

Application of the Humanistic Paradigm in Social Service Against People with Mental Disorders (PWMD)

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ABSTRAK

Penelitian ini bertujuan untuk menganalisis penerapan paradigma humanistik dalam layanan rehabilitasi sosial bagi Orang dengan Gangguan Jiwa (ODGJ) serta mengevaluasi dampaknya terhadap mutu layanan dan kemandirian klien. Metode penelitian menggunakan pendekatan kualitatif dengan studi kasus pada Dinas Sosial Kota Malang, melalui observasi, wawancara mendalam, dan analisis dokumen. Responden terdiri dari pekerja sosial, pasien, dan anggota keluarga. Hasil penelitian menunjukkan bahwa penerapan paradigma humanistik—yang menekankan penghormatan martabat manusia, kesejahteraan emosional, empati, dan individualitas—efektif meningkatkan mutu layanan serta mendorong kemandirian ODGJ. Pendekatan ini lebih responsif terhadap kebutuhan klien dan keluarga dengan mengedepankan pemberdayaan, relasi empatik, dan lingkungan kondusif untuk pemulihan. Implikasi penelitian ini adalah perlunya dukungan kebijakan dan kelembagaan yang mengintegrasikan paradigma humanistik ke dalam praktik rehabilitasi sosial, agar layanan lebih manusiawi, berkualitas, dan berkelanjutan. Temuan ini menegaskan kebaruan penelitian dalam konteks Indonesia, di mana penerapan paradigma humanistik masih jarang dieksplorasi pada layanan sosial.

ABSTRACT

This study aims to analyze the application of the humanistic paradigm in social rehabilitation services for People with Mental Disorders (PWMD) and to evaluate its impact on service quality and client independence. The research applied a qualitative case study design at the Malang City Social Services Department, with data collected through observation, in-depth interviews, and document analysis. Respondents included social workers, patients, and family members. The findings reveal that the humanistic paradigm—emphasizing respect, dignity, emotional well-being, empathy, and individuality—has been effective in improving service quality and fostering client independence. This approach is more responsive to the needs of clients and families by prioritizing human dignity, empowerment, empathetic relationships, and a supportive recovery environment. The implications highlight the need for policy development and institutional support that integrate humanistic theory into social rehabilitation practices. The study contributes novelty by showing that the humanistic approach offers high value in creating humane and quality services, an area still underexplored in Indonesian social service practice.

ARTICLE HISTORY

Submitted: 03 02 2025
Revised: 09 09 2025
Accepted: 22 09 2025
Published: 10 10 2025

KATA KUNCI

*Paradigma Humanistik;
Layanan sosial; Orang Dengan
Gangguan Jiwa (ODGJ);
Rehabilitasi Sosial;
Kemandirian*

KEYWORDS

Humanistic Paradigm; Social
Services; People with Mental
Disorders (PWMD); Social
Rehabilitation; Independence

INTRODUCTION

This research highlights the role of Social Services in 'Social Rehabilitation', which aims to help individuals and groups experiencing social problems to live independently and contribute positively to society. There is a considerable amount of research on social rehabilitation, which generally encompasses various programs and services designed to address social problems. However, this study offers novelty by examining comprehensive services through a humanistic paradigm—an approach that remains underexplored in Indonesian social services. Previous studies have shown a global shift from medical-administrative models toward humanistic

approaches that emphasize empowerment, individualized care, and social integration (Neal et al., 2022; Neuman et al., 2023). In the context of Social Services, Moore (1997) proposed that public organizations should focus on producing value recognized by society, balancing organizational mission, political support, and effective operationalization. This study therefore investigates how the humanistic paradigm is applied in social services for people with mental disorders (PWMD), and how it contributes to rehabilitation practices. The humanistic paradigm emphasizes understanding and respecting individuals, which is very relevant to PWMD rehabilitation requiring a client-centered and dignity-oriented approach ("Empowerment and Social Functioning of People With Mental Disabilities," 2021; Maloušková & Fafejta, 2021). Using theoretical synthesis from several researchers, namely: Walters & Corey (Walters & Corey, 1980), who emphasized the importance of appreciating individuals and helping them reach their potential; Anthony's (1993) Recovery Model, which focuses on enabling PWMD to live independently and meaningfully; and Rogers (1951), who advanced a client-centered therapy approach stressing empathy, unconditional acceptance, and authenticity. These foundations are reinforced by recent empirical evidence that empowerment-based, community-supported rehabilitation fosters resilience and participation (Ngamaba et al., 2023; Shields-Zeeman et al., 2020).

This research also uses the perspective of the Universal Declaration of Human Rights (UDHR), adopted by the United Nations General Assembly on 10 December 1948, as a foundation for respecting, protecting, and fulfilling the rights of all individuals, including PWMD. The declaration consists of 30 articles covering civil, political, economic, social, and cultural rights without discrimination. Several articles are directly relevant to PWMD rehabilitation: (Article 1) "Equality and Human Dignity," which affirms equal dignity and rights, requiring PWMD be treated with respect and given equal opportunities; (Article 5) "Protection from Torture and Inhuman Treatment," which ensures that PWMD are safeguarded against cruel or degrading treatment in institutions; and (Article 25) "The Right to Welfare," which recognizes the right to adequate living standards including health care, social support, and rehabilitation. These principles establish a normative framework linking human rights to the humanistic paradigm, thereby strengthening the legitimacy of rehabilitation programs.

The theoretical analysis and synthesis applied in this research aims to explore the significance of the Humanistic Paradigm in Social Services for PWMD. This approach emphasizes a deep understanding of individual needs, respect for dignity, and provision of empathetic, non-discriminatory support. By applying this paradigm, Social Services can provide more holistic rehabilitation focused on recovery and empowerment, enabling PWMD to achieve optimal psychological and social well-being. This research highlights the novelty of integrating the humanistic paradigm in local government rehabilitation programs, which remain underdeveloped. The contribution lies in advancing theoretical discourse and offering practical insights into more humane and empathetic service models (Az-Zahra, 2022; Philip et al., 2024; Xiao-lin & Zhu, 2023).

Literature Review

Social Services in Humanistic Paradigm

Social rehabilitation is defined as a planned, organized, and systematic effort to help individuals, groups, and communities experiencing social problems so they can return to independent and productive social functioning (Aprilyanti, 2023; Grestyana, 2023; Jumartina, 2014). In the context of public services, social services are the government's obligation to meet basic societal needs by providing assistance and recovery for

individuals, groups, and communities facing social challenges (Aliim et al., 2025; Hasibuan et al., 2022; Wahyuningrum, 2022). Cahyani et al. (2021) found that the Semarang City Social Service plays a vital role in the social rehabilitation of people with disabilities, though several obstacles remain. Recent studies also indicate that humanistic paradigms in public service emphasize empowerment, individualized care, and social integration—contrasting with rigid medical-administrative models that often lead to stigmatization and exclusion (Maloušková & Fafejta, 2021; Neuman et al., 2023; Sagar et al., 2020). This reinforces the importance of shifting rehabilitation practices toward client-centered, dignity-oriented approaches.

Based on existing literature and research, several main themes emerge in social rehabilitation services: (1) services must be client-centered, considering the needs, desires, and potential of each individual (Hasan & Al-Kundarto, 2014; Ulfiyana, 2022); (2) community involvement is crucial in planning, implementation, and monitoring (Tursilarini & Udiati, 2020; Wati, 2015); (3) rehabilitation should not only provide assistance and recovery, but also encourage empowerment and independence (Firdha, 2016; Ridwan & Suteja, 2020); (4) programs must contribute to social justice by ensuring equal access to opportunities and resources (Budiawan, 2023; Fathurrachmanda et al., 2013); and (5) services must be accountable and transparent to the community (Alfret et al., 2024; Deffi Haryani, 2023; Wahyulita, 2020). These themes resonate strongly with the humanistic paradigm, which prioritizes subjective experience, empathy, and agency, thereby dismantling structural barriers often created by conventional service models (Philip et al., 2024; Xiao-lin & Zhu, 2023).

The Social Service, as a government institution, plays an essential role in providing community services, particularly social rehabilitation. It is a planned, organized, and systematic effort aimed at restoring the social functioning of individuals, groups, and communities experiencing difficulties. Social Services therefore support these groups in overcoming challenges and regaining independence. Effective rehabilitation requires a client-centered and empowerment-based approach, community participation, adherence to social justice principles, and transparent practices (Aminatun & Hidayatullah, 2017). Moreover, collaboration across stakeholders—government, NGOs, and communities—is indispensable for effective outcomes. International research also shows that recovery-oriented, humanistic models enhance long-term reintegration and well-being, while clinical-dominated approaches risk marginalizing service users' voices (Ngamaba et al., 2023; Voyce, 2020; Winsper et al., 2020).

Social Rehabilitation

Social rehabilitation is a structured and organized effort by government institutions such as the Social Service to restore social functioning so that individuals, groups, and communities can live independently and productively (Herdiani, 2023; Suryanti et al., 2023). This process involves diverse programs supporting marginalized and vulnerable groups, including persons with disabilities, victims of substance abuse, children in difficult circumstances, and former prisoners. The ultimate goal is dignified reintegration into society, ensuring access to basic needs, opportunities for development, and potential to contribute positively. Recent evidence indicates that such programs are most effective when designed with empowerment and individualized care, in line with the humanistic paradigm that dismantles rigid, pathology-centered approaches (Philip et al., 2024; Xiao-lin & Zhu, 2023).

Rehabilitation programs are specifically tailored to the needs of individuals or groups experiencing issues such as unemployment, poverty, or mental disorders. These approaches typically involve multiple stakeholders—government agencies, NGOs, and the broader community—to build environments supportive of recovery and reintegration. Effective social rehabilitation therefore enhances not only physical or material conditions, but also fosters capacity for self-management, participation, and long-term well-being. Humanistic frameworks strengthen these outcomes by centering empathy and agency, which have been shown to improve mental health rehabilitation globally (Az-Zahra, 2022; Neuman et al., 2023).

Humanistic Paradigm

The humanistic paradigm represents a major shift across psychology, education, and social work, emphasizing the intrinsic value and growth potential of each individual. Unlike medical or administrative paradigms that prioritize compliance and pathology, this approach views humans as complex beings with unique experiences, emotions, and agency. It prioritizes subjective understanding and supports personal development and self-actualization. In public services, adopting this paradigm has proven crucial to overcoming stigma and exclusion, instead fostering integration and social support (Maloušková & Fafejta, 2021; Neal et al., 2022).

The Humanistic Paradigm emphasizes understanding individuals subjectively while recognizing their innate capacity for growth and development. Key concepts include self-actualization, authentic and empathetic relationships, and conducive therapeutic environments. Maslow (1943) identified self-actualization at the top of the hierarchy of needs, while Rogers (1951) argued for empathy, unconditional acceptance, and authenticity in client-therapist relations. These theoretical roots continue to inform recovery-oriented models that highlight client agency and resilience (Howell et al., 2023; Shields-Zeeman et al., 2020).

The Humanistic Paradigm applies across therapy, education, and personal development. In therapy, it builds supportive environments for self-exploration. In education, it fosters holistic growth including emotional and creative development. In modern contexts, particularly mental health and social services, the paradigm remains highly relevant. By integrating empathy and empowerment, humanistic care has been linked to improved rehabilitation outcomes, social functioning, and reduced hospitalizations (Bru-Luna et al., 2022; Zhang, 2022; Zhou et al., 2022).

Key principles of the humanistic paradigm include: (1) Holistic perspective—considering physical, emotional, social, and spiritual well-being; (2) Self-actualization—the innate drive to develop potential and achieve goals; (3) Subjectivity—valuing individuals' lived perspectives; (4) Empathy and unconditional positive regard—establishing supportive relationships for growth; and (5) Existential freedom and responsibility—freedom to choose with responsibility for consequences. These principles underpin modern recovery frameworks in social rehabilitation, ensuring dignity and participation for PWMD (Ngamaba et al., 2023; Winsper et al., 2020).

Universal Declaration of Human Rights (UDHR)

Social Services for PWMD aim to provide holistic assistance that restores psychological and social well-being. This includes social support, mental health services, skills training, reintegration, and rights advocacy. Services must be based on principles of humanity and

justice, consistent with the UDHR (Permatasari et al., 2022; Wahono, 2018). By linking rehabilitation practices to human rights, the UDHR strengthens the normative foundation of humanistic approaches in social services (Neuman et al., 2023).

In PWMD rehabilitation, the UDHR informs several theoretical aspects: (1) Right to Dignity—every person must be respected, and services must center client dignity and preferences, avoiding discrimination; (2) Right to Health Care and Rehabilitation—equal and unhindered access to mental health care and comprehensive recovery services; (3) Non-Discrimination—PWMD must be protected from stigma and prejudice, with inclusive and fair services; (4) Right to Participation—ensuring clients and families participate in decisions affecting their lives. These rights align with the humanistic paradigm that values agency and subjective experience, strengthening legitimacy of client-centered rehabilitation (Neal et al., 2022; Shields-Zeeman et al., 2020).

The UDHR represents both a moral and legal foundation guaranteeing protection of rights for all, including PWMD. In rehabilitation contexts, it plays a critical role in ensuring basic rights are respected and clients are treated with dignity. Embedding UDHR standards in practice thus strengthens both the ethical and legal dimensions of humanistic social rehabilitation (Kerman & Sylvestre, 2020; Klein & Dixon, 2020).

UDHR Principles Relevant to Social Rehabilitation of PWMD:

The UDHR outlines essential rights for PWMD: life, dignity, equality before the law, fair treatment, expression, education, work, and adequate living standards. Application requires ensuring access to quality mental health care, tailored rehabilitation, stigma reduction, client participation, independence promotion, and public education. Current challenges include limited resources, stigma, and lack of awareness. Addressing these demands increased investment, awareness campaigns, protective laws, and inter-sectoral cooperation. Such integration strengthens humanistic rehabilitation efforts globally (Raharja & Saptomo, 2024; Romie et al., 2025; Silalahi, 2025).

This research is expected to generate new insights into how Social Services apply the humanistic paradigm in serving PWMD and how this shapes client experiences. The findings can inform quality improvements and encourage broader adoption of the paradigm in other social service practices. By highlighting empirical links between humanistic care, empowerment, and improved outcomes, this study contributes both theoretical advancement and practical recommendations (Ngamaba et al., 2023; Wan, 2022).

RESEARCH METHODS

This research uses a qualitative approach with a descriptive case study design, aimed at answering how the Social Service applies the humanistic paradigm in services for PWMD and how this application influences their experiences.

The research employs a case study method, which enables in-depth exploration of one or several cases in detail. In this study, researchers examine the application of the humanistic paradigm in Social Services for PWMD across selected locations. The case study method is particularly suitable for public service and social rehabilitation research, as it captures real-life complexity, human experiences, and systemic interactions (Sharifzadeh, 2024; Soltani, 2025).

To ensure the trustworthiness of the study, four criteria proposed by Lincoln and Guba were applied: (1) Credibility—ensured through triangulation of interviews, observations, and documents, supported by member checking and peer debriefing; (2) Transferability—achieved

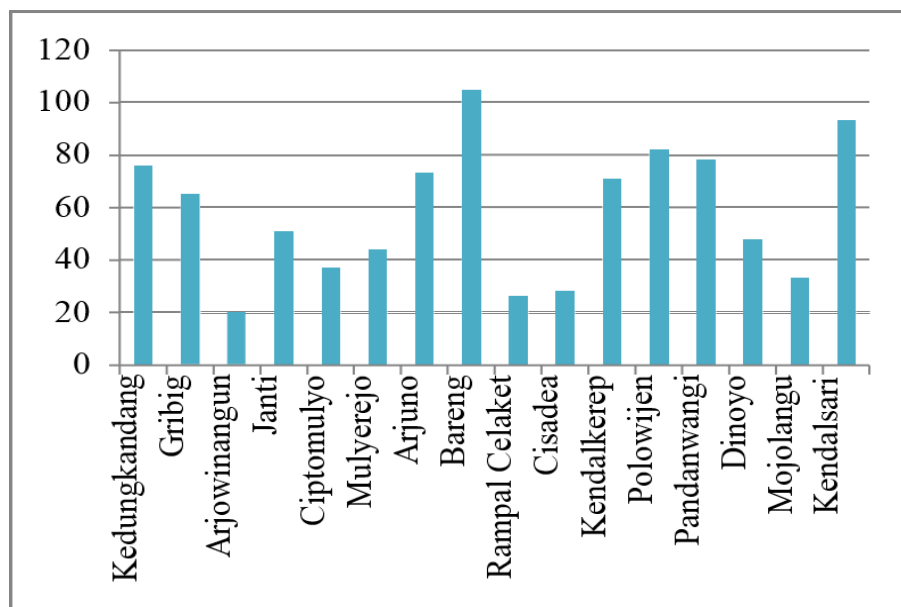
by providing thick descriptions of the institutional and cultural context, enabling readers to assess relevance for other settings; (3) Dependability—supported by detailed documentation and an audit trail of data collection and analysis procedures; and (4) Confirmability—maintained by grounding interpretations in data and minimizing researcher bias (Bakker & Boer, 2021; Kakar et al., 2023; Lebni et al., 2023; Liubyva & Maksymenko, 2023; Sharifzadeh, 2024).

Techniques to enhance validity and reliability included triangulation across varied data sources and methods, member checks to validate findings with participants, and comprehensive process documentation, thereby strengthening dependability and confirmability (Bakker & Boer, 2021; Taylor-Piliae et al., 2021).

RESULTS AND DISCUSSIONS

Malang City is one of the densely populated cities in Indonesia, with a recorded population of 847,182 people in 2023 (Kepadatan Penduduk Menurut Provinsi - Tabel Statistik - Badan Pusat Statistik Indonesia, n.d.). Its heterogeneous population, with many immigrants for work and study, contributes to diverse social problems, including mental disorders. The Malang City P3AP2KB Social Service is tasked with addressing these problems through services for people with mental disorders (PWMD). Data from the 2021 Malang City Health Profile illustrates the variation in health service achievements for PWMD, highlighting both progress and service gaps across community health centers.

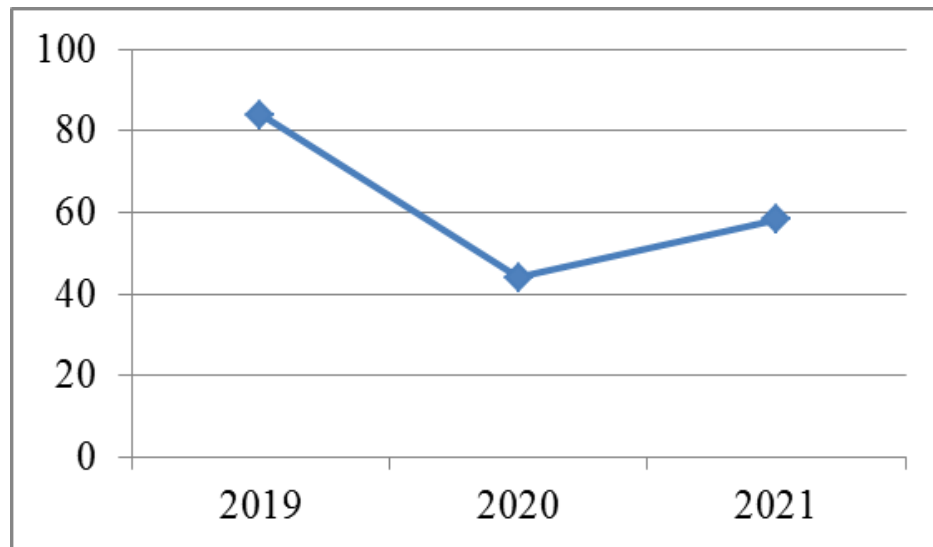
Figure 1. Health Service Achievements for People with Severe Mental Disorders Source: Malang City Health Profile in 2021



Source: Malang City Health Profile in 2021

Available data show significant disparities in health service achievements across Community Health Centers. For example, Bareng CHC exceeded expected service coverage, while Rampal, Celaket, Cisadea, and Arjowinangun lagged behind. COVID-19 disruptions in 2020 sharply reduced service outcomes, followed by partial recovery in 2021, underlining the vulnerability of rehabilitation programs to external shocks.

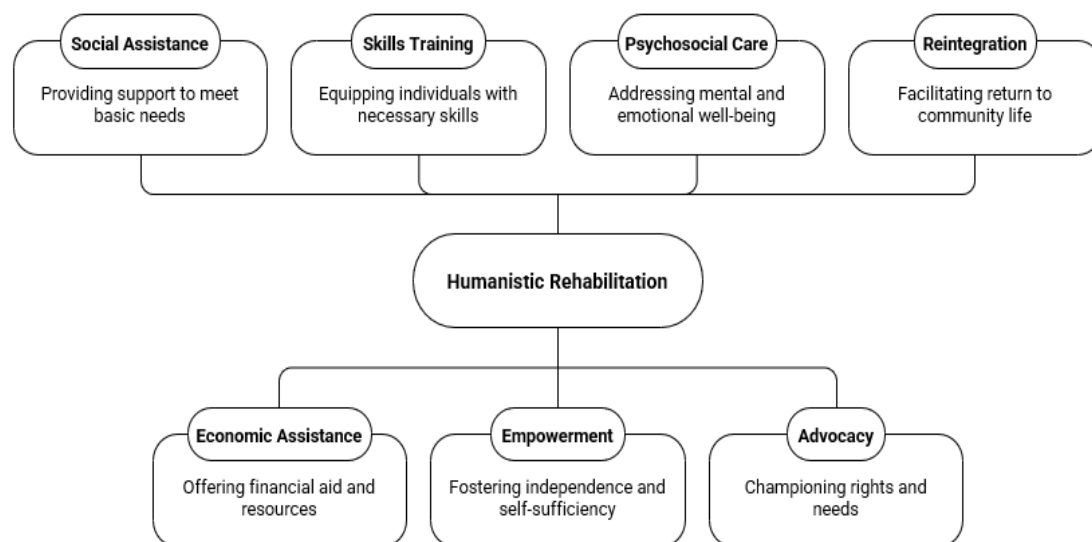
Figure 2. Percentage of Severe PWMD Services in Malang City



Source: Malang City Health Profile in 2021

In the context of PWMD services, the Malang City P3AP2KB Social Service shows strong commitment to humanistic rehabilitation, emphasizing respect, dignity, and fairness. Services include social and economic assistance, skills training, empowerment, psychosocial care, advocacy, and reintegration. Such humanistic approaches—emphasizing empathy and client-centered care—have been proven to enhance recovery outcomes, social functioning, and satisfaction (Bru-Luna et al., 2022; Liu et al., 2023).

Figure 3. Conceptual Framework of the Humanistic Paradigm in Social Rehabilitation Services for PWMD



Source: Author-made

This figure illustrates the application of the humanistic paradigm in social rehabilitation services by the Malang City P3AP2KB Social Service. The framework emphasizes holistic understanding, respect for dignity, empowerment, supportive client–therapist relationships, and active client participation. These principles are interconnected to promote independence, enhance quality

of life, and facilitate the social reintegration of Persons with Mental Disabilities (PWMD).

Officers strive to foster independence among PWMD clients through rehabilitation programs tailored via observation, interviews, and professional assessments. Where family reintegration fails, the Social Service proactively determines suitable goals and services. The humane identification process ensures targeted and respectful support, consistent with empowerment-oriented rehabilitation practices (Wan, 2022).

The Social Service maintains a structured case registration system, recording client identity, history, and relevant data in a centralized database. This ensures continuity of care, tracking, and proper follow-up treatment. Effective data management is vital for accountability and quality assurance in rehabilitation services.

Services provided by Malang City P3AP2KB Social Service meet quality standards across SERVQUAL dimensions: 1) Tangibles—adequate facilities and communication tools; 2) Reliability—consistent case handling; 3) Responsiveness—timely responses to public reports; 4) Assurance—safe, competent, courteous service; 5) Empathy—support delivered with compassion to PWMD and families. Research confirms that service quality, especially empathy and responsiveness, enhances satisfaction and engagement, critical for successful reintegration (Arubusman et al., 2022; Yasim & Zaini, 2022).

Findings confirm that the Malang City P3AP2KB Social Service plays an important role in PWMD rehabilitation using a humanistic, systematic approach. Despite challenges of limited budgets and staffing, the Service remains committed to rights-based, quality care. Such approaches are aligned with international evidence linking humanistic principles to improved empowerment, recovery, and long-term well-being (Wang et al., 2022; Zhang, 2022).

The humanistic approach adopted by the Malang City P3AP2KB Social Service reflects Walters & Corey's (1980) theory, which stresses respect and support for individual potential. Services such as economic assistance, training, and empowerment foster independence and meaningful living for PWMD. This corresponds with global findings that empowerment-based programs enhance self-efficacy and integration (Neal et al., 2022; Wan, 2022).

Application of the Humanistic Paradigm in Social Service Services for PWMD

The Malang City P3AP2KB Social Service implements a holistic humanistic rehabilitation program, respecting dignity and considering social, emotional, and psychological contexts. The goal is to deliver appropriate, non-discriminatory care and support active client participation. This aligns with evidence that empathy and person-centered care improve psychological states and social outcomes (Bru-Luna et al., 2022; Liu et al., 2023).

Key principles include: (1) Holistic Understanding—considering overall well-being; (2) Dignity and Respect—affirming inherent worth; (3) Potential for Growth—helping clients discover strengths; (4) Supportive Relationships—fostering empathy and authenticity; and (5) Client Participation—encouraging active involvement. These reflect the essence of the Recovery Model and global best practices for community-based rehabilitation (Ngamaba et al., 2023; Shields-Zeeman et al., 2020).

The program also aligns with Anthony's Recovery Model, focusing on independence and meaningful living for PWMD. Comprehensive services—social and economic aid, skills training, empowerment—are provided based on thorough client assessments. This strengthens inclusion and agency, consistent with recovery-oriented international practices (Howell et al., 2023).

Additionally, the Social Service emphasizes strong client-practitioner relationships, fostering

safe, supportive environments. A case registration system ensures continuity and appropriate service delivery. The humanistic approach aims not only to restore mental health but also to foster independence and quality of life. Respecting individuality and potential makes programs more relevant and effective, as shown in empowerment-focused international projects (Wan, 2022).

Services provided align with the UDHR, ensuring PWMD live with dignity, freedom, and justice. Efforts include assistance, training, psychosocial care, advocacy, and reintegration, enabling independence and welfare. Despite budget and HR limitations, the Service is committed to quality care. Effective registration and data management support sustainability. Service improvements post-COVID-19 reflect resilience and continuous quality enhancement. Persistent stigma, however, remains a barrier, requiring stronger public education and awareness campaigns (Raharja & Saptomo, 2024; Romie et al., 2025; Silalahi, 2025).

CONCLUSIONS

This research concludes that the application of the humanistic paradigm by the Malang City P3AP2KB Social Service has effectively enhanced the quality of social rehabilitation for PWMD. Key contributions include strengthening client dignity, fostering empowerment, and ensuring client-centered approaches that promote independence. These findings reinforce the importance of integrating humanistic principles in social service practices to achieve more inclusive and sustainable rehabilitation outcomes.

The study identifies positive impacts such as improved quality of life, increased independence, and stronger social relations. However, challenges remain, including limited budgets, human resources, and persistent community stigma. Addressing these issues requires policy support, capacity building for social workers, and public education to reduce stigma.

This research highlights the importance of advocacy for increased funding, human resource development, and community education to overcome barriers. These strategic efforts are essential to ensure the sustainability of humanistic-based rehabilitation programs. The study contributes to the literature by demonstrating how humanistic paradigms can be operationalized within social service institutions in Indonesia.

The findings affirm that the Social Service's approach aligns with human rights principles, particularly the UDHR, ensuring that PWMD are treated fairly and with dignity. This reinforces the integration of human rights into local governance practices.

In conclusion, this research provides evidence that adopting a humanistic paradigm in social rehabilitation fosters independence, dignity, and inclusion for PWMD. The study not only enriches academic discourse but also offers practical implications for policy and practice. It calls for replication of this model in other regions to strengthen rights-based, humane, and effective social rehabilitation services.

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