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## The Application of Therapeutic Communication Practices by Caregivers, Healthcare Professionals, and Village Health Workers Toward Patients in the Process of Mental Health Recovery

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### Abstract

This study aims to examine the application of therapeutic communication by caregivers toward patients in the recovery process from mental health disorders in Blumbungan Village, Pamekasan. The method used was a qualitative approach with a phenomenological design through in-depth interviews with health workers, village cadres, and patients' families. The results indicate that therapeutic communication has been implemented through the Mental Health Posyandu program, home visits, and family psychoeducation. The implementation process faced various challenges, such as patient resistance, family stigma, low mental health literacy, and limited access to therapeutic care. Healthcare workers play a crucial role in providing emotional support, education, and care supervision; however, they still require capacity building and support from the healthcare system. Consistent application of therapeutic communication can help reduce patients' anxiety levels and support a gradual mental health recovery process. These findings underscore the importance of integrating medical and cultural strategies into community-based mental health services, as well as the need to strengthen therapeutic communication skills among caregivers to enhance the effectiveness of patient recovery. The study results also indicate that empathetic communication, patience, and family involvement contribute to the stability of patients with mental health disorders. This process unfolds through the stages of orientation, identification, exploration, and resolution, and is reinforced by social support and access to health services.

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### Keywords

Therapeutic Communication, Caregivers, Mental Health, Recovery, Community.

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## 1. INTRODUCTION

Mental health has become a global priority because it impacts the quality of life of individuals, families, and communities. The World Health Organization estimates that nearly one billion people worldwide live with mental disorders, while the majority have not received adequate services due to limited resources, stigma, and low mental health literacy (World Health Organization, 2021). *The World Mental Health Report* emphasizes the need to transform mental health services from an institutional



approach toward community-based, *recovery-oriented care* (World Health Organization, 2022a). Mental health recovery focuses not only on symptom reduction but also on enhancing independence, social participation, and quality of life (Slade et al., 2008). Therapeutic communication is a crucial element in building trust, increasing patient engagement, and strengthening social support during the recovery process (Peplau, 1952b; Stuart, 2013). High quality communication has been shown to improve treatment adherence, emotional stability, and patient-centered health outcomes (Sharkiya, 2023). Recent studies indicate that therapeutic communication does not rely solely on healthcare professionals but also involves families and communities as part of the recovery ecosystem (Mersha et al., 2023). Integrated communication strategies can improve the quality of mental health services (Faujiah et al., 2025). Collaborative communication among healthcare professionals, families, and the community also contributes to increased resilience and independence among people with mental disorders (S. R. Wahyuningsih et al., 2025; Wulandari & Wahyuningsih, 2026).

Indonesia still faces various challenges in addressing mental health, such as limited access to services, social stigma, and low mental health literacy (Hartini et al., 2018; Rinancy, 2024). These challenges are even more complex in rural areas, which have a shortage of mental health professionals and are influenced by local cultural values regarding mental disorders (S. Wahyuningsih & Wahyudi, 2024). These conditions position families and communities as key actors in supporting the recovery process of people with mental disorders. Community based mental health services such as mental health posyandu, home visits, the involvement of community health workers, and family psychoeducation have been developed to address these challenges (S. Wahyuningsih et al., 2023; Windarwati et al., 2023). Participatory communication models involving families and communities have been shown to improve the success of mental health care for people with mental disorders and support efforts to eliminate the practice of “*pasung*” (Pratama & Wahyuningsih, 2025; Townsend & Morgan, 2018). Pamekasan Regency is one of the areas on Madura Island facing challenges in providing community based mental health services. The characteristics of the community including strong social bonds, a distinctive local culture, and limited access to formal mental health services mean that families and the community play a dominant role in supporting people with mental health conditions. The village of Blumbungan has developed mental health services through a mental health posyandu program, home visits, and the involvement of village health cadres. Research on therapeutic communication generally focuses on psychiatric hospitals, rehabilitation facilities, or the care of people with mental disorders following restraint, with an emphasis on interactions between healthcare workers and patients (Rakhmaniar, 2023; S. Wahyuningsih, Dida, et al., 2019b; Zuliantia et al., 2025). Studies on therapeutic communication as a collaborative process between family caregivers, healthcare workers, and village health cadres in community-based recovery in rural areas remain limited.

**Table 1.**

*Number of People with Mental Disorders in Several Villages in Larangan Subdistrict, Pamekasan Regency*

No.	Village Name	Number of People with Mental Disorders (People)
1.	Blumbungan	27 people
2.	Larangan Luar	19 people
3.	Grujugan	5 People
4.	East Tentenan	3 People
5.	West Tentenan	3 People
6.	Trasak	8 people
7.	Peltong	2 people
Total		67 people

*Source:*

*Data from the Larangan Subdistrict Community Health Center, Pamekasan Regency (compiled by the author, 2026)*

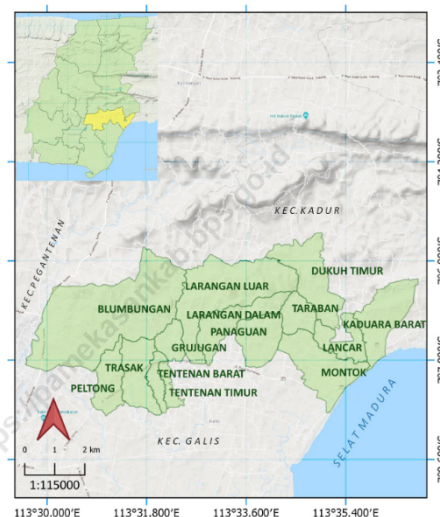
This study offers three novel contributions. First, therapeutic communication is understood as a multi stakeholder collaborative process involving the family, health workers, village health volunteers, and the patient’s social environment. Second, the study was conducted in the rural context of Madura, which is characterized by distinctive cultural traits, stigma, and limitations in mental health services. Third, the study integrates Hildegard Peplau’s interpersonal relationship theory with a community-based communication perspective to understand the dynamics of therapeutic relationships in the recovery process of people with mental health conditions (ODGJ). This study is expected to enrich the field of health communication research, particularly community-based therapeutic communication. The findings may also serve as a foundation for developing collaborative communication strategies that involve families, healthcare workers, and village health workers in supporting the recovery of people with mental health conditions in rural areas. This study aims to analyze the dynamics, roles of actors, forms of interaction, and stages of therapeutic communication carried out by family caregivers, health workers, and village health cadres in supporting the recovery process of people with mental health disorders in Blumbungan Village, Pamekasan Regency.

## **2. METHOD**

This study employs a qualitative approach using a case study design to explore the therapeutic communication practices employed by family caregivers, health workers, and village health cadres in supporting the recovery process of people with mental disorders (ODGJ). The case study design was chosen to gain an in-depth understanding of the phenomenon of therapeutic communication within the social and cultural context of Blumbungan Village, Larangan Subdistrict, Pamekasan Regency, Madura (Yin, 2018). The research was conducted from January to March 2026. The researcher, served as the

primary instrument throughout all stages of the research. Informants were selected using *purposive sampling* based on the following criteria: direct involvement in supporting individuals with mental disorders, at least one year of experience, and willingness to participate. The informants consisted of seven individuals, including three family caregivers, two health center staff members, and two village health workers. Data collection was halted upon reaching data saturation.

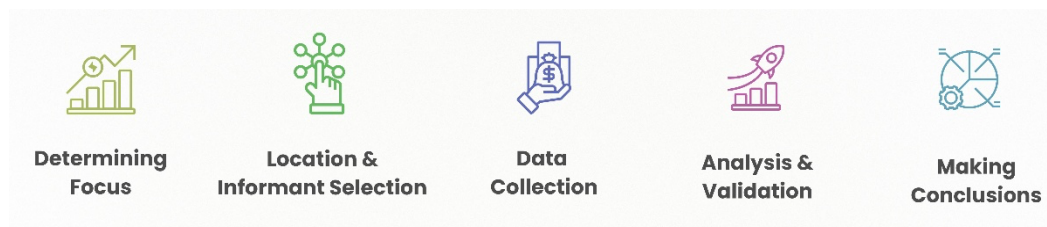
*Figure 1. Map of Blumbungan Village*



*Source: Pamekasan Regency Central Statistics Agency*

Data were collected through semi-structured in-depth interviews, participatory observation, and a documentary review. The interview guidelines were developed based on Hildegard Peplau's theory of interpersonal relationships, which includes the stages of orientation, identification, exploration, and resolution (Peplau, 1952), and were validated through *expert judgment* by two health communication experts and one mental health practitioner. Observations were conducted during mental health posyandu activities, home visits, and interactions between caregivers, health workers, village cadres, and people with mental health conditions (ODGJ). Documentation included mental health program records and other supporting documents. Data analysis utilized the interactive model by Miles, Huberman, and Saldaña, which involves data condensation, data presentation, and the drawing and verification of conclusions. Data validity was ensured through source triangulation, methodological triangulation, and *member checking* (Denzin, 2017). All informants provided *informed consent*, and their identities were anonymized to maintain research confidentiality.

*Figure 2. Research Flowchart*



Source: <https://www.canva.com/design/DAHFulzy4Is/Sdx8cNAwfVHfb-nrnKkLTQ/edit>

### 3. FINDINGS AND DISCUSSION

#### **Integration of Therapeutic Communication by Caregivers, Healthcare Workers, and Mental Health Volunteers with Patients**

This study aims to examine the application of therapeutic communication by caregivers in the recovery process of patients with mental health disorders in Blumbungan Village, Pamekasan. Data were collected through in-depth interviews with community health center staff and village community informants, including community health workers and patients' families. This analysis reveals the dynamics of therapeutic communication carried out in real life situations, including community based service efforts, community perceptions of the causes of these disorders, descriptions of patients' symptoms and behaviors, barriers faced by caregivers, and psychoeducation practices.

#### **The Role of the Mental Health Posyandu as a Platform for Implementing Integrated Therapeutic Communication in Rural Communities**

One key finding was the emergence of the Mental Health Posyandu initiative, facilitated by the Larangan Community Health Center. This program serves as a dedicated platform for serving patients with mental health disorders, focusing on medication administration and the development of basic life skills.

*"There's a new Mental Health Posyandu that was just launched; yesterday we collaborated with the PLP, public health workers, and village officials, so now this Posyandu is dedicated to mental health all the participants are people with mental health disorders... the activities, aside from medication administration, are solely skill-building, such as teaching them how to make handicrafts"*

(Interview with Mental Health Coordinator Mrs. Herlina from the Larangan Community Health Center, Pamekasan, August 30, 2025).

Mental health posyandus are a form of community-based service innovation designed to bring services closer to the community. The effectiveness of mental health posyandus remains limited because only a small fraction of patients—those considered cooperative—are able to participate.

*“Not everyone is called in; only those who are cooperative... some don’t want to stay long—they’re only at the mental health clinic for a few minutes before running off,”*

(Interview with Mental Health Coordinator Mrs. Herlina at the Larangan Community Health Center, Pamekasan, August 30, 2025).

This indicates that therapeutic communication involves not only providing services but also the skill of building relationships with patients who tend to be resistant. The number of people with mental health conditions (ODGJ) registered in the health center’s service area is 77 individuals from seven villages. However, the interviewee acknowledged the existence of unreported cases.

*“There are unrecorded cases ‘X factors’ where wealthy people do not want their children to be labeled as ODGJ,”*

(Interview with Mental Health Coordinator Herlina Larangan, Pamekasan, August 30, 2025)

This information aligns with statements from village health workers who noted that some families of individuals with mental health disorders reject the label of mental illness and choose to hide their children’s condition. This stigma poses a major barrier to therapeutic communication, as families refuse to interact with health workers. (Rinancy, 2024) Iso found a similar phenomenon in Madura, where stigma makes families reluctant to bring patients for treatment. At the family level, the experience of community health worker Mammunah (42 years old) illustrates that symptoms of the disorder were already apparent from an early age.

*“It started when he was still a toddler; he was already different from other children his age... at first, he would just sit there laughing to himself, keeping to himself... his mother gave birth twice in one year, and at that time, the midwife couldn’t handle it, so I had to undergo sterilization. Because as far as I know, if a woman gives birth to another child before her first child turns two, one of them might develop a disorder.”*

(Interview with Mrs. Mammunah, Village Health Worker in Larangan, Pamekasan, August 30, 2025).

This narrative illustrates how the community links the patient’s condition to family reproductive factors and biological experiences. This perception blends medical and cultural understandings.

Research findings (Windarwati et al., 2023) indicate that local understandings of the causes of mental disorders often encompass social, spiritual, and biological dimensions simultaneously. In addition to reproductive factors, the community also emphasizes economic aspects as a primary cause.

*“First, it might be due to economic factors, and second, due to hereditary factors... she has five children, but not all of them are like that; this is her fourth child”*

(Interview with Hernawati, sister of Lailatur Karomah and daughter of Lukmiati, from Larangan Village, Pamekasan, on August 30, 2025).

This view aligns with the statement of a community health center staff member

*“Mostly due to economic reasons, family problems... mostly due to economic reasons, which cause stress”*

(Interview with Nurse Herlina at the Larangan Community Health Center, Pamekasan, August 30, 2025).

This is consistent with research (Wahyuningsih, Sri, Susanne Dida, 2019), which shows that socioeconomic factors play a significant role in the onset of mental disorders. The study further notes that families facing economic hardships are more vulnerable to stress, which impacts mental health. The symptoms experienced by the patient during a relapse were reported to be quite severe.

*“She often gets extremely angry and even threatens me because I don’t give her money... she once ate dirt and ate rocks... she often walks around naked and tries to kill herself on the street; yesterday she didn’t come home from the street from morning until midnight, and every time she sees a car or a bicycle, she immediately falls asleep. I’m afraid she’ll fall into a well, because she’s completely out of control.”*

(Interview with Mr. Akron, father of Lailatur Karomah, Larangan, Pamekasan, August 30, 2025).

This description indicates the presence of psychotic symptoms with dangerous behavior that recurs every month. The existence of a mental health clinic in the village can make it easier for both families and village health workers to conduct monthly mental health checkups. This helps minimize sudden relapses caused by hallucinations or delusions experienced by people with mental health disorders.

### **Collaborative Medical and Cultural Practices with Local Religious Leaders**

However, the community relies on a different, more adaptive approach. A source from the village stated,

*“He often stares blankly and talks to himself, saying that someone is speaking to him. I thought my son was talking to a spirit, so I took him to a traditional healer.”*

(Interview with Mrs. Dewi, parent of Fahrur Rozi, Pamekasan, August 30, 2025)

This practice demonstrates a blend of medical and cultural approaches. (Pangaribuan, 2023) reported that community health center services remain limited to pharmacotherapy, while psychosocial interventions are often left to families or the community. In line with this by (Pratama & Wahyuningsih, 2025) a study also emphasizes the importance of understanding the cultural context in every therapeutic communication interaction.

### **Family Psychoeducation Practices for Caregivers of Patients with Mental Disorders by Healthcare Workers and Village Health Volunteers at Mental Health Posyandu and During Home Visits**

On the positive side, both health workers and village cadres continue to strive to provide psychosocial education.

*“Every time we visit here, we provide health education... we coordinate with the family on how to administer medication, how to monitor medication use, and ensure that the medication is taken or not”*

(Interview with Mental Health Coordinator Mrs. Herlina at the Larangan Village Health Center, Pamekasan, August 30, 2025).

*“Praise be to God, I’m happy to be able to help the community. The challenge is reaching people who rarely come to the health post, because here, at the health post, if they don’t come to us, we go to them—including to provide support.”*

(Interview with Mrs. Mamnunah, a public health worker in Larangan Village, Pamekasan, August 30, 2025).

This type of psychoeducation is important because it has been shown to improve patient and family adherence. (Sharkiya, 2023) notes that effective communication has been shown to increase patient satisfaction, while (Suwardiman, 2023) emphasizes that caregivers’ knowledge strengthens family resilience. The findings of this study indicate that therapeutic communication in Blumbungan Village has been implemented through mental health posyandu programs, home visits, psychosocial education for families, and culturally-based local strategies. However, its effectiveness remains limited due to patient resistance, family stigma, low mental health literacy, and the limitations of non

pharmacological interventions. These findings reinforce the literature emphasizing the need to enhance caregivers' capacity in therapeutic communication (Mersha et al., 2023), the integration of pharmacological and psychosocial services (Slade et al., 2008), and the strengthening of the family's role in supporting patients (de Glind et al., 2025).

### **Barriers to the Integration of Therapeutic Communication for People with Mental Disorders in Rural Areas**

Barriers to therapeutic communication arise from various internal and external factors. Internal factors stem from the conditions of the patient and family, such as the patient's incoherence, which leads to an inability to understand messages, and the family's emotional instability in dealing with the patient's behavior. In addition, patients and families are often uncooperative in following the therapeutic process, including adherence to medication and participation in therapeutic activities; external factors include technical and environmental barriers. Limited internet connectivity is a major obstacle to the implementation of telepsychiatry, preventing smooth communication between healthcare providers and patients. Furthermore, ambient noise disrupts the communication process by hindering the clear transmission of messages (Wahyuningsih & Wahyudi, 2024). Many factors act as barriers to therapeutic communication with patients with mental health disorders in Blumbungan Village. As a result, the recovery process takes a considerable amount of time not merely a matter of weeks or months—because, fundamentally, patients with mental health disorders do not achieve complete physical recovery; rather, the goal is for them to regain mental well being by performing daily activities normally, even if these consist only of light tasks. The barriers identified by the authors in this study are

#### **Lack of Patient Cooperation in Adhering to the Medication Regimen for Mental Health Disorders**

The routine of taking medication for mental health conditions is a therapy that must not be missed, not even for a single day; however, taking medication for the sake of mental health recovery requires discipline, while patients often feel bored and uncooperative.

*“My son doesn't take his medication regularly; perhaps because he's tired of constantly being told to take it, so sometimes it's hard for me to persuade him”*

(Interview with Mrs. Dewi, parent of Fahrur Rozi from Pamekasan, August 30, 2025).

Caregivers face high risks when patients are in the acute phase. Behavioral barriers: Patients are often uncooperative, such as refusing to take medication or being reluctant to participate in therapeutic

activities. Not only patients, but families also sometimes lack support or are inconsistent in accompanying the healing process, thereby hindering the success of therapeutic communication. Overall, these barriers are interrelated and affect the effectiveness of therapeutic communication. Therefore, healthcare professionals require adaptability, family support, and a conducive environment to ensure the communication process runs more optimally and the patient's recovery goals are achieved. (Wahyuningsih, Sri, Susanne Dida, 2019)

### **The emergence of patient resistance and lack of family support**

*"Sometimes I forget to give my child medicine because I'm always working in the rice fields, and my other siblings are working at other people's homes. So, if I'm late giving the medicine, the child's behavior changes immediately—once he gets angry, words no longer work so I get confused and don't know what to do."*

(Interview with Mr. Akron, a family member of Lailatur Karomah from Larangan, Pamekasan, on August 30, 2025)

This challenge aligns with the experiences of health workers who noted

*"The family isn't supportive either... the medication isn't taken regularly because the environment isn't supportive, and no one in the family acts as a reminder"*

(Interview with Mental Health Coordinator Mrs. Herlina at the Larangan Village Community Health Center, Pamekasan, August 30, 2025).

Communication barriers such as these underscore the importance of non-confrontational persuasion skills. (Mersha et al., 2023) indicate that the success of therapeutic communication heavily depends on family support as well as intensive training for healthcare workers and caregivers. Regarding treatment, healthcare workers emphasize the predominance of pharmacological therapy.

### **Peplau's Theoretical Perspective on Therapeutic Communication Between Caregivers, Healthcare Workers, and Village Health Cadres with Patients During the Mental Health Recovery Process**

This model is a communication approach used by a special task force for to accompany, provide psychosocial therapy, and conduct psychoeducation for people with mental disorders (ODGJ), their families, and the community. The application of therapeutic communication by caregivers in the process of patients' mental health recovery at the community level is a dynamic, contextual, and ongoing process. Based on the interview results, caregivers serve as the individuals closest to patients and act as the primary link between patients, families, the community, and health services. The therapeutic communication applied is not always formal but is manifested through an empathetic approach,

patience, and the ability to understand the patient’s psychological condition. These findings align with the Nurse-Patient Relationship Model (Peplau, 1952), which emphasizes that interpersonal relationships are at the core of mental health nursing practice.

**Figure 3.**

*Model of therapeutic communication implementation by caregivers, health workers, and village health volunteers*



Source: Adapted by the author, 2026

### Orientation Stage: Problem Identification and Establishment of a Therapeutic Relationship

Interview findings indicate that the patient’s mental health disorder was detected at an early age. The informant reported that, since infancy, the patient had exhibited cognitive developmental delays and behavioral differences compared to peers, although their nutritional status was considered normal. The informant stated that:

*“At first, she would just sit there laughing to herself, keeping to herself perhaps her mind had already wandered elsewhere. When her mother first came to our house, she was wearing a headscarf and a rosary, praying with my husband. I was never surprised that she experienced hallucinations about some kind of black spirit in her home, which made her feel afraid. She often didn’t want to go home.”*

(Interview with Mr. Akron and Hernawati, the family of Lailatur Karomah, Larangan Village, Pamekasan, August 30, 2025).

(Peplau, 1952) ’s describes this condition as the orientation stage the phase when a person begins

to experience health problems and needs help. At this stage, the nurse acts as a non-judgmental, accepting *stranger* who fosters a sense of safety. The caregiver's sensitivity to behavioral changes from the outset indicates the presence of effective nonverbal therapeutic communication, as emphasized by (Keliat.Ba, n.d.) that behavioral observation is a crucial component of therapeutic communication with clients experiencing disturbances in reality perception. Previous research by (Fauziah, 2020) also notes that early detection and the initial therapeutic relationship are vital to the success of mental health interventions, particularly for individuals with developmental disorders and psychotic disorders. Thus, the orientation phase conducted by caregivers in this study reflects the basic principles of therapeutic communication.

### **Identification Stage: Exploring the Patient's Problems and Needs**

In the next stage, caregivers began to identify the causes and patterns of the patients' mental health disorders. Based on interview findings, caregivers linked these disorders to economic and hereditary factors. The informants noted that family economic pressures and a family history of similar disorders were suspected to be triggers for the onset of mental health disorders. This stage aligns with the identification stage in Peplau's theory, in which the client and caregiver collaborate to recognize problems and needs (Peplau, 1952) The caregivers in this study did not focus solely on the patients but also considered family circumstances and the social environment. This is consistent with the biopsychosocial approach, which emphasizes that mental health disorders result from the interaction between biological, psychological,

Research by Townsend and (Fortinash & Worret, n.d.) shows that therapeutic communication that actively involves the family can improve understanding of the client's condition and reduce internal stigma. In the context of this study, caregivers serve as educators who help families understand that the patient's behavior is not inappropriate, but rather a manifestation of a mental health disorder.

### **Exploitation Stage: Application of Therapeutic Communication and Interventions**

Interview results indicate that during relapses, the patient exhibited aggressive and risky behaviors, such as throwing tantrums, threatening family members, eating dirt and rocks, wandering aimlessly until late at night, and displaying suicidal tendencies, with relapses occurring nearly every month. The informant stated that:

*"She often gets angry and threatens her husband because she's afraid he's having an affair; her jealousy is very intense. Thankfully, however, after three injections and ongoing treatment, she has been back to normal ever since. Before that, she was thin because she mostly just sat there in silence. Recently, there have been reports that*

*at school she has been eating dirt and rocks. She said, 'If I'm not given money, I'll definitely eat rocks.' The money is a bribe because she often asks for snacks; when she wants a snack, she forces her mother to give her one.*

*She often walks around naked and attempts suicide on the street. Yesterday, she didn't come home from the streets from morning until midnight; she slept right next to cars and bicycles. I was afraid she would fall into a well, because she was completely out of control. These incidents happen every month. If I take my eyes off her for a moment, she eats the plants in the yard. And she goes into the neighbors' gardens. Her mother usually yells at her and scolds the neighbors."*

(Interview with Mr. Akron and Hernawati, the family of Lailatur Karomah from Larangan Village, Pamekasan, on August 30, 2025).

*"When Fahrur Rozi has an episode, he screams and starts hitting things because he feels his demands aren't being met, so he threatens the people around him."*

(Interview with Mrs. Dewi, Fahrur Rozi's mother, Larangan Village, Pamekasan, August 30, 2025)

This situation requires caregivers to apply various therapeutic communication techniques, such as offering simple advice, limiting interactions that could worsen the condition, and educating the community not to comply with the patient's behavior during such episodes. This practice reflects the "exploitation" stage in Peplau's theory, in which the client exploits the therapeutic relationship to obtain assistance. The theory (Fauziah, 2020) emphasizes that for clients with thought and perception disorders, communication must be simple, concrete, and safety-oriented. Field findings indicate that caregivers intuitively apply these principles, for example, by diverting the patient's attention and postponing verbal communication when the patient's emotional state is unstable. Research on (Renwick et al., 2023) also shows that consistent, safety-focused therapeutic communication can reduce the frequency of aggressive behavior in patients with mental disorders.

Caregivers also serve as intermediaries between patients and healthcare services, particularly community health centers. Informants noted that if conditions are not favorable, patients are immediately taken to a healthcare facility. This role aligns with the "leader" and "resource person" roles in Peplau's theory, in which caregivers help clients access necessary resources. The main challenges faced by caregivers include patient noncompliance with treatment and resistance to medical procedures. Informants reported that patients often run away when about to receive an injection and are difficult to persuade to take their medication. (Renwick et al., 2023) states that client resistance is a common phenomenon in mental health practice and should be understood as part of the therapeutic process, not as a failure of communication. Research by (Fauziah, 2020) confirms that the success of therapeutic communication is greatly influenced by healthcare providers' ability to manage their own

emotions and those of their clients. In this study, healthcare providers demonstrated patience and flexibility by adjusting their timing and approach, thereby maintaining the therapeutic relationship.

### **The Resolution Stage and the Role of Social Support**

The resolution stage in Peplau's theory is characterized by increased client independence and reduced dependence on caregivers. Interview results indicate that after receiving ongoing care and support, the patient's condition became more stable and risky behaviors decreased. Although not yet fully independent, the patient demonstrated improved social functioning. Support from family and the community further strengthened the effectiveness of therapeutic communication. The interviewee stated that the family was very responsive and the community showed empathy by providing material assistance and helping to care for the patient. Research by the World Health Organization (WHO, 2022) confirms that social support is a key protective factor in community-based mental health recovery. Caregivers' efforts to apply therapeutic communication in addressing mental health issues align with the principles and techniques.

### **Messages**

The messages conveyed in therapeutic communication by caregivers are not merely simple advice or instructions, but also include forms of education and reinforcement tailored to the patient's condition. These messages are conveyed using simple, clear, and easy-to-understand language, given the patient's limited ability to comprehend information, especially during relapse phases. Based on the interview results, caregivers actively provide direct instructions to patients regarding behaviors to avoid and those to adopt. As stated by one informant:

*"I often tell her not to eat stones while she's eating, and to eat rice when she's hungry."*

(Interview with Mr. Akron, parent of Lailatur Karomah, Larangan Village, Pamekasan, August 30, 2025)

*"I always tell him that if he wants something, he should tell me—don't just get angry right away"*

(Interview with Mrs. Dewi, parent of Fahrur Rozi, Larangan Village, Pamekasan, August 30, 2025)

These quotes indicate that the messages conveyed are concrete, practical, and directly address the patient's deviant behavior, such as swallowing inappropriate objects. *Caregivers* also play a role in managing the patient's social environment through messages directed at those around them. In certain

situations, caregivers instruct the community not to respond to the patient's unstable behavior, as stated by one interviewee:

*"Usually, when she starts talking or loses control, I help inform those around her not to interact with her because I'm worried the situation will only get worse."*

(Interview with Mr. Akron, father of Lailatur Karomah, Pamekasan, August 30, 2025)

This indicates that therapeutic communication messages are directed not only at the patient but also at the social environment as part of efforts to manage the patient's behavior. *Caregivers* strive to provide attention, patience, and a persuasive approach so that patients feel safe and not isolated. This support is also extended to the patient's family, who play a crucial role in the recovery process, ensuring that the messages conveyed are comprehensive and involve various stakeholders.

### **Communicator**

The communicator in this model is the patient with a mental health disorder, who is the primary focus of the therapeutic communication process. Based on field research findings, patients exhibit diverse characteristics of their conditions, encompassing cognitive, emotional, and behavioral aspects. (Maulana, 2020) Some observed conditions include hallucinations, aggressive behavior, a tendency to withdraw from social environments, and risky actions that endanger both the patient and others. Caregivers report that patients exhibit behavioral changes from the early stages, such as

*"At first, they would just sit in silence, laugh to themselves, suddenly start talking to themselves, and withdraw perhaps their minds were already wandering all over the place"*

(Interview with Hernawati, a family member of a person with a mental health disorder in Larangan Village, Pamekasan, on August 30, 2025)

These early symptoms indicate changes in the patient's social interaction patterns and thought processes that are beginning to deviate from the norm. These changes are often not recognized as signs of a mental health disorder, leading to delays in early intervention. *Caregivers* play a crucial role in recognizing these early signs as part of prevention efforts. More severe cases are also evident when patients experience hallucinations, as described by the interviewee:

*"The patient hallucinates that there is some kind of dark spirit in the house and feels as if something is whispering in his ear to do something."*

(Interview with Mrs. Dewi, parent of a person with a mental health condition, Larangan Village, Pamekasan, August 30, 2025)

These hallucinations indicate a significant perceptual disturbance, in which the patient is unable to distinguish between reality and imagination. This condition can affect the patient's emotions and behavior. The hallucinations experienced by the patient not only impact the patient themselves but can also cause anxiety for family members and the surrounding community. In this situation, *caregivers* are required to respond appropriately, such as by calming the patient without immediately dismissing their experience. (Pratama & Wahyuningsih, 2025). Risky behavior is also a prominent characteristic among patients. The informants explained that

*“patients have engaged in uncontrolled behaviors, such as eating dirt, eating rocks, wandering aimlessly, and even engaging in self-harming acts, such as frequently walking around naked or attempting suicide by going out onto the highway.”*

(Interview with Hernawati, a family member of a person with a mental health condition in Larangan Village, Pamekasan, on August 30, 2025)

This patient exhibits a low level of self-control, particularly during relapse phases. Such risky behaviors reflect impairments in the patient's cognitive, emotional, and impulse control functions. Under these circumstances, supervision by caregivers is essential to prevent actions that could endanger the patient or others. Furthermore, an integrated approach involving healthcare professionals, family members, and the social environment is necessary to ensure the patient's recovery process proceeds optimally and sustainably. (Hartini et al., 2018)

### **Effects/Impact**

The impact or effects of therapeutic communication carried out by *caregivers* can be observed through changes in the patient's condition following continuous care. Based on findings from interviews with informants:

*“Patients who regularly receive treatment and support show a more stable condition than before, and thank God, after three injections and ongoing treatment, they have remained in normal condition to this day.”*

(Interview with Hernawati, a family member of a person with a mental health condition from Larangan Village, Pamekasan, on August 30, 2025)

This statement indicates a significant improvement in the patient’s condition following appropriate intervention, whether through therapeutic communication or medical intervention. The impact of communication is also evident in the reduction of aggressive behavior and risky actions previously exhibited by the patient, such as emotional outbursts, threats, or self-harming behavior. The patient’s condition, which was previously uncontrolled, is now gradually becoming more stable and manageable. Recovery is also marked by the patient’s increased ability to exercise self-control and respond more effectively to their environment. This underscores that therapeutic communication plays a crucial role in supporting the overall success of the patient’s mental health recovery process. (Rakhmaniar, 2023) .

**Table 2.** Principles of Therapeutic Communication in Mental Health Nursing

Principle	Explanation	Application in Patient Support
Active Listening	Listening fully with both verbal and nonverbal attention, without interrupting or judging the content of the client’s conversation.	The nurse continues to listen even if the patient speaks unclearly or repeats themselves, so that the patient feels valued and safe.
Respect and Honesty	Accept the client as they are and convey information honestly without causing anxiety.	The nurse does not scold the patient during a relapse and communicates limits or instructions using simple and honest language.
Communicating with Empathy	The ability to understand the client’s feelings and express that understanding both verbally and nonverbally.	Nurses demonstrate care through a gentle tone of voice and a calming demeanor when patients show anxiety or aggression.

**Table 3.** Therapeutic Communication Techniques in Mental Health Nursing

Technique	Definition	Therapeutic Purpose
Open-Ended Questions	Asking questions that encourage the client to express their feelings and experiences without limiting the answers to just “yes” or “no.”	To explore the client’s issues and needs in greater depth.

Providing Encouragement	Providing verbal or nonverbal reinforcement to encourage the client to continue the conversation.	To boost the client's self-confidence and openness.
Reflecting Feelings	Repeating or restating the feelings expressed by the client to demonstrate understanding.	Helping the client recognize and understand their emotions.
Providing Information	Conveying simple facts or explanations relevant to the client's condition.	Enhancing the client's and their family's understanding of mental health conditions.

Source: Adapted by the author, 2026

The principles of therapeutic communication according to (Stuart, 2013) emphasize the caregiver's fundamental attitudes in building a safe and supportive therapeutic relationship. The principles of active listening, honesty, and empathy form the cornerstone of every interaction with patients experiencing mental health disorders. These principles enable caregivers to understand the patient's psychological condition more comprehensively and reduce resistance during the support process. Therapeutic communication techniques, as outlined by (Peplau, 1952), are practical skills used to apply these principles in daily interactions. Techniques such as open-ended questions, emotional reflection, and information sharing help healthcare professionals direct communication to remain focused on the patient's needs. In the context of this study, the combination of therapeutic communication principles and techniques was shown to support patients' emotional stability, improve treatment adherence, and strengthen family and community support.

#### 4. CONCLUSION

This study shows that therapeutic communication in the recovery of people with mental disorders (ODGJ) in Blumbungan Village takes place as a collaborative communication process involving family caregivers, health workers, village health cadres, and the social environment through mental health posyandu, home visits, and family psychoeducation. The application of therapeutic communication serves not only as a means of conveying information but also as a mechanism for building empathetic relationships, a sense of security, and social support that underpin the recovery process. The strength of this study lies in its perspective, which positions therapeutic communication as a community-based, multi-stakeholder communication practice in the rural context of Madura, while integrating Hildegard Peplau's interpersonal relationship theory with a community-based health communication approach. However, this study has limitations, including a scope restricted to a single village, a relatively small number of informants, and a lack of in depth exploration of the patients'

perspectives. Future research is recommended to develop a more operational community-based therapeutic communication model, involve the active participation of people with mental health conditions as primary informants, and compare therapeutic communication practices across various social and cultural contexts to advance the development of health communication theory and practice.

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