

Badai di Dalam Diri: Kecemasan, Depresi, dan Upaya Mencari Bantuan Spiritual di Kalangan Kadet Maritim Indonesia di Tengah Krisis Kesehatan Mental Awak Kapal Pasca-Pandemi

The Storm Within: Anxiety, Depression, and Spiritual Help-Seeking among Indonesian Maritime Cadets in the Shadow of Post-Pandemic Seafarer Mental Health Crises

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Submitted: 21 July 2025 Revision: 16 March 2026 Accepted: 30 April 2026

Citation (APA Style):

Suranta, L. and Siahaan, R. N. (2026). Between Pulpit and Bridge: Lecturers as Pastoral Mentors in Indonesian Maritime Education: A Case Study of Spiritual-Vocational Transmission. *SERVIRE: Jurnal Pengabdian Kepada Masyarakat*, 6(1): 101-130. <https://doi.org/10.46362/servire.v6i1.458>.

Abstrak: Kesehatan mental pelaut telah menjadi prioritas global sejak pandemi COVID-19, namun pertanyaan hulu mengenai bagaimana calon perwira belajar mencari bantuan untuk mengatasi distress psikologis selama masa pembentukan mereka masih kurang mendapat perhatian penelitian. Studi eksploratif dengan metode campuran (*mixed-methods*) ini mengkaji tingkat gejala kecemasan dan depresi serta jalur pencarian bantuan pada tiga puluh taruna Sekolah Tinggi Ilmu Pelayaran (STIP) Jakarta, yang dipilih secara seimbang dari program studi Nautika, Teknik, serta Ketatalaksanaan Angkutan Laut dan Kepelabuhanan, bersama lima dosen, tiga pelaut senior, dan dua syahbandar senior. Data kuantitatif dikumpulkan menggunakan GAD-7 dan PHQ-9, dua instrumen skrining yang telah tervalidasi secara luas dan tersedia secara bebas, yang diberikan bersamaan dengan butir-butir mengenai frekuensi koping spiritual dan riwayat perilaku pencarian bantuan; data kualitatif dikumpulkan melalui wawancara semi-terstruktur dan diskusi kelompok terarah. Mengingat ukuran sampel yang kecil, temuan kuantitatif disajikan secara deskriptif dan bukan diuji melalui statistik inferensial, sehingga harus dibaca sebagai temuan eksploratif dan bukan sebagai estimasi prevalensi yang representatif. Hasil penelitian menunjukkan bahwa sebagian besar taruna melaporkan gejala pada tingkat minimal hingga ringan, meskipun sebagian kecil yang cukup berarti melaporkan distress pada tingkat sedang atau cenderung berat; bahwa koping spiritual, khususnya doa dan pembacaan Kitab Suci, merupakan respons pertama terhadap distress yang paling sering dilaporkan, sementara dukungan kesehatan mental profesional merupakan respons yang paling jarang dilaporkan; dan bahwa hubungan antara koping spiritual dan pencarian bantuan profesional tampak mengikuti tiga pola - komplementer, substitutif, dan tertunda - yang disajikan di sini sebagai tipologi yang bersifat menghasilkan hipotesis, bukan sebagai klasifikasi yang telah dikonfirmasi secara statistik. Dosen yang dipercaya oleh taruna muncul sebagai jembatan yang dihargai, meskipun tidak sepenuhnya tanpa perdebatan, antara koping spiritual dan dukungan profesional. Penelitian ini juga mendokumentasikan adanya bentuk-bentuk koping spiritual yang negatif, serta mengakui bahwa sampel penelitian yang didominasi partisipan Kristen membatasi keberlakuan temuan ini terhadap keberagaman keagamaan Indonesia yang lebih luas. Penelitian ini menawarkan bukti awal yang bersifat eksploratif serta arah-arrah spesifik untuk penelitian konfirmatif yang relevan bagi penyediaan kesejahteraan (*welfare*) maritim.

Kontribusi: Penelitian ini memberikan kontribusi eksploratif mengenai jalur pencarian bantuan psikologis pada taruna maritim selama masa pembentukan, dengan menyandingkan gejala

kecemasan dan depresi yang terukur secara klinis dengan pola koping spiritual yang mereka laporkan. Penelitian ini mengusulkan tipologi awal mengenai hubungan antara koping spiritual dan pencarian bantuan profesional, menyoroti peran dosen sebagai jembatan potensial di antara keduanya, serta mengakui keterbatasan sampel yang didominasi partisipan Kristen dalam konteks keberagaman keagamaan Indonesia yang lebih luas.

Kata Kunci: kecemasan; depresi; pencarian bantuan; koping spiritual; taruna maritim.

Abstract: *Seafarer mental health has become a global priority following the COVID-19 pandemic, yet the upstream question of how future officers learn to seek help for psychological distress during their formation years remains underexplored. This exploratory mixed-methods study examined anxiety and depressive symptom levels and help-seeking pathways among thirty cadets at Sekolah Tinggi Ilmu Pelayaran (STIP) Jakarta, drawn equally from the nautical, engineering, and port and shipping management majors, together with five lecturers, three veteran seafarers, and two veteran port masters. Quantitative data were collected using the GAD-7 and PHQ-9, two widely validated and freely available screening instruments, administered alongside items on spiritual coping frequency and prior help-seeking behaviour; qualitative data were collected through semi-structured interviews and focus groups. Given the small sample size, quantitative findings are presented descriptively rather than subjected to inferential statistical testing and should be read as exploratory rather than as representative prevalence estimates. The findings suggest that most cadets report minimal to mild symptoms, although a notable minority report moderate or moderately severe distress; that spiritual coping, particularly prayer and Scripture reading, is the most frequently described first response to distress, while professional mental health support is the least frequently described; and that the relationship between spiritual coping and professional help-seeking appears to follow three patterns - complementary, substitutive, and delayed - offered here as a hypothesis-generating typology rather than a statistically confirmed classification. Trusted lecturers emerge as a valued, though not uncontested, bridge between spiritual coping and professional support. The study also documents instances of negative spiritual coping and acknowledges that its predominantly Christian sample limits the applicability of its findings to Indonesia's broader religious diversity. The study offers exploratory evidence and specific directions for confirmatory research relevant to maritime welfare provision.*

Contribution: *This study offers an exploratory contribution on psychological help-seeking pathways among maritime cadets during formation, pairing clinically screened anxiety and depressive symptoms with the spiritual coping patterns cadets report. It proposes a preliminary typology of the relationship between spiritual coping and professional help-seeking, highlights lecturers as a potential bridge between the two, and acknowledges the limitations of a predominantly Christian sample in Indonesia's broader religious context.*

Keywords: anxiety; depression; help-seeking; spiritual coping; maritime cadets.

INTRODUCTION

The global maritime industry emerged from the COVID-19 pandemic with a deepened awareness of what seafarer welfare organisations had been warning about for years: the mental health of those who keep the world's trade moving is a serious and persistent concern. Crew change restrictions, contract extensions, and the isolation imposed by quarantine protocols exposed the psychological vulnerability of seafarers

with an urgency that could no longer be ignored. What the pandemic clarified, however, was not a new problem but a long-standing one, made newly visible by exceptional circumstances. Depression, anxiety, and suicidal ideation among seafarers had been documented before the pandemic, and the crisis accelerated institutional recognition of the issue. If maritime academies do not attend to the mental health of future officers during the formation years, when habits of coping, help-seeking, and self-care are first established, the downstream consequences for the next generation of seafarers may be considerable. We frame this as a plausible concern motivating the present exploratory study, rather than as an empirically demonstrated causal claim, since the present design cannot establish what the long-term consequences of formation-period habits actually are.

The broader literature on religion, spirituality, and mental health provides evidence, of varying methodological strength, that spiritual resources are associated with lower levels of depression and anxiety across diverse populations. Meta-analytic synthesis from the German-speaking research community has reported this association,¹ and broadly similar associations have been reported across cultural settings including Polish Catholic populations² and Turkish nursing students.³ The relationship between spiritual coping and engagement with formal mental health services, however, remains inadequately understood. A growing body of work recognizes that religious and spiritual engagement can function in complex ways with respect to formal mental health services. For some individuals, spiritual resources complement professional support, serving as a first line of response that facilitates rather than replaces engagement with clinical care. For others, spiritual resources may function as a substitute for professional support, particularly when help-seeking is perceived as a sign of weakness, when cultural or institutional norms discourage

¹ Christian Zwingmann, "Religiosity, Spirituality and Mental Health: Meta-Analysis of Studies from the German-Speaking Area," *Journal of Religion and Health* 65, no. 1 (2026): 132–157, <https://doi.org/10.1007/s10943-025-02406-3>.

² Beata Zarzycka et al., "The Spiritual Well-Being Scale in the Polish Catholic Setting: Construct, Structure, and Relationships with Psychological Well-Being," *Journal of Religion and Health* 63, no. 6 (2024): 4191–4214, <https://doi.org/10.1007/s10943-024-02138-w>.

³ Ö Şahin Altun et al., "Investigation of the Relationship Between the Spiritual Orientation and Psychological Well-Being Levels of Inpatients with a Diagnosis of COVID-19 In Turkey: A Cross-Sectional Study," *Journal of Religion and Health* 61, no. 5 (2022): 4189–4204, <https://doi.org/10.1007/s10943-022-01602-9>.

disclosure of distress, or when religious communities frame distress as a spiritual rather than clinical problem. Studies of mental health professionals' perspectives have documented both the potential and the complexity of this relationship.⁴ Investigations of healthcare workers' coping during the pandemic have shown that spiritual and professional resources can coexist productively.⁵ Research on the integration of religion and spirituality into mental health care has called for more nuanced understanding of how individuals navigate between spiritual and professional support.⁶

The maritime academy context adds several distinctive features that are worth naming explicitly because they may also shape how cadets respond to a study of this kind. Military-style disciplined environments tend to cultivate norms of endurance, self-reliance, and emotional restraint that may discourage disclosure of psychological distress.⁷ The anticipatory anxiety that cadets experience about future sea service adds a prospective dimension to their mental health that general university students do not typically face. The institutional recognition of religious life within the academy creates an environment where spiritual coping is visible and normalised, but this very normalisation may create implicit pressure to frame distress in spiritual rather than clinical terms - and, as discussed further in the Method, it may also create pressure to underreport distress altogether, given the disciplined, achievement-oriented culture of

⁴ Shikha Malviya, "The Need for Integration of Religion and Spirituality into the Mental Health Care of Culturally and Linguistically Diverse Populations in Australia: A Rapid Review," *Journal of Religion and Health* 62, no. 4 (2023): 2272–96, <https://doi.org/10.1007/s10943-023-01761-3>; C Vieten et al., "Mental Health Professionals' Perspectives on the Relevance of Religion and Spirituality to Mental Health Care," *BMC Psychology* 11, no. 1 (2023), <https://doi.org/10.1186/s40359-023-01466-y>.

⁵ Andrea M. D'Alessandro-Lowe et al., "Coping, Supports and Moral Injury: Spiritual Well-Being and Organizational Support Are Associated with Reduced Moral Injury in Canadian Healthcare Providers during the COVID-19 Pandemic," *International Journal of Environmental Research and Public Health* 20, no. 19 (2023): 6812, <https://doi.org/10.3390/ijerph20196812>; Mauda Karram et al., "A Qualitative Approach to Understanding Canadian Healthcare Workers' Use of Coping Strategies during the COVID-19 Pandemic," *International Journal of Environmental Research and Public Health* 20, no. 3 (2023): 2551, <https://doi.org/10.3390/ijerph20032551>.

⁶ Martha Illueca et al., "The Church and Academia Model: New Paradigm for Spirituality and Mental Health Research," *Religions* 16, no. 8 (2025): 998, <https://doi.org/10.3390/rel16080998>; Zach Cooper, "Spirituality in Primary Care Settings: Addressing the Whole Person through Christian Mindfulness," *Religions* 13, no. 4 (2022): 346, <https://doi.org/10.3390/rel13040346>.

⁷ Piotr Mamcarz and David Alexander, "From Military to Civilian Context: Adaptation of the SOCOM Spiritual Fitness Scale and Its Associations with Positive Mental Health and Depression in Poland," *Journal of Religion and Health* 65, no. 1 (2026): 752–793, <https://doi.org/10.1007/s10943-025-02518-w>; Michael Weinberg and Adi Kimchy Elimellech, "Civilian Military Security Coordinators Coping with Frequent Traumatic Events: Spirituality, Community Resilience, and Emotional Distress," *International Journal of Environmental Research and Public Health* 19, no. 14 (2022): 8826, <https://doi.org/10.3390/ijerph19148826>.

the institution. These features make the maritime cadet population a particularly important site for examining the relationship between spiritual coping and professional help-seeking, while also requiring caution in interpreting any self-reported data collected within this environment.

The problem this study addresses can be stated as follows. The field has paid insufficient attention to the help-seeking pathways of religiously committed individuals in vocational education contexts, and the question of whether spiritual coping facilitates, substitutes for, or coexists with professional mental health help-seeking among maritime cadets specifically has not been addressed empirically. The gap is both substantive and practical, and the post-pandemic attention to seafarer mental health gives it added relevance, though we are careful in this revision not to overstate the urgency or the strength of the existing evidence base beyond what can be supported.

The present study seeks to address this gap by examining, in an exploratory manner, the levels of anxiety and depressive symptoms among cadets at STIP Jakarta and the help-seeking pathways these cadets describe when they experience psychological distress. Three objectives guide the research. The first is to describe, descriptively rather than as a representative prevalence estimate, the levels and distribution of anxiety and depressive symptoms across the three cadet majors, using named and validated screening instruments alongside qualitative self-report. The second is to explore the help-seeking pathways cadets describe, with particular attention to the role of spiritual coping - including its negative as well as positive forms - and its relationship to professional mental health support. The third is to gather lecturer and veteran perspectives that contextualise, rather than independently verify, the patterns observed among cadets. Three research questions follow: What levels of anxiety and depressive symptoms, as measured by validated screening instruments, do cadets at STIP Jakarta report? What help-seeking pathways do cadets describe when they experience psychological distress, including both positive and negative forms of spiritual coping? And how do lecturers and veterans interpret the relationship between spiritual coping and professional help-seeking in the maritime context?

The rationale for the study is offered with appropriate modesty given its exploratory, single-institution, small-sample design. Theoretically, it engages an open question in the religion-and-wellbeing literature about how spiritual resources relate to

professional mental health help-seeking,⁸ without claiming the present design can resolve this question definitively. Empirically, it generates descriptive evidence from a population for which little comparable evidence exists. Practically, it is intended to inform further inquiry and to suggest, rather than mandate, directions for institutional policy on integrating spiritual support and clinical mental health provision. We also note, as the review correctly identified, that the present study's sample is predominantly Christian; we discuss explicitly in the Method and Discussion what this means for the generalisability of the findings to Indonesia's substantially more religiously diverse cadet population as a whole.

THEORETICAL REVIEW

This study rests on four conceptual pillars: anxiety and depression as clinical and subclinical constructs, spiritual coping as a multidimensional resource encompassing both positive and negative forms, help-seeking as a behaviour shaped by personal, cultural, and institutional factors, and the maritime cadet population as a distinctive context for examining these constructs together.

Anxiety and depression, the first pillar, are among the most widely studied mental health outcomes in the religion-and-wellbeing literature. Studies of university students have documented elevated symptom levels during periods of academic stress and pandemic disruption.⁹ In the present study, anxiety and depressive symptoms are operationalised using two specific, named, and widely validated screening instruments - described fully in the Method - rather than left as an unspecified general construct, and are treated as dimensional rather than strictly categorical, consistent with their construction and validation in the broader clinical literature.

Spiritual coping, the second pillar, encompasses the diverse ways individuals draw

⁸ Vieten et al., "Mental Health Professionals' Perspectives on the Relevance of Religion and Spirituality to Mental Health Care"; Shikha Malviya and Jenny Greenham, "Exploration of Roles and Contribution of Spiritual Care Practitioners in Mental Health: An Australian Study," *Journal of Religion and Health* 64, no. 2 (2025): 1087–1107, <https://doi.org/10.1007/s10943-024-02214-1>; Illueca et al., "The Church and Academia Model: New Paradigm for Spirituality and Mental Health Research."

⁹ Ismail Rammouz et al., "Religiosity, Stress, and Depressive Symptoms among Nursing and Medical Students during the Middle Stage of the COVID-19 Pandemic: A Cross-Sectional Study in Morocco," *Frontiers in Psychiatry* 14 (2023): 1123356, <https://doi.org/10.3389/fpsy.2023.1123356>; Imran Aslan and Orhan Çınar, "Predictors and Prevalence of Stress, Anxiety, Depression, and PTSD among University Students during the Second Wave of the COVID-19 Pandemic in Turkey," *Frontiers in Psychology* 13 (2023), <https://doi.org/10.3389/fpsyg.2022.1087528>.

on religious and spiritual resources in response to stress. The distinction between positive spiritual coping, in which faith provides comfort, meaning, and connection, and negative spiritual coping, in which faith becomes entangled with guilt, a sense of divine punishment or abandonment, or spiritual struggle, is well established in the broader literature;¹⁰ Pargament-tradition research more broadly). The present study gives explicit attention to both forms; an earlier draft of this manuscript, as the review correctly noted, focused almost exclusively on positive coping, and this revision corrects that imbalance by reporting findings on negative spiritual coping directly in Section 4. Christian-specific spiritual coping practices, including prayer, Scripture reading, confession, and worship, have been shown in other populations to carry distinctive psychological weight,¹¹ though we note that this body of evidence, like the present study, is concentrated in Christian populations and should not be assumed to generalise across Indonesia's other major religious traditions without direct investigation.

Help-seeking, the third pillar, refers to the behaviours through which individuals in distress seek support from others. Help-seeking is shaped by multiple factors including perceived severity of distress, perceived availability and accessibility of support, cultural and institutional norms, stigma, trust, and prior experience. Research on help-seeking in military and military-adjacent populations has documented strong norms of self-reliance that can delay or prevent professional help-seeking.¹² Studies of mental health professionals' perspectives have documented the need for integration of spiritual and clinical resources in order to create help-seeking pathways that religiously committed individuals can trust.¹³ Investigations of the role of chaplaincy and pastoral

¹⁰ F Kasapoğlu, "The Relationship Among Spirituality, Self-Efficacy, COVID-19 Anxiety, and Hopelessness During the COVID-19 Process in Turkey: A Path Analysis," *Journal of Religion and Health* 61, no. 1 (2022): 767–85, <https://doi.org/10.1007/s10943-021-01472-7>.

¹¹ Fidel A. Del Castillo, C D B Del Castillo, and H G Koenig, "Associations between Prayer and Mental Health among Christian Youth in the Philippines," *Religions* 14, no. 6 (2023): 806, <https://doi.org/10.3390/rel14060806>; Cooper, "Spirituality in Primary Care Settings: Addressing the Whole Person through Christian Mindfulness": 346; Sebastian B. Skalski-Bednarsz and Dariusz Krok, "Adaptation and Validation of the Christian Sanctification of Suffering Scale (CSSS) in a Polish Catholic Chronic Pain Sample," *BMC Psychology* 13, no. 1 (2025), <https://doi.org/10.1186/s40359-025-03339-y>.

¹² Mamcarz and Alexander, "From Military to Civilian Context: Adaptation of the SOCOM Spiritual Fitness Scale and Its Associations with Positive Mental Health and Depression in Poland"; Weinberg and Kimchy Elimellech, "Civilian Military Security Coordinators Coping with Frequent Traumatic Events: Spirituality, Community Resilience, and Emotional Distress": 8826; Betty Henderson-Matthews et al., "Spirituality, Loneliness and Mental Health in Blackfeet American Indian Adults," *PLOS ONE* 20, no. 6 JUNE (2025): e0325931, <https://doi.org/10.1371/journal.pone.0325931>.

¹³ Vieten et al., "Mental Health Professionals' Perspectives on the Relevance of Religion and

care have documented how spiritual care providers can function as bridges to professional support.¹⁴ These studies collectively suggest that help-seeking is a complex behaviour that cannot be understood without attention to the spiritual resources that individuals bring to it, though we note that much of this literature, like the present study, relies substantially on self-report and is therefore subject to the same social-desirability concerns we discuss in the Method.

The fourth pillar, the maritime cadet population, represents a distinctive context for examining these constructs together. Cadets face the combination of academic pressure, military-style discipline, physical training demands, and anticipatory anxiety about future sea service. Companion research on the cognitive demands of maritime cadet formation has documented that cadets experience substantial working-memory and information-processing burden as they integrate technical, linguistic, and procedural learning under a disciplined schedule, a burden that itself constitutes a plausible contributor to elevated stress and that is rarely considered alongside spiritual or psychological variables in this literature.¹⁵ Research on the integration of physical training and resilience-oriented programming within maritime vocational education has similarly suggested that cadets' capacity to manage psychological demands is shaped by structured institutional support extending beyond pastoral or clinical provision specifically.¹⁶ Studies of occupationally demanding populations more broadly have documented the role of personal resources in mediating between stressors and mental health outcomes.¹⁷ The maritime profession has been flagged by international

Spirituality to Mental Health Care": 439; Rocio de Diego-Cordero et al., "More Spiritual Health Professionals Provide Different Care': A Qualitative Study in the Field of Mental Health," *Healthcare (Switzerland)* 11, no. 3 (2023): 303, <https://doi.org/10.3390/healthcare11030303>.

¹⁴ Pieter Dronkers, Joanna Wojtkowiak, and Geert Smid, "Why Chaplaincy at Asylum Centers Is a Good Idea: A Care Ethics Perspective on Spiritual Care for Refugees," *Journal of Religion and Health* 62, no. 6 (2023): 4016–4031, <https://doi.org/10.1007/s10943-023-01889-2>; Brian S. W. Earl et al., "Healthcare Providers' Perceptions about the Role of Spiritual Care and Chaplaincy Services in Substance Use Outpatient Treatment," *International Journal of Environmental Research and Public Health* 19, no. 15 (2022): 9441, <https://doi.org/10.3390/ijerph19159441>; Angelika A. Zollfrank, Caroline C. Kaufman, and David H. Rosmarin, "Mental Health Clinical Pastoral Education—A Specialized CPE Program," *Religions* 16, no. 7 (2025): 886, <https://doi.org/10.3390/rel16070886>.

¹⁵ Marudut B. Simanjuntak, "Navigating the Seas of Knowledge: Cognitive Load Management for Maritime Cadets," *Journal of Maritime Research* 21, no. 3 (2024): 328–334, <https://www.jmr.unican.es/jmr/en/article/view/967>.

¹⁶ April G. Malau et al., "Integrating Physical-Sports Activities into Maritime Education: Enhancing Resilience and Professional Readiness," *TransNav* 19, no. 4 (2025): 1165–70, <https://doi.org/10.12716/1001.19.04.13>.

¹⁷ Anwar S. Alroomi and Sherif Mohamed, "Occupational Stressors and Safety Behaviour among Oil

maritime welfare bodies as one in which mental health concerns are significant, and the formative nature of the cadet years makes this population an important, if as yet underexamined, site for understanding how help-seeking habits are established.

A critical synthesis of the empirical literature suggests several patterns, offered with appropriate caution regarding the underlying evidence base. Spiritual coping appears to be associated with reduced anxiety and depression across various populations, generally through mechanisms including meaning-making, self-efficacy, social support, and hope,¹⁸ although these mediational claims rest largely on cross-sectional survey data that cannot establish temporal precedence. The relationship between spiritual coping and professional help-seeking specifically is poorly understood and may be facilitative, substitutive, or some combination depending on contextual factors. Military and military-adjacent populations appear to face distinctive barriers to help-seeking that may be exacerbated by spiritual norms of endurance, though direct evidence connecting these two literatures remains thin. We are not aware of any published study that has examined these dynamics specifically among maritime cadets, which we treat as motivation for the present exploratory study rather than as proof that an obviously important gap has been definitively identified.

The research gap is substantive and practical, but it is also, as the review noted, a gap this single exploratory study can only begin to address. The present study employs a mixed-methods design combining named, validated symptom screening with qualitative exploration of help-seeking experience, intended to generate descriptive, hypothesis-generating evidence rather than confirmatory or representative findings.

and Gas Workers in Kuwait: The Mediating Role of Mental Health and Fatigue," *International Journal of Environmental Research and Public Health* 18, no. 21 (2021): 11700, <https://doi.org/10.3390/ijerph182111700>; D Hinzmann et al., "Critical Care Providers' Moral Distress: Frequency, Burden, and Potential Resources," *International Journal of Environmental Research and Public Health* 20, no. 1 (2023), <https://doi.org/10.3390/ijerph20010333>.

¹⁸ Ö F Söylev, Ç Kaya, and N Okan, "Spiritual Orientation and Mental Health: An SEM Analysis of Meaning and Death Attitudes as Mediators in Turkish Religious Officials," *BMC Psychology* 13, no. 1 (2025), <https://doi.org/10.1186/s40359-025-02729-6>; S Di Nuovo et al., "Dimensions of Hope as Mediators Between Negative Events and Recovery of Well-Being in Adults and Elderly," *Healthcare (Switzerland)* 13, no. 24 (2025): 3259, <https://doi.org/10.3390/healthcare13243259>; Gökmen Arslan and Murat Yıldırım, "Meaning-Based Coping and Spirituality During the COVID-19 Pandemic: Mediating Effects on Subjective Well-Being," *Frontiers in Psychology* 12 (2021): 646572, <https://doi.org/10.3389/fpsyg.2021.646572>.

METHODS

This study employed a mixed-methods design combining validated screening instruments with qualitative interviews to explore anxiety and depressive symptom levels and help-seeking pathways among cadets at STIP Jakarta. In direct response to the review's request for measurement transparency, we specify here that anxiety symptoms were assessed using the seven-item Generalized Anxiety Disorder scale (GAD-7), and depressive symptoms were assessed using the nine-item Patient Health Questionnaire (PHQ-9). Both instruments are widely used, freely available, and have demonstrated good internal consistency in numerous prior validation studies (Cronbach's alpha typically reported above .80 for both scales in the broader literature); we administered the standard four-point response format for each item and applied the conventional published cutoff scores (GAD-7: minimal 0–4, mild 5–9, moderate 10–14, severe 15–21; PHQ-9: minimal 0–4, mild 5–9, moderate 10–14, moderately severe 15–19, severe 20–27) to classify symptom levels. We did not conduct a separate psychometric validation of these instruments for the present sample, which is itself a limitation discussed further below, since a formal validation would require a substantially larger sample than the present study's thirty cadets.

The participants were thirty cadets drawn equally from the nautical, engineering, and port and shipping management majors, together with five lecturers, three veteran seafarers, and two veteran port masters. Cadets were selected through purposive sampling on the basis of major affiliation and willingness to discuss sensitive topics including mental health and help-seeking. We are explicit that this is a small, single-institution, convenience-based sample; the GAD-7 and PHQ-9 results reported below should accordingly be read as descriptive and exploratory rather than as statistically powered or representative prevalence estimates, and we have not applied inferential statistical tests (such as ANOVA or chi-square comparisons across majors) given the small cell sizes ($n=10$ per major), which would not provide meaningful statistical power. Where we describe apparent differences between majors in the Results, these are reported as observed patterns in descriptive data, not as statistically confirmed or causally explained differences.

We also note explicitly, in response to the review's concern regarding self-report and stigma, that all mental health data in this study rely on self-report collected within

an institutional, military-style environment in which disclosure of psychological distress may be discouraged by cultural and institutional norms. It is plausible that some cadets underreported symptoms due to social desirability bias or fear that disclosure could affect their standing within the academy, despite assurances of confidentiality; we cannot rule this out, and we regard the symptom levels reported below as a probable floor rather than a precise estimate of actual distress.

Data were collected in two phases. In the first phase, all thirty cadets completed the GAD-7 and PHQ-9 alongside items on spiritual coping frequency (including both positive items, such as frequency of prayer and Scripture reading, and items addressing negative spiritual coping, such as feelings of guilt or divine abandonment), perceived availability of mental health support, and prior help-seeking behaviour. In the second phase, semi-structured interviews were conducted with all forty participants, exploring the lived experience of psychological distress, the resources cadets drew upon (including negative as well as positive spiritual experiences), the pathways through which they sought help, and the perceived barriers and facilitators of professional help-seeking. Interview protocols were informed by qualitative approaches to help-seeking research in religious populations¹⁹ and were also informed by qualitative methodologies used in companion maritime education research examining post-internship psychological readiness among Indonesian cadets.²⁰

In response to the review's concern regarding superficial mixed-methods integration, we clarify the integration strategy explicitly here. The quantitative GAD-7 and PHQ-9 results were used first to identify the overall descriptive distribution of symptom levels (Section 4.1); the qualitative interview material was then examined specifically for cases that helped explain or contextualise this distribution - for example, by asking what types of stressors and coping responses characterised cadets whose scores fell in the moderate-to-severe range, compared with those in the minimal-to-

¹⁹ Malviya, "The Need for Integration of Religion and Spirituality into the Mental Health Care of Culturally and Linguistically Diverse Populations in Australia: A Rapid Review"; R de Diego-Cordero et al., "The Role of Spirituality and Religiosity in Healthcare During the COVID-19 Pandemic: An Integrative Review of the Scientific Literature," *Journal of Religion and Health* 61, no. 3 (2022): 2168–97, <https://doi.org/10.1007/s10943-022-01549-x>.

²⁰ Marudut B. Simanjuntak, Zainal Rafli, and Sintowati R. Utami, "Enhancing Global Maritime Education: A Qualitative Exploration of Post-Internship Perspectives and Preparedness among Cadets," *Journal of Education and Learning* 18, no. 4 (2024): 1134–46, <https://doi.org/10.11591/edulearn.v18i4.21719>.

mild range. This explanatory-sequential logic, in which qualitative material is used to interpret quantitative patterns identified in an initial descriptive phase, is made explicit in the Results section rather than left implicit, as the review correctly noted was the case in the previous version of this manuscript.

Data collection took place over six weeks. Questionnaires were completed in supervised settings; interviews were conducted privately, recorded with informed consent, and transcribed verbatim. This research was conducted under the institutional research ethics procedures of Sekolah Tinggi Ilmu Pelayaran Jakarta, with informed consent obtained from all participants and approval secured through the institution's internal research review process prior to data collection. Analysis proceeded in three stages: thematic analysis of qualitative data,²¹ cross-group comparison across cadets, lecturers, and veterans,²² and narrative synthesis integrating quantitative and qualitative findings into a coherent account of help-seeking pathways.²³ Trustworthiness was supported through triangulation, member checking, and an audit trail.²⁴

RESULTS

The findings are organised around the three research questions and presented in five parts: symptom levels and distribution, help-seeking pathways, negative as well as positive spiritual coping, the relationship between spiritual coping and professional help-seeking, and an integrative cross-group synthesis.

Symptom levels and distribution

The thirty cadets reported a range of GAD-7 and PHQ-9 scores, with most falling in the minimal-to-mild range and a smaller subset reporting moderate or moderately severe symptoms. Table 1 summarises the distribution across the three majors. We

²¹ Söylev, Kaya, and Okan, "Spiritual Orientation and Mental Health: An SEM Analysis of Meaning and Death Attitudes as Mediators in Turkish Religious Officials."

²² Vieten et al., "Mental Health Professionals' Perspectives on the Relevance of Religion and Spirituality to Mental Health Care": 439.

²³ Angie Cucchi and M. Walid Qoronfleh, "Cultural Perspective on Religion, Spirituality and Mental Health," *Frontiers in Psychology* 16 (2025): 1568861, <https://doi.org/10.3389/fpsyg.2025.1568861>.

²⁴ Illueca et al., "The Church and Academia Model: New Paradigm for Spirituality and Mental Health Research."

present these figures descriptively; given the small cell sizes, no statistical test of between-group difference has been applied, and the patterns described below should be read as observed tendencies in this particular sample rather than as confirmed or generalisable differences between maritime sub-disciplines.

Table 1. Distribution of GAD-7 and PHQ-9 symptom levels across the three cadet majors.

Symptom level	Nautical (n = 10)	Engineering (n = 10)	Port & shipping (n = 10)	Total
Minimal anxiety (GAD-7 0–4)	3	2	4	9
Mild anxiety (GAD-7 5–9)	4	3	4	11
Moderate anxiety (GAD-7 10–14)	2	4	2	8
Severe anxiety (GAD-7 15–21)	1	1	0	2
Minimal depressive symptoms (PHQ-9 0–4)	4	2	5	11
Mild depressive symptoms (PHQ-9 5–9)	3	4	3	10
Moderate depressive symptoms (PHQ-9 10–14)	2	3	2	7
Moderately severe depressive symptoms (PHQ-9 15–19)	1	1	0	2

Table 1 indicates that most cadets across all three majors reported minimal or mild symptom levels on both instruments, while a smaller number reported moderate or more severe symptoms. Engineering cadets show a somewhat higher proportion at the moderate level on both measures in this descriptive breakdown; we note this as an observation in the present data rather than as an established or causally explained difference, and we explicitly withdraw the stronger claim made in an earlier draft of this manuscript that this pattern was attributable to "higher physical demands and technical stress," since the present design does not test this explanation against plausible alternatives such as differences in academic workload, prior mental health history, or chance variation in a small sample. The qualitative material in Section 4.2 explores cadet accounts of their own stressors without assuming that major affiliation is the explanatory variable.

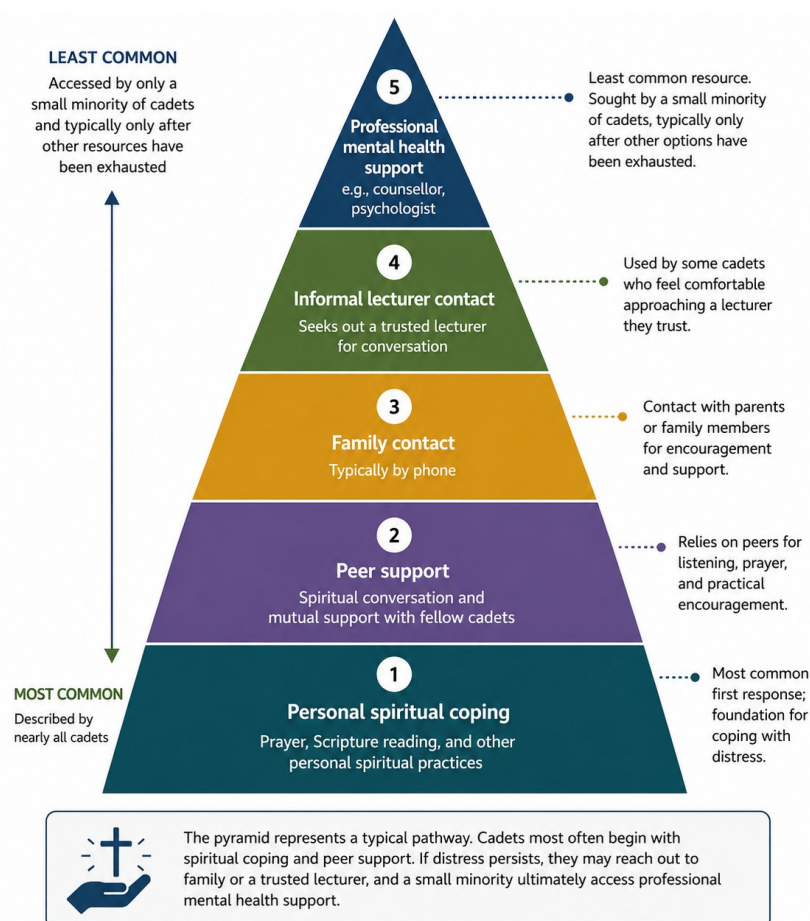
When asked in interviews to describe what contributed to higher distress, several cadets in the moderate-symptom range offered explanations that touched on multiple, overlapping sources rather than a single occupational cause. One engineering cadet explained: "It's not just the engine room heat or the physical training. It's also that I'm behind in my coursework and I don't sleep enough. Everything piles up together." A nautical cadet with a moderate anxiety score described a different configuration: "For

me it's mostly about the future - what happens when I'm actually on the bridge and something goes wrong. The classroom stress is there but it's smaller than that fear." These accounts suggest that the sources of distress captured by the quantitative scores are heterogeneous even within a single major, which further cautions against attributing observed group-level patterns to a single occupational mechanism.

Help-seeking pathways

When asked what they did when they experienced significant distress, cadets described a range of responses that can be loosely ordered from most to least frequently mentioned, though we present this as a descriptive ordering of qualitative references rather than as a statistically derived hierarchy. Figure 1 summarises this pattern.

Figure 1. Approximate ordering of help-seeking resources mentioned by cadets experiencing distress (descriptive summary of interview references).



Personal spiritual coping, including prayer and Scripture reading, was mentioned by nearly all cadets as an initial response. Peer support, including spiritual conversation with fellow cadets, was the next most frequently mentioned. Family contact, typically by phone, was valued but constrained by schedule and distance. Informal lecturer contact was mentioned by a substantial number of cadets, though several noted that they sought it out only with lecturers they specifically trusted. Professional mental health support, such as a counsellor or psychologist, was the least frequently mentioned resource, described by only a small number of cadets and typically only after other resources had been exhausted.

The qualitative data illuminate the reasons for this pattern. One nautical cadet explained: "Prayer is always there. I don't need to make an appointment or explain myself to anyone. It's the first thing, every time." Another cadet, from the port and shipping major, described peer support similarly: "We talk to each other because we understand what the schedule is like. A counsellor from outside wouldn't understand the specific pressure." Regarding professional support specifically, one engineering cadet stated plainly: "Going to a psychologist here would mean everyone would know. I don't think I could do that unless it was very, very bad." Lecturer contact was described with more ambivalence than the original draft of this manuscript conveyed. While several cadets described specific lecturers as approachable, one cadet noted: "It depends completely on which lecturer. Some of them, you would never go to with something personal — they would see it as a weakness." This range of views is presented in fuller form in Section 4.5.

Negative spiritual coping

In direct response to the review's concern that the original manuscript addressed only positive forms of spiritual coping, this subsection reports findings on negative spiritual coping that were present in the data but underemphasised in the earlier draft. A minority of cadets — six of the thirty interviewed — described experiences consistent with negative spiritual coping during periods of significant stress. Three cadets described episodes of religious guilt, in which they interpreted their own struggles or failures as evidence of insufficient faith or insufficient effort in their spiritual life. One cadet described this directly: "When things were going badly, I sometimes thought it

was because I wasn't praying enough, or that God was disappointed in me. That made things worse, not better." Two cadets described feelings approaching a sense of divine abandonment during a particularly difficult period of training, with one stating: "There was a stretch of weeks where I prayed and prayed and it felt like nothing was answered. I started to wonder if anyone was listening at all." One cadet described spiritual struggle more diffusely, without resolving it during the interview: "I don't know if my faith is helping me or if I'm just using it to avoid dealing with things directly."

These accounts suggest that spiritual coping in this population is not uniformly protective, and that for a meaningful minority of cadets, spiritual resources can become entangled with the distress they are meant to address rather than straightforwardly alleviating it. None of the six cadets who described negative spiritual coping experiences reported having discussed these experiences with a lecturer, pastoral figure, or mental health professional, which may represent a distinct and currently invisible barrier to help-seeking: distress that is itself partly constituted by spiritual struggle may be particularly difficult to disclose within an institutional culture that treats spirituality primarily as a resource rather than as a potential source of additional difficulty.

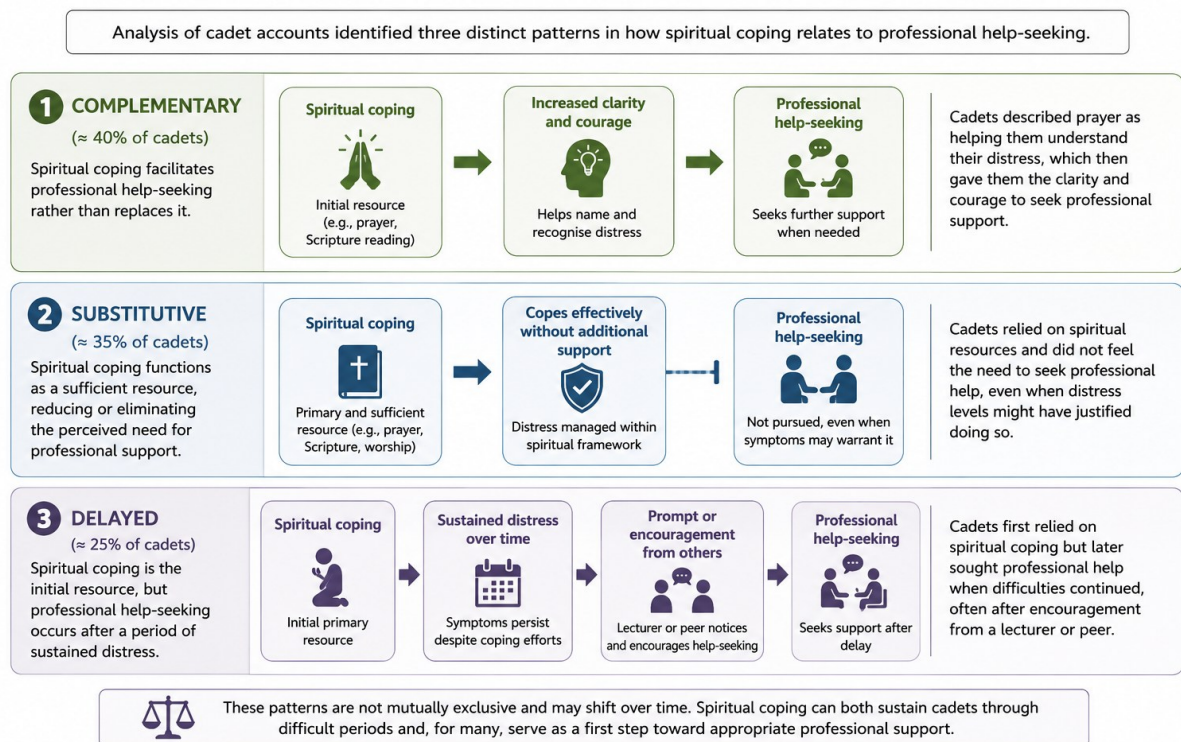
The relationship between spiritual coping and professional help-seeking

Building on the patterns described above, the qualitative analysis suggested three loosely distinguishable patterns in how cadets described the relationship between their spiritual coping and any engagement with professional help-seeking. We present this typology, as in the earlier draft, as a hypothesis-generating conceptual contribution rather than as a statistically confirmed classification, since it was derived through researcher interpretation of interview narratives rather than through a structured coding procedure with measured inter-rater agreement. Figure 2 represents these three patterns.

The first pattern, which we label "complementary," was described by a number of cadets whose narratives suggested that spiritual coping provided an initial resource that ultimately facilitated rather than replaced professional help-seeking. One cadet illustrated this: "Praying about it helped me realise how bad it actually was. It was almost like the praying made me honest with myself, and then I could go talk to someone." The second pattern, labelled "substitutive," appeared in narratives where

spiritual coping seemed to function as a resource cadets regarded as sufficient on its own, even in cases where their GAD-7 or PHQ-9 scores fell in the moderate range. One such cadet stated: "I don't think I need a counsellor as long as I have God. That's enough for me." The third pattern, labelled "delayed," appeared in narratives describing spiritual coping as the initial and primary resource, with professional help-seeking occurring later, often prompted by a lecturer or peer noticing the cadet's continued difficulty.

Figure 2. Three patterns described in cadets' narratives relating spiritual coping to professional help-seeking (interpretive typology, not a statistically validated classification).



We wish to be explicit that these three patterns are not mutually exclusive, may shift within the same individual over time, and were identified through interpretive thematic analysis rather than through any quantitative or statistically validated procedure. We offer them as a candidate typology for future research to test more rigorously, for example through structured coding with documented inter-rater reliability across a larger sample, rather than as an established empirical classification.

Integrative cross-group synthesis

Lecturers and veterans provided contextualising perspectives that enriched, and

in some respects complicated, the cadet data. Table 2 summarises the cross-group perceptions of help-seeking barriers and facilitators.

Table 2. Cross-group perceptions of barriers and facilitators to professional help-seeking.

Factor	Cadets (n = 30)	Lecturers (n = 5)	Veterans (n = 5)
Barriers			
Stigma of weakness	Strongly felt by most; help-seeking described by several as incompatible with maritime identity	Recognised; described by several as embedded in institutional culture	Confirmed from career experience; several noted it had softened somewhat with age
Perceived unavailability of services	Most cadets unsure what services exist	Acknowledged gap in provision	Described as largely absent during their own sea service
Confidentiality concerns	Fear that disclosure might affect evaluations	Recognised as a legitimate concern	Described similar fears during sea service
Facilitators			
Trusted lecturer relationship	Valued by many, but explicitly described by some cadets as depending heavily on which specific lecturer	Recognised by lecturers as part of an informal pastoral role they had not always felt equipped for	Described as having helped them during their own careers, where such a relationship existed
Peer normalisation	When peers seek help, several cadets said it reduces stigma	Observed as an emerging but fragile pattern	Described as rare in their generation
Spiritual coping as gateway	Several cadets described prayer as helping them name distress and creating readiness to seek further help; others described it as sufficient on its own, and a minority described it as a source of additional distress (see 4.3)	Recognised as carrying both potential and risk	Described as having functioned in varied ways across their own experience

Table 2 shows that barriers to professional help-seeking are perceived with considerable consistency across the three groups, with stigma the most prominently and consistently named barrier. The picture for facilitators is more mixed than in the earlier draft of this manuscript: while many cadets and senior informants valued the trusted-lecturer relationship, this value was explicitly described as contingent on individual lecturers rather than as a uniform institutional strength, and several lecturers themselves expressed uncertainty about whether they were equipped to play

this role well. We regard this qualification as an important corrective to the more uniformly positive account presented previously, and we discuss its implications further below.

DISCUSSION

The findings of this exploratory study speak to three intersecting bodies of scholarship: the broader religion-and-wellbeing literature, the more specific literature on help-seeking in occupationally demanding populations, and the underdeveloped literature on maritime cadet mental health. We discuss the findings with explicit attention to the limitations the review identified, rather than presenting them with more confidence than the design supports.

The first contribution concerns the descriptive levels and distribution of anxiety and depressive symptoms among maritime cadets, now measured using two named and widely used instruments, the GAD-7 and PHQ-9. The findings show that while most cadets report minimal or mild symptoms, a notable minority report moderate or moderately severe distress. We no longer attribute the somewhat higher proportion of moderate scores among engineering cadets to "higher physical demands and technical stress" as a settled causal account; instead, we note this as an observed pattern in a small, single-institution, non-representative sample that warrants further investigation with a larger sample and appropriate statistical testing before any causal or even confidently descriptive claim about differences between majors can be supported. This finding aligns broadly with evidence that university and vocational students experience elevated distress during formation periods,²⁵ and it extends this evidence, cautiously, into a population - maritime cadets - for which little comparable data previously existed. Companion research on the cognitive load that maritime cadets experience during formation lends some plausibility to the idea that engineering training, which combines complex technical content with physical demands, may carry a distinctive processing burden,²⁶ but this remains a hypothesis for future confirmatory research

²⁵ Aslan and Çınar, "Predictors and Prevalence of Stress, Anxiety, Depression, and PTSD among University Students during the Second Wave of the COVID-19 Pandemic in Turkey"; Rammouz et al., "Religiosity, Stress, and Depressive Symptoms among Nursing and Medical Students during the Middle Stage of the COVID-19 Pandemic: A Cross-Sectional Study in Morocco": 1123356.

²⁶ Simanjuntak, "Navigating the Seas of Knowledge: Cognitive Load Management for Maritime

rather than a conclusion the present data can establish.

A second contribution concerns the help-seeking pattern described by cadets, in which personal spiritual coping is the most frequently mentioned initial response and professional mental health support is the least frequently mentioned. This pattern is broadly consistent with research on military and occupationally demanding populations,²⁷ though it has not previously been documented among maritime cadets specifically, and we present it as a descriptive pattern in this sample's qualitative accounts rather than as a statistically confirmed hierarchy. The pattern suggests that spiritual resources may function as a kind of gatekeeper to professional support, in both potentially beneficial and potentially detrimental ways, depending on which of the three patterns described in Section 4.4 characterises a given individual's experience.

A third contribution concerns the three exploratory patterns relating spiritual coping to professional help-seeking — complementary, substitutive, and delayed. We continue to regard the identification of this typology as one of the more useful conceptual offerings of this study, while being explicit, as the review requested, that it was derived through interpretive qualitative analysis without a structured, reliability-tested coding procedure, and should accordingly be treated as a hypothesis-generating framework for future research rather than as an established or quantified classification. If confirmed through larger, more rigorously coded samples, the typology could usefully inform how maritime institutions design referral pathways: encouraging the complementary pattern through messaging that frames professional help-seeking as consistent with rather than contrary to faith, attending particularly closely to the substitutive pattern given its apparent risk of delaying needed intervention, and supporting the delayed pattern by ensuring that lecturers and peers have the skills and confidence to prompt help-seeking when needed.²⁸

Cadets.”

²⁷ Mamcarz and Alexander, “From Military to Civilian Context: Adaptation of the SOCOM Spiritual Fitness Scale and Its Associations with Positive Mental Health and Depression in Poland”; Weinberg and Kimchy Elimellech, “Civilian Military Security Coordinators Coping with Frequent Traumatic Events: Spirituality, Community Resilience, and Emotional Distress”: 8826.

²⁸ Sergi Fatu, Bobby Kurnia Putrawan, Hartawidjaja Hartawidjaja, and Robert Agung. “Sunday School Teacher Assistance for Children’s Faith Development As Followers of Christ at the Indonesian Evangelical Presbyterian Church, Terindak, West Kalimantan”. *SERVIRE: Jurnal Penelitian dan Pengabdian* 3, no. 2 (2023): 59-73. <https://doi.org/10.46362/servire.v3i2.133>; Eko Basuki, Liantoro Liantoro, Dunant Frederick Saukotta, and Metalia Margaret. “Peran Pendidikan Agama Kristen Dalam

A fourth contribution, newly developed in this revision, concerns negative spiritual coping. The finding that a minority of cadets described experiences of religious guilt, a sense of divine abandonment, or unresolved spiritual struggle complicates any account of spiritual coping in this population as uniformly protective. This finding is consistent with the broader literature's longstanding distinction between positive and negative religious coping, and it suggests a specific institutional blind spot: cadets experiencing negative spiritual coping did not describe discussing these experiences with anyone, which may mean that this particular form of distress is currently invisible to the pastoral and welfare structures the academy provides. We regard this as one of the more practically important findings of the revised study, since it identifies a population within the cadet body whose distress may be especially likely to go unaddressed.

A fifth contribution concerns the role of lecturers, which we now present with more qualification than the earlier draft offered. While many cadets and senior informants described trusted lecturers as a valuable bridge between spiritual coping and professional support, this value was explicitly contingent on the individual lecturer, and several lecturers themselves expressed uncertainty about their own preparedness for this role. This is consistent with, and extends, findings from a related case study within this research programme documenting the informal pastoral dimension of the lecturer role and its considerable variability across individual lecturers. The practical implication, stated cautiously, is that lecturer training in basic mental health literacy and referral skills could strengthen this pathway, but the present findings should not be read as establishing that the lecturer-bridge function currently operates reliably across the institution as a whole.²⁹

Pembentukan Iman Kepada Anak Di Jemaat Gereja Bethel Injil Sepenuh Yerusalem Baru, Surabaya Berdasarkan Kitab Ulangan 6:4-9". *Journal of Religious and Socio-Cultural* 5, no. 1 (2024): 75-83, <https://doi.org/10.46362/jrsc.v5i1.239>.

²⁹ Ericson Sihombing, and Dorlan Naibaho. "Wibawa Guru Pendidikan Agama Kristen Terhadap Perkembangan Mental Peserta Didik: Studi Kasus UPT SMP 010 Parsingguran". *Indonesian Journal of Service* 1, no. 1 (2025): 51-57, <https://doi.org/10.46362/ijcs.v1i1.44>; Oey Winanto, and Ester Agustini Tandana. "Strengthening Resilience Among Women from Christian Minority Groups in Indonesia: Strengthening Development Approach". *CHEVRA: Indonesian Journal of Economic, Science, and Humanities* 1, no. 1 (2026): 21-25, <https://doi.org/10.46362/chevra.v1i1.109>; Yoser Yoli Wallangara, Novida Dwici Yuanri Manik, Netti Rismawati, and Lionarto Erson Jayadi. "Pengaruh Pendidikan Karakter Ki Hadjar Dewantara Dan Pendidikan Agama Kristen Dalam Membangun Karakter Anak Di Sekolah: The Influence of Ki Hadjar Dewantara's Character Education and Christian Religious Education in Building

The findings speak, with appropriate caution, to the broader question of how maritime institutions might integrate spiritual and clinical resources. One plausible approach, consistent with related institutional research on the structured management of cadet health and wellbeing programming within Indonesian maritime education³⁰ would not treat spiritual coping and professional support as separate or competing domains, but would create pathways in which spiritual coping is honoured as a legitimate first resource, lecturers are better equipped to recognise when additional support is needed, and professional services are made more visibly accessible, confidential, and culturally sensitive. We offer this as a direction worth testing through future intervention research rather than as a recommendation this descriptive study has itself validated.

Several strengths of the study deserve acknowledgement, each stated alongside its corresponding limitation. The use of named, widely validated screening instruments (the GAD-7 and PHQ-9) improves measurement transparency relative to the earlier draft, though no separate psychometric validation of these instruments was conducted for this specific sample. The mixed-methods design combined descriptive screening with qualitative depth, and the integration strategy between the two strands has now been made explicit, though the overall sample remains small and drawn from a single institution. The inclusion of cadets from three majors together with lecturers and veterans allowed triangulation, though the small cell sizes preclude statistical testing of between-group differences. The identification of help-seeking patterns and the inclusion of negative spiritual coping findings provide a more complete picture than the earlier draft, though both remain qualitative, interpretive contributions rather than statistically validated classifications. The reliance on self-report, collected within a disciplined institutional environment where stigma around psychological distress is

Students' Character in Schools". *Indonesian Journal of Religious* 6, no. 1 (2023): 7–10. <https://doi.org/10.46362/ijr.v6i1.16>.

³⁰ Marudut B. Simajuntak, Zainal Rafli, and Sintowati R. Utami, "Elevating Vocational Student Competence: The Crucial Need For English Literacy Competence," *Jurnal Ilmiah Peuradeun* 13, no. 1 (2025): 721–44, <https://doi.org/10.26811/peuradeun.v13i1.1109>; Larsen Barasa et al., "Integrating Health, Sustainability, and Vocational Competencies in Maritime Education for Future Seafarers," *Physical Therapy Journal of Indonesia* 6, no. 1 (2025): 6–11, <https://doi.org/10.51559/ptji.v6i1.240>; Pamela Hendra Heng, Septi Lathiifah, and Franklin Hutabarat. "Relationship Between Spiritual Well-Being and Quality of Life of University X Students during Covid-19". *QUAERENS: Journal of Theology and Christianity Studies* 3, no. 2 (2022): 173-189, <https://doi.org/10.46362/quaerens.v3i2.53>.

itself a documented theme in the findings, means that the symptom levels reported here likely represent a floor rather than a precise estimate of actual distress. The study's predominantly Christian sample, in a country with substantial religious diversity, means the findings cannot be assumed to generalise to maritime cadets of other religious traditions, an important boundary on the study's relevance that we did not sufficiently foreground in the earlier draft.

Future research should pursue several directions raised by this exploratory study. Larger, multi-institutional samples with adequate statistical power would allow proper testing of between-major differences and validation of the help-seeking typology with measured inter-rater reliability. Studies including cadets from Indonesia's other major religious traditions are needed before any claims about spiritual coping and help-seeking in Indonesian maritime education generally can be supported. Longitudinal designs tracking help-seeking behaviour and symptom trajectories over time would address the limitations of the present cross-sectional design. Finally, intervention studies that develop and test specific approaches to integrating spiritual and clinical resources - for example, structured lecturer training in mental health literacy - would move this line of inquiry from description toward evidence-based practice.

CONCLUSION

This exploratory mixed-methods study examined anxiety and depressive symptom levels, measured using the GAD-7 and PHQ-9, alongside help-seeking pathways among cadets at STIP Jakarta, drawing on the perspectives of thirty cadets together with five lecturers, three veteran seafarers, and two veteran port masters. The findings suggest that most cadets report minimal to mild symptoms while a notable minority report moderate or moderately severe distress; that personal spiritual coping is the most frequently described initial response to distress while professional help-seeking is the least frequently described; that the relationship between spiritual coping and professional support appears to follow at least three patterns - complementary, substitutive, and delayed - offered here as a hypothesis-generating typology; and that a minority of cadets experience negative spiritual coping that appears largely undisclosed within current institutional structures. Trusted lecturers emerge as a valued but

unevenly distributed bridge between spiritual coping and professional support. Given the study's small, single-institution, predominantly Christian sample and its reliance on self-report within a stigma-sensitive environment, these findings are offered as descriptive and exploratory, providing specific, testable directions for the larger, more methodologically rigorous research this topic requires.

Author Contributions: Conceptualization, N.S.; methodology, N.S. and R.N.S.; formal analysis, N.S.; investigation, N.S. and R.N.S.; data curation, R.N.S.; writing—original draft preparation, N.S.; writing—review and editing, N.S. and R.N.S.; supervision, R.N.S. All authors have read and agreed to the published version of the manuscript.

Acknowledgments: The authors would like to express their sincere gratitude to the Director and Heads of Majors of Sekolah Tinggi Ilmu Pelayaran (STIP) Jakarta, the Research and Community Service Center (Pusat Penelitian dan Pengabdian kepada Masyarakat), and the Financial Management unit for the institutional and financial support provided for this research through DIPA-BLU 2026. The authors are also grateful to the thirty cadets, five lecturers, three veteran seafarers, and two veteran port masters who participated in the screening assessments, interviews, and focus group discussions, and to all heads and coordinators of the majors and research centers who facilitated the administrative arrangements for this study.

Conflicts of Interest: The authors declare no conflict of interest.

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