress among *santri* engaged in Qur'anic memorisation who were required to undertake formal education, *diniyah* instruction, and memorisation targets simultaneously. Similar conditions have been reported among university students living in *pesantren*. They perform dual roles as university students and *santri* and must therefore meet campus-based academic requirements while fulfilling their *pesantren* responsibilities. Difficulties in dividing their time, meeting learning targets, complying with regulations, and maintaining social relationships constitute part of the pressures they experience (Izah et al., 2023).

The demands of Qur'anic memorisation also require a balance between physical endurance and mental health. Memorisation requires concentration, consistency, repetition, and the ability to cope with failure when expected targets are not achieved. Without adequate rest, empathetic assistance, and appropriate stress-management strategies, these demands may lead to fatigue, declining motivation, anxiety, and feelings of inadequacy. Therefore, efforts to optimise the mental health of *santri* engaged in Qur'anic memorisation should consider the balance among physical endurance, psychological capacity, educational targets, and environmental support within *pesantren* (Muttaqin et al., 2024).

Santri mental health is also closely associated with the process of adapting to residential life. New *santri* must adjust to separation from their families, changes in daily routines, limited personal space, differences in their peers' personalities, and compliance with *pesantren* authority. Prolonged communal living may provide social support, but it may also generate interpersonal conflict, loneliness, peer pressure, and unpleasant experiences. In certain circumstances, bullying may become a serious threat to the psychological safety of *santri*. Prasetyo et al. (2023) emphasised that creating a bullying-free *pesantren* requires adaptive educational management and mental health interventions that address not only perpetrators and victims but also the wider culture and relational system within the *pesantren* environment.

These findings suggest that *santri* mental health cannot be understood solely as an individual matter. Psychological pressure does not always emerge from weaknesses in the personal capacity of *santri*; it may also be shaped by the educational system, the quality of relationships, caregiving patterns, the residential climate, and the availability of supportive spaces. Responses to mental health problems must therefore move beyond approaches centred exclusively on case management towards ecological and preventive approaches. *Pesantren* need to develop environments that enable *santri* to experience safety, obtain psychological rest, express their experiences, access accurate information, and receive social and spiritual support.

Although *santri* encounter various pressures, they also possess protective factors derived from the *pesantren* environment. Social support and coping mechanisms are associated with stress levels among *santri*, indicating that those who receive stronger support and employ adaptive coping strategies tend to manage pressure more effectively (Irwansyah et al., 2021). Such support may come from peers, family members, ustaz, musyrif, administrators, counsellors, and kiai. Among university *santri*, social support is positively associated with psychological well-being, whereas academic stress demonstrates an inverse relationship (Zahrah & Sukirno, 2022). This confirms that *santri* mental health is strongly influenced by the quality of relationships and the availability of supportive environments.

Resilience and religiosity are also important resources for the psychological well-being of *santri*. Suryatiningsih et al. (2024) demonstrated that resilience and religiosity are associated with *santri* psychological well-being. Resilience enables *santri* to endure, adapt, and recover from pressure, while religiosity provides a framework of meaning through which life experiences can be understood. Inner peace, gratitude, *dhikr*, and spiritual well-being also contribute to the capacity of *santri* to manage the demands of *pesantren* life (Fadilah, 2023; Hardi, 2022; Maslahat et al., 2022). Consequently, efforts to support *santri* mental health should integrate psychological, social, educational, and spiritual resources.

The role of the kiai as a central figure in *pesantren* is another factor that cannot be overlooked. The spiritual leadership of the kiai can create a sense of safety, provide role modelling, foster emotional closeness, and help *santri* construct meaning from the difficulties they experience. Attarwiyah et al. (2025) showed that the spiritual leadership of the kiai contributes to maintaining *santri* mental health through guidance, interpersonal relationships, and the creation of a supportive caregiving environment. Furthermore, a positive *pesantren* climate and *santri* resilience may influence mental health through the strengthening of spiritual well-being (Layyinah et al., 2026). These findings indicate that *santri* well-being emerges from the relationship between the individual and the environment.

Within this framework, *pesantren* require facilities that serve not only academic purposes but also provide restorative experiences. Such spaces are important because not all *santri* require clinical intervention. Some may need a place to calm themselves, read, contemplate, obtain temporary distance from intensive activities, or interact

constructively with peers and mentors. *Pesantren* libraries have the potential to meet these needs because they are naturally associated with tranquillity, learning, information, reflection, and controlled social interaction. When intentionally designed, libraries can become part of a preventive and early-support system for *santri* mental health.

Libraries as Safe, Restorative, and Therapeutic Spaces

The paradigm regarding the function of libraries is undergoing a significant shift. Libraries are no longer viewed merely as places for storing and borrowing books, but also as social environments, learning spaces, community centres, and facilities that can contribute to user well-being. This shift places user experience as an important element of library management. The success of a library is determined not only by the size of its collection, but also by the extent to which users feel safe, accepted, comfortable, connected, and supported within the library environment.

The concept of a *therapeutic landscape* provides a foundation for understanding how a place may contribute to health and well-being. Husaini et al. (2022) employed the concept of the *library therapeutic landscape* to explain the potential of academic libraries as environments that support recovery and the social well-being of students. Their therapeutic qualities do not arise solely from physical facilities but also from the relationship among space, activities, services, social interaction, and the personal meanings constructed by users. A library therefore becomes therapeutic when its entire ecosystem helps users feel calmer, safer, valued, and better able to manage pressure.

The restorative character of libraries relates to their capacity to help users recover from mental fatigue. Song et al. (2024) found that students obtained restorative experiences from library spaces that were quiet, comfortable, orderly, and supportive of concentration. Spaces that allow users to temporarily distance themselves from environmental demands may help restore attention and reduce tension. This finding is reinforced by research on library-space comfort showing that lighting, temperature, ventilation, noise, spatial arrangement, and furniture comfort influence students' experiences and well-being (Sitepu & Syam, 2026).

Within the *pesantren* context, this restorative value is particularly relevant because *santri* live in environments characterised by intensive activities and social interaction. Most *pesantren* spaces are used communally, including dormitories, classrooms, mosques, dining areas, and courtyards. These conditions may limit opportunities for *santri* to obtain personal space and tranquillity. Libraries can offer a different atmosphere that is quieter, more structured, and relatively free from performance-related demands. *Santri* may read, write, complete assignments, or simply remain in an environment that is less crowded. This experience may constitute an important psychological pause within their *pesantren* routines.

Libraries may also function as *safe spaces*. In this sense, a safe space is not merely a location that is physically protected, but a place in which users do not feel judged, intimidated, or excluded. (Merga (2021) explained that school libraries may support student well-being by providing inclusive environments, access to reading materials, interaction with librarians, and opportunities to temporarily withdraw from social

pressures. Joing (2023) similarly found that school libraries hold significant meaning for adolescent well-being because they can offer refuge from crowded environments, conflict, and discomfort within schools.

The meaning of libraries as safe spaces is particularly important for *santri* experiencing adjustment difficulties, peer conflict, academic pressure, or loneliness. *Santri* may not yet feel prepared to communicate their problems to counsellors or administrators but may need a place that provides safety before they seek further assistance. Under such conditions, the library may function as a *low-threshold support environment*, namely an accessible form of support that does not require formal procedures and does not produce stigma. *Santri* do not have to identify themselves as individuals experiencing mental health problems to visit the library. They may enter as readers, students, or members of the community while simultaneously obtaining tranquillity and emotional support.

The concept of the restorative library also emphasises justice, acceptance, identity, and relationships. Stivers (2026) explained that restorative school libraries need to establish collections, programs, regulations, and relationships that make students feel seen and valued. A restorative space cannot depend solely on visually attractive design; it must also be free from policies that humiliate, restrict, or exclude users. Within *pesantren*, these principles may be implemented through friendly services, proportionate rules, equitable access to collections, and empathetic interactions between librarians and *santri* with diverse characteristics and abilities.

Safe and restorative experiences are also shaped by physical design. *Pesantren* libraries need to consider natural lighting, ventilation, cleanliness, temperature, noise levels, seating choices, and spatial zoning. Quiet zones may be provided for reading and personal reflection, whereas discussion areas may accommodate group activities. Plants, natural views, subdued colours, and comfortable materials may strengthen restorative qualities. Research on campus landscapes has shown that environments containing natural elements and providing a sense of distance from pressure may produce greater restorative value for students (Nie et al., 2024).

However, therapeutic design does not necessarily require major renovations or substantial financial investment. Simple improvements, including maintaining cleanliness, reducing noise, providing adequate ventilation, arranging collections systematically, creating comfortable reading corners, and establishing user-friendly service rules, may enhance the user experience. In *pesantren* with limited resources, the main priorities should not be luxury but safety, orderliness, accessibility, and sensitivity to the needs of *santri*.

The therapeutic function of libraries must also be conceptually delimited. A library is not a clinical setting, and librarians are not substitutes for psychologists or counsellors. The term therapeutic in this article refers to the potential of libraries to create environments that support tranquillity, emotional regulation, attention restoration, access to information, and positive social relationships. Libraries may become part of a mental

health ecosystem, but cases requiring diagnosis and professional treatment must still be referred to qualified practitioners.

This position is consistent with the *whole-institution* approach to mental health. Brewster & Cox (2023) explained that student mental health support should not be the sole responsibility of counselling units. Every part of an institution, including the library, can contribute according to its respective function. Libraries contribute by providing spaces, information access, user relationships, community activities, and cross-unit collaboration. In *pesantren*, a similar approach may involve kiai, administrators, musyrif, ustaz, librarians, healthcare professionals, and counsellors in establishing an interconnected support system.

Pesantren libraries may therefore be categorised as safe, restorative, and therapeutic spaces when several conditions are fulfilled. First, their spaces provide tranquillity and comfort. Second, their services and regulations are non-judgemental and do not generate stigma. Third, their collections and programs help *santri* understand and manage psychological experiences. Fourth, librarians establish friendly and responsive relationships. Fifth, libraries are connected to the broader support system within *pesantren*. Their therapeutic function does not emerge from a single element but is formed through the integration of spaces, services, collections, relationships, and institutional culture.

Bibliotherapy, Information Services, and Psychosocial Support for *Santri*

In addition to spatial quality, the therapeutic potential of *pesantren* libraries may be developed through collections, information services, reading programs, and psychosocial support. The review findings indicate that libraries occupy a strategic position because they provide access to knowledge in relatively safe and non-stigmatising environments. When individuals experience psychological pressure, they do not always immediately seek professional services. Some first search for information, read about other people's experiences, or attempt to understand their own condition. Libraries can facilitate this process by providing credible and accessible sources of information.

Zhang et al. (2026) identified various forms of mental health services developed by public and academic libraries, including collection development, reference services, spatial design, program provision, user education, digital resources, collaboration, and referral. These findings demonstrate that libraries may contribute to mental health through preventive, educational, informational, and supportive functions. Within *pesantren*, such functions may be implemented through collections on mental health, stress management, resilience, social relationships, adjustment, emotional regulation, and self-development that are aligned with Islamic values.

Mental health collections need to be selected carefully to avoid providing misleading information or encouraging excessive self-diagnosis among *santri*. Librarians may collaborate with counsellors, psychologists, ustaz, or healthcare professionals to select credible materials. Resources should use language appropriate to the age and educational level of *santri*. In addition to popular books, libraries may provide short

guides, infographics, educational videos, catalogues of digital resources, and directories of services that *santri* can contact when assistance is required.

Librarians may also develop mental health literacy programs. Such programs do not have to take the form of clinical training but may help *santri* recognise common signs of stress, understand the importance of seeking help, distinguish accurate information from misinformation, and reduce stigma surrounding psychological problems. Mental health literacy is important because limited understanding may lead *santri* to interpret all psychological pressure as a sign of weak faith or personal failure. In reality, mental health is influenced by biological, psychological, social, educational, and spiritual factors. Appropriate education may help *santri* understand that seeking assistance is a responsible action and is not inconsistent with religious values.

One of the most relevant services is bibliotherapy. Bibliotherapy involves the purposeful use of reading materials to help individuals understand their experiences, recognise emotions, acquire insights, and identify alternative ways of solving problems. The process commonly involves identification with characters or situations in the text, emotional release, reflection, and the emergence of new understanding. In educational settings, bibliotherapy may be used as preventive support and a means of personal development, although its implementation must be adjusted to the severity of the problem and the competence of the facilitator.

The reviewed studies indicate that bibliotherapy has the potential to reduce anxiety and stress. Rahmat et al. (2021) identified bibliotherapy as an alternative approach to reducing student anxiety. Hamdan et al. (2021) found that bibliotherapy may help alleviate examination stress among university students. Arslan et al. (2022) demonstrated that reading stories based on positive psychology may benefit adolescent mental health and well-being. A meta-analysis of reading therapy in university libraries also showed the potential of such interventions to address mental health problems among university students (Liu et al., 2025).

Nevertheless, findings on bibliotherapy should not be interpreted excessively. Its effectiveness may be influenced by the type of reading material, implementation method, participant characteristics, duration, facilitator quality, and individual psychological condition. Bibliotherapy is not a single intervention suitable for every problem. Through a systematic review of creative bibliotherapy in schools, Redman et al. (2026) demonstrated the need to consider variations in outcomes and the quality of available evidence. Bibliotherapy in *pesantren* should therefore be positioned as preventive, educational, and complementary support rather than as a substitute for professional therapy.

In *pesantren*, bibliotherapy has distinctive potential because the reading of religious texts is already embedded in the lives of *santri*. Relevant collections may include stories of the prophets, sirah, biographies of Muslim scholars, works on Islamic ethics, Sufi literature, inspirational stories, literary works, psychology books, and self-development materials. These readings may be selected according to themes closely related to the needs of *santri*, including anxiety, loss, peer conflict, failure to achieve

targets, homesickness, low self-esteem, emotional control, and the search for meaning in life.

Pesantren-based bibliotherapy should not end with the act of reading. Activities may be followed by written reflection, group discussions, emotional journals, value mapping, or conversations with facilitators. *Santri* may be encouraged to identify conflicts experienced by characters, compare them with their own experiences, recognise relevant values, and formulate practical responses. Such activities transform reading from a passive activity into a process of self-understanding and coping-strategy development.

Reading groups may also provide a form of social support. Bossaller et al. (2024) demonstrated that library-based reading groups can create connection and a sense of community among individuals undergoing recovery. This principle may be applied to *santri* through reading clubs, discussions of inspirational stories, or reflection groups. Group activities may help *santri* recognise that they are not alone in experiencing pressure. However, implementation must protect confidentiality, avoid forcing participants to disclose personal experiences, and ensure that discussions do not become judgemental spaces.

Pesantren libraries may also provide reading-recommendation services based on user needs. Librarians can prepare thematic reading lists, such as "readings for managing anxiety," "readings on patience and resilience," "readings for managing conflict," or "readings on inner peace." These recommendations should be presented in language that does not negatively label users. *Santri* should be able to select materials independently without having to disclose their problems openly.

Digital support may also be developed through thematic catalogues, repositories, e-books, podcasts, educational videos, and information about counselling services. Knapp et al. (2023) emphasised that libraries can play a broader role than merely providing books in the development of digital mental health services for adolescents. However, digital services require consideration of privacy, data security, content credibility, device access, and the professional boundaries of librarians. Libraries should avoid providing content that generates automatic diagnoses or recommendations unsupported by professional expertise.

Another important element is psychosocial support through relationships between librarians and *santri*. Friendly, sensitive, and non-judgemental librarians may help *santri* feel accepted. In certain situations, librarians may be among the first people to notice behavioural changes among users, including social withdrawal, reduced activity, or expressions of sadness. However, librarians do not need to act as therapists. Their role is to provide an initial humane response, listen appropriately, offer information resources, and connect *santri* with more qualified individuals when necessary.

Collaboration is a central requirement for these services. Librarians may work with counsellors, musyrif, ustaz, dormitory administrators, healthcare professionals, and kiai. Counsellors may help select bibliotherapy materials and establish referral procedures. Musyrif may identify the daily needs of *santri*. Ustaz and kiai may ensure that programs remain consistent with *pesantren* values. Librarians manage the space,

collections, services, and user experience. Such collaboration prevents libraries from operating beyond their capacity and strengthens program sustainability.

Libraries also need clear referral procedures. When *santri* demonstrate signs of serious risk, including thoughts of self-harm, severe functional impairment, violence, or trauma, librarians need to know to whom the information should be communicated and how the safety and confidentiality of the *santri* should be protected. The therapeutic function of the library does not mean that every problem must be managed within the library. On the contrary, one indicator of a responsible library is its capacity to connect users with appropriate assistance.

Bibliotherapy, information services, and psychosocial support therefore form the active dimensions of a therapeutic library. A comfortable space will have limited impact when it is not accompanied by relevant collections, structured programs, supportive relationships, and referral networks. Conversely, mental health programs may be difficult to accept when they are conducted in spaces perceived as unsafe or stigmatising. Spatial quality and service quality must therefore be developed simultaneously.

Integration of Spiritual–Psycho-Sufistic Dimensions and a Therapeutic *Pesantren* Library Model

The principal distinction of therapeutic libraries in *pesantren* lies in the integration of spiritual and psycho-Sufistic dimensions. Within the *pesantren* tradition, human health is not understood solely in physical and psychological terms but is also associated with the condition of the heart, the relationship with Allah, the meaning of life, moral character, and spiritual quality. The concept of the therapeutic library adopted from schools, universities, or public libraries cannot therefore be applied mechanically. It must be contextualised within the culture, educational traditions, authority relationships, and religious practices of *pesantren*.

The psycho-Sufistic approach holds that psychological problems may be understood through the interaction between mental conditions and spiritual life. Its purpose is not to replace modern psychology with religious advice, but to integrate psychological understanding with spiritual purification, self-control, meaning-making, and closeness to Allah. Rozikan et al. (2021) demonstrated that a psycho-Sufistic approach in Islamic counselling can strengthen the spiritual well-being of *santri* across personal, communal, environmental, and transcendental dimensions. This framework is relevant for explaining how *pesantren* libraries may become spaces that support recovery through intellectual, emotional, social, and spiritual activities.

Libraries may provide places in which *santri* engage in *muhasabah* through reflective reading and writing. *Muhasabah* helps individuals honestly evaluate their thoughts, feelings, actions, and direction in life. In library practice, *muhasabah* may be facilitated through reading journals, reflection sheets, guiding questions, or thematic reading corners. These activities need to be positively directed so that they do not develop into excessive self-criticism. Therapeutic *muhasabah* should help *santri* understand their experiences, accept their limitations, identify lessons, and plan realistic improvements.

Dhikr and *tadabbur* may also be integrated proportionately. Research on *dhikr* practices indicates their potential association with *santri* psychological well-being (Fadilah, 2023). Libraries may provide collections that help *santri* understand the meaning of *dhikr*, prayers, and Qur'anic verses associated with tranquillity, hope, patience, and personal strengthening. However, libraries should not become ritual spaces in ways that disrupt their reading function. Spiritual integration may instead be provided through reflection corners, reading guides, thematic activities, or limited sessions that respect the needs of other users.

The values of *sabr*, *tawakkul*, and *shukr* may also function as spiritual coping resources. *Sabr* does not mean passively accepting circumstances but refers to the capacity to exercise restraint, persevere, and continue taking appropriate action in the face of difficulty. *Tawakkul* does not involve neglecting effort but entrusting the outcome to Allah after making adequate efforts. *Shukr* helps individuals recognise sources of goodness without denying the reality of their difficulties. Maslahat et al. (2022) demonstrated the contribution of gratitude to psychological well-being in *pesantren*, while another study identified relationships among social support, spiritual well-being, and gratitude among Muslim university students (Rahmatullah & Hamzah, 2025; Tamami et al., 2025).

The application of spiritual values must be approached carefully to avoid *spiritual bypassing*, namely the use of religious language to avoid acknowledging and addressing genuine psychological problems. *Santri* experiencing depression, severe anxiety, trauma, or bullying cannot be adequately supported merely by being advised to remain patient, engage in *dhikr*, or strengthen their faith. Spiritual values should complement psychological and professional support rather than replace it. Therapeutic libraries need to communicate that seeking assistance, speaking to counsellors, and accessing healthcare services are legitimate forms of *ikhtiar*.

Spiritual well-being itself concerns an individual's relationship with the self, other people, the environment, and God. Ilyas et al. (2026) demonstrated that particular spiritual practices were associated with variations in *santri* spiritual well-being. Nihayah et al. (2024) also positioned Islamic spiritual guidance as an approach to addressing spiritual well-being. Based on these findings, libraries may provide resources that help *santri* construct meaning, recognise life purposes, improve social relationships, and develop transcendental awareness.

The spiritual dimension may also be strengthened through Sufi literature. Works of Sufism discuss diseases of the heart, control of the lower self, hope, fear, love, patience, gratitude, *tawakkul*, and inner peace. These themes are closely related to various psychological concerns, but they need to be presented through contextual and responsible interpretations. Librarians may collaborate with ustaz and counsellors to select works appropriate to the age and level of understanding of *santri*. Literature that is excessively complex or overemphasises guilt may produce unintended consequences when read without appropriate guidance.

Psycho-Sufistic integration also includes social relationships. Spirituality in *pesantren* is not limited to individual practices but is also formed through brotherhood, role modelling, service, and communal life. Libraries may facilitate reading groups, value-based discussions, writing activities, and peer-support programs. Nasution et al. (2025) emphasised the importance of integrating spiritual practices and social-emotional learning to strengthen *santri* well-being. This approach indicates that the abilities to recognise emotions, build relationships, make decisions, and demonstrate empathy can be developed in harmony with Islamic values.

Based on the synthesis of the reviewed literature, *pesantren* libraries as therapeutic spaces may be conceptualised through five interconnected dimensions.

The first is the physical-restorative dimension. This dimension encompasses tranquillity, comfort, lighting, ventilation, cleanliness, orderliness, accessibility, privacy, and the provision of zones appropriate to user needs. Its primary function is to provide safe experiences and recovery from mental fatigue. This dimension constitutes the foundation of the model because well-designed programs cannot operate optimally in environments that are noisy, uncomfortable, or psychologically stressful.

The second is the informational dimension. Libraries provide access to credible information on mental health, self-development, coping skills, social relationships, and sources of assistance. This dimension also encompasses mental health literacy and the capacity of *santri* to evaluate information. Its purpose is to improve understanding, reduce stigma, and help *santri* make appropriate decisions concerning their mental health.

The third is the bibliotherapeutic dimension. This dimension uses reading materials and reflective activities to help *santri* understand emotions, discover new perspectives, and develop strategies for managing problems. Activities may include reading recommendations, story reading, group discussions, reflective journals, and structured bibliotherapy. The materials may integrate psychological literature, literary works, Islamic stories, sirah, Islamic ethics, and Sufi literature.

The fourth is the social-relational dimension. The library functions as an inclusive and non-judgemental interaction space that supports connectedness. Librarians provide friendly services, reading groups strengthen peer support, and collaboration with counsellors and *pesantren* caregivers enables appropriate referrals. This dimension emphasises that well-being is produced not only by spaces and reading materials but also by the quality of relationships.

The fifth is the spiritual–psycho-Sufistic dimension. This dimension proportionately integrates reading, reflection, *muhasabah*, meaning-making, *dhikr*, *sabr*, *shukr*, *tawakkul*, and Sufi literature. Its orientation is to strengthen inner peace and spiritual well-being without neglecting psychological knowledge and professional services. This dimension represents the distinctive identity of the therapeutic *pesantren* library.

These five dimensions do not operate independently. Comfortable physical spaces create conditions for reading and reflection. Credible information helps *santri* understand their experiences. Bibliotherapy connects reading materials with personal life. Social

support provides acceptance and encourages help-seeking. Spiritual values help *santri* construct meaning and hope. The interaction among these dimensions is expected to contribute to safety, emotional regulation, coping capacity, resilience, social support, inner peace, and psychological and spiritual well-being.

The model also positions libraries at three levels of support. At the first level, libraries perform universal and preventive functions for all *santri* through comfortable spaces, appropriate collections, and literacy programs (Muid et al., 2026; Sucipto et al., 2026). At the second level, libraries provide targeted support for groups experiencing mild pressure or requiring skills development through bibliotherapy, reading groups, and reflective activities. At the third level, libraries function as bridges to professional services for *santri* with more complex needs or higher levels of risk. This division helps maintain professional boundaries and prevents libraries from assuming clinical functions.

The implementation of the model requires institutional support. *Pesantren* administrators need to incorporate *santri* mental health and well-being into library policies. Librarians require basic training in empathetic communication, mental health literacy, bibliotherapy-material selection, privacy protection, and referral procedures. Counsellors and healthcare professionals should be involved in program planning. Kiai and caregivers also play important roles in providing the cultural and spiritual legitimacy necessary for the programs to be accepted by the *pesantren* community.

Evaluation should also be conducted periodically. The success of therapeutic libraries cannot be measured solely through visitor numbers or book circulation. Relevant indicators may include perceived safety, spatial comfort, information accessibility, program participation, improvement in mental health literacy, the quality of relationships between users and librarians, and the restorative experiences of *santri*. Evaluation does not need to claim that libraries directly cure mental disorders but may assess their contribution to environments that support well-being.

Conceptually, this model expands the position of the *pesantren* library from a learning-resource centre to a component of the mental health ecosystem. Its contribution does not lie in providing clinical therapy but in its ability to create calming spaces, expand access to information, facilitate reflective reading, strengthen social relationships, and integrate spiritual values. Through this approach, libraries may respond more closely to the actual needs of *santri* without losing their fundamental identity as educational and information institutions.

The synthesis also indicates that research on therapeutic *pesantren* libraries remains highly limited. Most studies on libraries and well-being have been conducted in schools, universities, or public libraries, whereas studies on *santri* mental health have primarily examined stress, resilience, religiosity, social support, *pesantren* climate, and the leadership of kiai. Few studies have directly examined *santri* experiences of library spaces, appropriate forms of bibliotherapy services, the preparedness of *pesantren* librarians, or the effectiveness of psycho-Sufistic integration within library programs. These limitations demonstrate the need for future field-based research.

Future studies may employ qualitative approaches to explore the experiences of *santri* and the meanings they attach to libraries. Surveys may examine relationships among library-space quality, frequency of use, restorative experiences, and psychological well-being. Experimental or quasi-experimental research may evaluate specific bibliotherapy programs. Development studies may also produce design guidelines, mental health literacy modules, evaluation instruments, or collaborative service models. The conceptual model developed through this review may therefore provide a foundation for empirical testing and the development of *pesantren* library practices that are more responsive to the mental health needs of *santri*.

CONCLUSION

This review demonstrates that *pesantren* libraries have the potential to be developed not only as learning resource centres but also as therapeutic spaces that support the mental health of *santri*. Their therapeutic function is not understood as the provision of clinical services, but as a form of preventive, educational, informational, restorative, and psychosocial support. By providing calm, safe, comfortable, non-judgemental, and accessible environments, libraries may offer *santri* a psychological respite from the intensive academic, religious, and communal activities of *pesantren* life.

The literature synthesis generated five principal dimensions of the therapeutic *pesantren* library: physical-restorative, informational, bibliotherapeutic, social-relational, and spiritual–psycho-Sufistic. These dimensions operate in an integrated manner through spatial quality, access to credible mental health information, the use of reading and reflective activities, social support, collaboration with counsellors and *pesantren* caregivers, and the integration of *muhasabah*, *dhikr*, *sabr*, *shukr*, *tawakkul*, and Sufi literature. The model also positions the library at three levels of support: universal support for all *santri*, targeted support for *santri* experiencing mild psychological pressure, and a bridging function towards professional services for those with more complex needs.

The principal limitation of this review is the scarcity of empirical research directly examining therapeutic libraries within the *pesantren* context. Most of the available literature originates from schools, universities, or public libraries, meaning that its application to *pesantren* remains conceptual and requires further empirical validation. Future studies should explore *santri* experiences of library spaces, examine the relationship between spatial quality and psychological well-being, evaluate the effectiveness of *pesantren*-based bibliotherapy, assess librarian preparedness, and develop and test service models that contextually integrate psychological, social, and spiritual dimensions.

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