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Struggles and Healing: A Phenomenological Study on the Experiences of Former Patients with Mental Disorders at the Dzikrul Ghofilin Foundation

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ABSTRACT

Mental disorders are disruptions that impair cognitive functioning, resulting in individual distress and impeding social roles due to alterations in mental processes. This study aims to elucidate the underlying reasons and mechanisms by which individuals develop mental disorders, as well as to explore potential interventions. Utilizing a qualitative methodology with a phenomenological approach, data were gathered through observational techniques and in-depth interviews with six informants. These informants are former patients who have either recovered or are nearing recovery from mental disorders. The findings from observations and interviews indicate the following conclusions: (1) The etiology of mental disorders is multifaceted. Informants reported that their mental disorders stemmed from the interplay of various issues. (2) The manifestation of mental disorders is gradual, developing over an extended period. (3) Individuals with mental disorders lose the ability to regulate their behavior due to impaired cognitive and emotional control. (4) Given the diverse etiologies of mental disorders, it is logical that the therapeutic interventions provided by Mrs. Ut the therapist and founder of the Dzikrul Ghofilin Foundation are varied and tailored to individual needs. (5) Recovery and therapeutic processes for mental disorders are protracted and require significant time. (6) A distinctive feature of Mrs. Ut's therapy is that it relies entirely on natural approaches and treatments, without the use of tranquilizers or sedative medications. This research offers valuable insights into the multifaceted nature of mental disorders and highlights the significance of holistic, personalized approaches in the recovery processes.

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Introduction

Mental disorders are defined in various ways within health literature. Some scholars interpret mental disorders as challenges arising from interpersonal relationships, perceptions of life, and self-attitudes (Budiman, 2010). Others describe mental disorders as disturbances in cognition, volition, affect, and psychomotor functions (Maramis, 2010). In this context, mental disorders are characterized as disruptions in mental functioning that cause individual suffering and impede social role fulfillment, resulting from alterations in mental processes (Depkes RI, 2010). Despite the recognition of numerous mental disorders, many remain poorly understood. Therefore, it is crucial to engage with individuals experiencing mental disorders through observation and interaction. This includes inquiring about and listening to their experiences, perceptions, thoughts, emotions, desires, fears, feelings of helplessness, and behaviors, as well as the underlying reasons for these behaviors. Such engagement can expand our understanding and awareness of the lives of those affected by mental disorders. (Hegde, S., Quadros, S., Appaji, R., & Acharya, V. A. 2025; Jacob, S. 2016) Regrettably, individuals with mental health issues continue to face

discrimination, violence, stereotypes, and marginalization. According to the 2016 Human Rights Watch report, "Living in Hell: Violence Against People with Psychosocial Disabilities in Indonesia," approximately 18,800 individuals with mental health disorders are still subjected to restraints, despite a government ban on such practices since 1977. The 2016 State Revenue and Expenditure Budget allocated only 1.5% of the total 106.1 trillion health budget to mental health. Additionally, healthcare facilities for individuals with mental disorders are limited, with only 48 psychiatric hospitals across 26 provinces, more than half of which are concentrated in four provinces. Of these hospitals, only 22 offer child psychiatric services. Eight provinces lack psychiatric hospitals entirely, and three provinces have no psychiatrists. Among the 445 general hospitals, only 249 provide mental health services. Out of 9,000 community health centers, only 30% offer mental health programs. Severe mental disorders are prevalent in regions such as Aceh, Yogyakarta, South Sulawesi, Bali, and Central Java. Notably, 70% of the 773 psychiatrists are based on Java Island, with 40% working in Jakarta.

In 2013, approximately 14 million individuals aged 15 and above in Indonesia experienced emotional and mental disorders, indicated by symptoms of depression and anxiety, representing 6% of the population. The prevalence of severe mental disorders, such as schizophrenia, was about 400,000 individuals, or 1.7 per 1,000 residents (Riskesdas 2013). Given this data, it is imperative to investigate the reasons and mechanisms behind the development of mental disorders and explore effective interventions. Although previous studies have examined the causes, symptoms, and treatment of mental disorders, less attention has been given to how individuals who have experienced mental disorders themselves understand and interpret their experiences throughout the course of illness and recovery. Understanding mental disorders solely from clinical or diagnostic perspectives may overlook the subjective meanings attached to distress, altered perceptions, loss of behavioral control, interpersonal difficulties, and the process of regaining everyday functioning. A phenomenological perspective is therefore important because it enables researchers to explore how individuals experience, interpret, and make sense of mental health difficulties from their own perspectives.

Previous literature has also emphasized that recovery from mental illness is not necessarily a linear process and may involve psychological, social, interpersonal, and spiritual dimensions. However, experiences of recovery may differ according to cultural, family, religious, and community contexts. In Indonesia, particularly in community-based settings, there remains a need to understand how former patients describe their experiences of illness and recovery and how they perceive the forms of support and therapeutic practices that accompany this process. This study addresses this gap by exploring the lived experiences of former patients with mental disorders who received care at the Dzikrul Ghofilin Foundation. Rather than focusing exclusively on psychiatric symptoms or diagnostic categories, the study seeks to understand how participants experienced the emergence of psychological difficulties, changes in thoughts and behavior, interpersonal and environmental stressors, and the process of recovery. The study also explores the therapeutic and interpersonal practices experienced by participants at the foundation. Through a phenomenological approach, this research aims to provide a deeper understanding of mental health recovery from the perspective of individuals who have personally experienced psychological distress. This research was motivated by direct encounters with individuals currently or previously experiencing mental disorders at the Dzikrul Ghofilin Foundation in Erorejo Village, Wadaslintang District.

Method

Research Design

This study employed a qualitative research design using a phenomenological approach. A phenomenological approach was selected because the purpose of the study was to understand the experiences of individuals who had personally experienced mental health problems and subsequently undergone a process of recovery. The approach allowed the researchers to explore participants' experiences, perceptions, thoughts, emotions, behavioral changes, and interpretations of their recovery experiences.

When skepticism posits that true knowledge of reality is unattainable, relativism asserts that "there is no universal understanding," and idealism contends that humans comprehend not reality itself but their own perceptions. In contrast, Edmund Husserl maintains that humans can apprehend true reality through phenomena. Husserl acknowledges the existence of a "fog" that obscures the subject's recognition of reality. This fog originates from two sources: first, from the reality itself that is to be recognized, and second, from within the subject, manifesting as conceptions, cognitive frameworks, and the subject's own state,

influenced by the era they have experienced. However, Husserl is convinced that this fog can be entirely dissipated, revealing reality in its purest form. With this conviction, Husserl advocates for a return to the things themselves *(Nach den Sachen selbst)*. To achieve this, Husserl recommends a filtering of phenomena, through which only pure reality remains (Driyarkara, 2006). This methodology is commonly referred to as the phenomenological approach (Jacob, S., 2016; Tofthagen, R., Talseth, A. G., & Fagerstrøm, L. M., 2017).

Participants

The participants consisted of six former patients who had experienced mental health problems and had received care at the Dzikrul Ghofilin Foundation. Four participants were from Dusun Jurutengah, Erorejo Village, Wadaslintang District, Wonosobo Regency, Central Java; one participant was from Dusun Jebengan, Trimulyo Village, Wadaslintang District; and one participant was from Dusun Rojosari, Tanjung Anom Village, Kaliwiro District. All participants were former patients of the Dzikrul Ghofilin Foundation who were considered to have recovered from or were in the process of recovering from their mental health problems.

Data Collection

Data were collected through direct observation and in-depth interviews with the six participants. The interviews focused on participants' experiences before, during, and after experiencing mental health difficulties. Particular attention was given to experiences related to family and environmental circumstances, psychological distress, changes in thoughts and behavior, perceptions of other people and events, and experiences during the recovery process. Observations were also conducted to obtain contextual information regarding participants' interactions and the therapeutic practices implemented at the foundation (Simatupang, et al, 2021).

Data Analysis

The interview and observation data were examined qualitatively by identifying recurring experiences and patterns across participants. The analysis focused on participants' descriptions of the factors associated with their psychological difficulties, changes in thoughts and behavior, interpersonal experiences, and experiences of recovery and therapy. Similar experiences were grouped into broader categories and interpreted to identify the major themes emerging from the participants' accounts.

Trustworthiness

To strengthen the credibility of the findings, information obtained from interviews was considered together with observations conducted at the foundation. The researchers compared participants' accounts with observed behaviors and the contextual information obtained during the research process.

Result

Previous Research

The term "mental disorders" is commonly used by the general public, academics, and professionals to describe individuals experiencing illness. What type of illness warrants such a designation? It may be due to a physical illness (somatogenic), social environmental factors (sociogenic), psychological issues (psychogenic), or a combination of these factors contributing to the mental disorder. The etiology of mental disorders is generally multifactorial, involving an interplay of various elements that influence each other or coincide, resulting in the disorder (Stuart & Sundeen, 2008).

Prolonged depression can also precipitate mental disorders, characterized by symptoms such as insomnia, loss of appetite, psychomotor disturbances, poor concentration, fatigue, feelings of hopelessness, powerlessness, worthlessness, guilt, low self-esteem, and suicidal ideation as manifestations of chronic depression (Hawari, 1997; Kaplan, 1998; Nugroho, 2000).

Similarly, a pathogenic family structure significantly contributes to the development of mental disturbances in children. For instance, a child subjected to domestic violence may develop mental disorders due to traumatic experiences. In preschool-aged children, these traumatic experiences can manifest as withdrawal behaviors, bedwetting, restlessness, difficulty sleeping, fearfulness, nightmares, and speech delays (Dharmono, 2008; Baihaqi, 2005; Yosep, 2014). Therapeutic interventions for mental disorders can take various forms, including physical, psychological, psychosocial, and religious approaches (Hawari, 1997;

Kaplan & Sadock, 1991). The American Psychiatric Association (APA) integrates these four therapeutic dimensions into a bio-psychosocial-spiritual approach (Hawari, 2002).

Research Findings

Analysis of the interviews and observations revealed several recurring themes concerning the participants' experiences of mental health difficulties and recovery. Although the circumstances experienced by each participant differed, their narratives showed several common patterns. These included the accumulation of psychosocial stressors, gradual changes in psychological functioning, difficulties in regulating thoughts and behavior, altered perceptions of events and other people, the need for acceptance and interpersonal support, and gradual recovery through structured interpersonal, social, behavioral, and spiritual activities.

Theme 1. Accumulation of Psychosocial Stressors

Participants described different circumstances preceding the emergence of their mental health difficulties. These included family conflict, marital problems, economic hardship, separation from family members, natural disasters, interpersonal concerns, and difficulties related to religious or mystical experiences. The experiences suggested that psychological difficulties were not associated with a single event but developed within a combination of personal, family, social, and environmental circumstances. For example, Yul described prolonged difficulties following two unsuccessful marriages and the lack of economic and emotional support from her husbands. Wan experienced poverty, parental conflict, parental divorce, and the loss of his home following the eruption of Mount Merapi. Ind experienced prolonged worry concerning her husband while he was working in Papua. These accounts indicate that prolonged exposure to stressful circumstances was an important part of the participants' narratives concerning the emergence of their psychological difficulties.

Theme 2. Gradual Changes in Psychological Functioning

Participants did not generally describe their psychological difficulties as appearing suddenly. Instead, their accounts indicated a gradual accumulation of distress followed by changes in sleep, appetite, concentration, emotional stability, thought processes, and behavior. Mrs. Ut, for example, described experiencing insomnia and loss of appetite following a period of intense family and economic difficulties. Other participants similarly described prolonged distress before their behavior became noticeably different to people around them. These experiences suggest that participants perceived the development of their difficulties as a process rather than as an isolated event.

Theme 3. Difficulties in Regulating Thoughts, Emotions, and Behavior

Several participants described experiencing difficulties in controlling their thoughts, emotions, or behavior during periods of severe psychological distress. Three participants reported that they sometimes felt unable to stop themselves from speaking, while others described behaviors that they perceived as difficult to control. The accounts also included rapidly changing emotional expressions. According to the observations and interviews, one participant could scream, laugh, and subsequently cry within a relatively short period. Such experiences were interpreted by participants as being closely related to changes in their internal emotional states and difficulties in regulating their responses.

Theme 4. Altered Perceptions and Unusual Experiences

Participants also described changes in the way they perceived themselves, other people, and their surroundings. Some reported hearing voices or responding to experiences that they perceived as occurring within their minds. Mrs. Ut described experiences in which she perceived neighbors as animals and believed that she could communicate with animals. These experiences were meaningful to the participants during periods of psychological difficulty and influenced how they interacted with people and their surroundings. Rather than simply representing unusual behavior from an external observer's perspective, the participants' narratives indicate that such experiences were subjectively real and influenced their subsequent thoughts and actions.

Theme 5. The Need for Acceptance and Human Connection

Despite experiencing substantial changes in thoughts and behavior, participants continued to express basic interpersonal needs. They wanted to be treated with dignity, understood, accepted, and not abandoned or ridiculed. The experience of being accepted appeared to be particularly important in the recovery process. At the Dzikrul Ghofilin Foundation, participants were engaged in interpersonal activities, communication, social interaction, and everyday responsibilities. These activities provided opportunities for participants to reconnect with other people and gradually participate in ordinary social and behavioral activities.

Theme 6. Recovery as a Gradual and Multifaceted Process

Participants' experiences indicated that recovery was not immediate. The process involved gradual changes in behavior, emotional regulation, interpersonal interaction, and everyday functioning. Therapeutic practices observed at the foundation included cleaning and caring for patients, communication and encouragement, massage, social activities, singing and dancing, dhikr, and gradual involvement in daily responsibilities. The therapeutic approach described by the participants and observed by the researchers was therefore characterized by interpersonal engagement, structured activities, spiritual practices, and gradual restoration of responsibility. The participants' accounts suggest that recovery was experienced as a process that required time, patience, interpersonal support, and individualized responses to their circumstances.

Discussion

A) Causes of mental disorders. From the six informants who have experienced disturbances and were deeply interviewed, it can be explained that their mental health issues were caused by:

1) Pathogenic Family Structure

Coleman (1984) stated that a pathogenic family structure is one of the factors that can disrupt personality development (Suprapti & Markam, 2003). A pathogenic family structure can lead to unhealthy communication patterns, resulting in behavioral disturbances among some of its members.

There are four types of family structures that are particularly vulnerable to causing issues for their members:

(a) **Families Struggling with Everyday Problems**: The inability of a family to deal with daily issues can stem from various reasons, such as lacking sufficient resources or parents not having enough knowledge and skills

(b) **Families Lacking Harmony**: Frequent arguments create a very uncomfortable home environment. Witnessing parents fight all the time can lead children to experience tension and anxiety at home. Even away from home, they may still be haunted by these experiences.

(c) **Antisocial Families**: These families adhere to values that contradict those of the wider society. Their indifference towards rules and laws, often violating existing regulations, can lead to developmental disorders in children. These children may face confusion in social interactions, isolation, or even rejection due to their inability to socialize.

(d) **Broken Families**: Families where the parents separate due to divorce or where one parent has multiple partners. This situation can disrupt a child's development (Nevid, Jeffrey S., et al., 2005).

Of the six informants interviewed, three live or at least feel they live within a pathogenic family structure:

(a) **Yul**: She claims to have gone insane after failing at her marriage twice. Her first marriage fell apart because her husband didn't provide for her. She worked while her husband did not. After having a child, she asked her husband to find a job, but he left her instead. After a long time as a single mother, she remarried. Even after their second child was born, her new husband still hadn't found a job. She struggled alone to support her family. One day, her husband said he was going out to find work but never returned. She endured this situation for about two years before losing her sanity.

(b) **Wan**: He often witnessed his poor parents fighting and eventually divorcing. The situation worsened when a volcano erupted, destroying his house. This harsh reality forced him to become a scavenger. Unable to bear the heavy burden of distress any longer, he ended up going insane.

(c) **Ind**: A young mother with two small children, she started experiencing mental health issues while her husband was working in Papua. She went crazy after reading news on Facebook about her husband, concluding that he was cheating and had married another woman in Papua. This prolonged

distress led to severe mental health issues. Her husband eventually returned from Papua and brought her to the Dzikrul Ghofilin Foundation for treatment.

2) Heavy distress

According to Cannon (1920), stress is a physiological response to heightened emotions, emphasizing the adaptive function of reactions to either confront or flee from stressors. Our bodies undergo various changes when experiencing stress, preparing us to confront threats similarly to how our evolutionary ancestors prepared for life-threatening situations, such as encountering a wild animal. The body prepares to either fight or flee from the threat. The following physiological changes occur under stress: pupils dilate to enhance vision, hearing sharpens, heart rate and blood pressure increase to pump blood to the extremities, breathing becomes rapid and shallow to maximize oxygen delivery, and sweating occurs to cool the body. Additionally, chemical changes include the release of carbohydrates and fats into the bloodstream for energy, and the release of renin, angiotensin, norepinephrine, and nitric oxide to dilate blood vessels and supply nutrients to muscles. Blood vessels in the skin constrict to minimize bleeding in case of injury, and platelet count increases to prepare for clotting (Silalahi, 2006).

Unfortunately, stress from life pressures can trigger the body to react as if facing a threat. Prolonged stress, initially meant to protect, can lead to physical or mental illness, known as heavy distress. The human nervous system is not designed to endure constant distress for extended periods. Prolonged distress can result in symptoms such as diarrhea, difficulty concentrating, decreased appetite, irritability, insomnia, mood swings, increased daydreaming, insensitivity to others, and low self-esteem (Arden, 2006).

Among six interviewees, four experienced severe distress. Despite facing different stressors, they all endured intense distress. Mrs. Ut experienced severe distress due to her parents' business bankruptcy and witnessing her sister's mental disorder. Unable to bear the burden, she developed a mental illness. Yul faced severe distress after her husband left, struggling to survive with her child. Wan, in a different situation, faced multiple stressors: poverty, witnessing parental conflict and divorce, losing his home to the Mount Merapi eruption, and surviving by scavenging. Ind could not handle the distress burden, believing her husband was unfaithful.

3) Religion

Karl Marx (1859) famously stated, *"Die Religion… ist das Opium des Volkes"* (religion is the opium of the people). This statement was primarily a critique of the collusion between political power and the church during his time. However, in everyday life, religion serves various purposes beyond mere escapism. Some individuals use it as a refuge from life's difficulties and hardships, hoping (or even demanding) that God will assist them. Others leverage religion to pursue personal ambitions. Misunderstanding the role of religion can indeed turn it into an opiate, stemming from the belief in God's omnipotence, omniscience, benevolence, and omnipresence.

In an interview with Mr. Sud, it was revealed that he initially used verses from the Quran in an attempt to win the lottery every night for weeks. He believed that God, being All-Knowing and All-Good, would help him find the winning numbers, especially since he needed money for his family's daily expenses. However, after weeks of trying, none of his lottery numbers won, and the money he sought was lost without any results. This reality left him confused, and as he pondered his situation more deeply, he ultimately lost control of his mind and went mad. A similar situation occurred with another informant who studied and practiced Sufism. Sufism is a discipline that teaches the purification of the soul and the clarification of the mind to control and direct daily behavior towards achieving lasting happiness.

Initially emerging as a movement of asceticism (avoiding worldly matters) in Islam, Sufism evolved into a mystical tradition with various currents (Ali, 2005). Unfortunately, this informant mixed religious knowledge with esoteric practices, which confused him and disrupted his thoughts, ultimately leading to a loss of mental control and madness.

B) The meaning behind the behavior of people experiencing mental disorders

1) Their Words and Actions Aren't Really Their Own

Based on the interviews, it appears that the behavior of individuals with mental disorders is not entirely their own. They often act in response to commands or invitations they hear in their minds. Three interviewees admitted they cannot stop themselves from talking; the words spill out uncontrollably. Consequently, they lose control over their thoughts and actions. This explains why some individuals with

mental disorders may walk continuously without regard for direction or why their conversations seem disjointed.

2) They Like to Talk to Themselves

One notable behavior of individuals experiencing mental disorders is talking to themselves. Interview results indicate that their words are reactions to hallucinations and conversations with voices they hear. They experience hearing voices without knowing or caring about the source, and they respond or react to these voices.

3) Rapid and Contradictory Behavioral Changes

Interview results with Mrs. Ut, a therapist, manager, and the founder of the Dzikrul Ghofilin Foundation, revealed that Yul, upon arrival at the foundation, exhibited aggressive behavior. He would scream, laugh shortly after, and then start crying. Yul explained that his behavior reflected his internal emotional states, driven by rapidly shifting emotions (see Arden, 2006).

4) Different Understanding and Reaction to Events

Mrs. Ut mentioned that during her mental health struggles, even minor events could capture her full attention (referred to as overthinking). She would intensely focus on a falling leaf, picking it up slowly and observing where it fell from. This deep thinking leads to prolonged daydreaming in individuals with mental disorders (see Arden, 2006).

5) Claims of Communicating with Animals or Plants

Mrs. Ut, during her mental health struggles, believed that she could communicate with chickens, and it seemed that the chickens understood her. It is not surprising to see individuals with mental disorders talking to animals or plants, as they believe in their ability to communicate with them.

6) Perceptions of Others

When San and Mrs. Ut were experiencing mental health issues, they called their visiting neighbors dogs, pigs, etc., claiming they saw the neighbors' faces as those animals. When asked if their actions were wrong, they acknowledged it but said they could not help saying it out loud.

7) Hopes and Needs

Individuals with mental disorders have hopes similar to those of others. They need acceptance rather than avoidance, mockery, abandonment, or restraint. They hope to be understood and accepted as they are, despite their different speech or behavior.

C) Handling and therapy for people experiencing mental disorders at the Dzikurul Ghofilin Foundation.

The establishment of the Dzikurul Ghofilin Foundation was undeniably influenced by Mrs. Ut's personal experiences, as she and her three younger brothers once suffered from mental health issues. Upon realizing her recovery, this elementary school teacher from Erorejo expressed her intention to her husband and children to take in and care for people with mental health problems in their home. However, her family initially opposed her wishes. Her siblings also disapproved when they learned of her intentions. When they discovered that Mrs. Ut had taken in a neighbor with mental health issues, one of her brothers even hit her.

On one occasion, the person she was housing had an accident, leaving a mess in the room by smearing it on the floor and walls before wiping it on her own head. Mrs. Ut cleaned and bathed the person in front of her husband and children. She then stood up and said to her family, "If I were still suffering from mental health issues, you would be the ones doing this for me. So what do you choose: me taking in and caring for people with mental health problems in our house, or me continuing to have mental health issues?" Hearing this, her husband and children cried. From that point on, her family no longer opposed her efforts. In fact, they eventually began to help care for these individuals. This incident occurred in 2003. Since then, Mrs. Ut has always been open to receiving and caring for people with mental health issues brought to her home. By the time this research was conducted, she had already been caring for 150 individuals with mental health issues.

According to her, the care for people with mental disorders is primarily possible not because of her own strength but because of God's power. She stated, "There's no way I could do this if it wasn't for

God's strength and assistance." Additionally, having experienced mental disorders herself, she claims to understand their needs and how to interact with them. Although initially rejected, her entire family eventually supported and helped her. She is deeply convinced of God's help. Notably, she does not impose fees on incoming patients; they pay according to their ability, and some do not pay at all. She also does not use medication to heal her patients.

D) Therapeutic Approaches at the Dzikurul Ghofilin Foundation

The following therapeutic approaches conducted by Mrs. Ut were revealed during interviews and observed directly:

1) **Treating New Patients with Dignity**: New patients are treated truly as human beings. Society often perceives individuals with mental disorders as unkempt, dirty, and unhealthy. At the foundation, they are first cleaned up and released without being shackled, unless they pose a threat to themselves or others.
2) **Subduing Aggressive Patients**: Aggressive and rebellious patients are subdued first. Mrs. Ut might step on them or pretend to threaten them. If the patient screams loudly, she will scream even louder while threatening them.
3) **Confronting Fears**: Patients are made tired by being confronted with their fears.
4) **Massages**: Patients receive massages. If a patient does not want to be massaged, Mrs. Ut will ask to be massaged instead.
5) **Building Communication**: While being massaged, Mrs. Ut slowly starts building communication, inserting words of hope and encouragement for recovery.
6) **Socializing**: Patients are allowed to interact with one another, such as playing soccer together, except for those who are still aggressive.
7) **Learning Self-Control**: Patients are encouraged to learn self-control. Those who tend to keep talking are encouraged to be quiet, and those who are always quiet are encouraged to speak.
8) **Expressing Themselves**: Patients are invited to express themselves through singing and/or dancing. They are also invited to engage in *dhikr* (repeating the litany of the names of God in Islamic tradition).
9) **Taking Responsibility**: Patients who are starting to recover are invited to learn how to sweep, wash, bathe, and shower their friends or help cook rice and side dishes for their friends.

Limitations

This study has several limitations that should be considered when interpreting the findings. First, the study involved only six former patients associated with one foundation; therefore, the findings cannot be generalized to all individuals with mental disorders or to all community-based mental health settings. Second, the study relied substantially on participants' retrospective accounts of their experiences, which may have been influenced by memory and subsequent interpretations of their recovery. Third, the study explored participants' experiences of therapeutic practices but did not employ a controlled design to evaluate the clinical effectiveness of those practices. Finally, the study did not establish causal relationships between the reported life experiences and the development of mental disorders. The findings should therefore be interpreted as phenomenological accounts of participants' experiences rather than clinical evidence of psychiatric causation or treatment effectiveness.

Conclusions

This phenomenological study explored the experiences of six former patients with mental health problems who had received care at the Dzikrul Ghofilin Foundation. The findings indicate that participants experienced psychological difficulties within complex and interacting family, interpersonal, economic, environmental, and psychological circumstances. Their narratives also suggested that psychological difficulties developed gradually and were accompanied by changes in emotional regulation, thoughts, perceptions, and behavior. The study further demonstrates that participants' experiences of recovery were not limited to changes in psychological symptoms. Recovery was also experienced through acceptance, interpersonal communication, social interaction, participation in everyday activities, spiritual practices, and the gradual restoration of responsibility. The therapeutic practices at the foundation were perceived within a holistic and individualized community-based context.

Importantly, these findings should not be interpreted as evidence that non-medicated or alternative approaches are universally effective or as substitutes for evidence-based psychiatric or psychological treatment. Rather, the study highlights the importance of understanding the subjective experiences, social

context, dignity, interpersonal relationships, and meaning-making processes of individuals recovering from mental health difficulties. Future research should examine these community-based practices more systematically and investigate how interpersonal, behavioral, and spiritual components may complement established mental health services. Comparative and longitudinal research may also help clarify the effectiveness and sustainability of different approaches to recovery.

Suggestion

The varied therapeutic approaches such as utilized by Mrs. Ut should be systematically documented and evaluated to ensure better replicability and effectiveness assessments in future mental health interventions. Establishing a structured framework for these alternative treatments would facilitate a more standardized approach to their implementation and assessment. Given the reported benefits of non-medicated therapy on sleep quality and emotional well-being, further research is necessary to analyze its physiological impact. Comparative studies between medicated and non-medicated interventions could provide valuable insights into their respective effectiveness and suitability for different patient profiles. Furthermore, since holistic, non-medicated approaches—such as those practiced by Mrs. Ut have shown promising results, mental health practitioners should explore their potential as complementary interventions in clinical settings. Encouraging collaboration between alternative therapists and medical professionals could help integrate these methods into mainstream mental health care, fostering a more comprehensive and patient-centered treatment approach.

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