

## SPIRITUAL TRANSFORMATION OF DRUG SURVIVORS THROUGH COMMUNITY-BASED REHABILITATION

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### ABSTRACT

This study explores the transformative experiences of drug survivors undergoing community-based rehabilitation at Rumah Cemara, focusing on how recovery processes reshape life meaning, spirituality, and identity. Addiction is approached not merely as a medical condition, but as a complex biopsychosocial phenomenon that disrupts identity and meaningfulness. Using Moustakas' transcendental phenomenological approach, this study conducted in-depth interviews with drug survivors who had participated in community-based rehabilitation for at least one year and maintained recovery for a minimum of two years. The findings reveal that addiction damages personal identity and life meaning, while community-based rehabilitation functions as a transformative social space. Within this space, survivors experience spiritual growth and reinterpret relapse as a learning process rather than personal failure. The recovery process culminates in a model of spiritual metamorphosis, illustrating a journey from despair toward renewed meaning, empowerment, and the emergence of survivors as agents of social change. This study contributes to addiction studies by proposing a holistic, culturally sensitive, and survivor-centered rehabilitation model that integrates spiritual and social dimensions. The findings reinforce community-based intervention paradigms in Indonesia, highlighting recovery as a sustained identity transformation rather than a purely medical outcome.

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### INTRODUCTION

Drug abuse is a complex phenomenon that has significant impacts on individuals, families, and society as a whole. Global data indicate that approximately 269 million people used drugs in 2018, with 35.6 million suffering from substance use disorders (UNODC, 2025). At the national level, the Indonesian National Narcotics Board (2025) reported a drug abuse prevalence of 1.80%, equivalent to approximately 3.4 million individuals, most of whom are within the productive age group that plays a strategic role in social and economic development (UNODC, 2025).

Drug addiction not only causes severe physical and mental health problems but also generates broad socio-economic consequences (NIDA, 2025). Injection drug use contributes to an increased risk of transmitting infectious diseases such as HIV/AIDS (Degenhardt et al., 2016). These impacts extend to families, resulting in family dysfunction, psychosocial burdens, and financial strain that can further deteriorate family members' quality of life (Manurung, 2024; Rahimi & Ahmadi Shooli, 2024)

Despite these challenges, recovery from drug addiction remains possible through targeted interventions and adequate social support. Numerous studies identify community-based rehabilitation as an effective approach to improving recovery outcomes and facilitating social reintegration (Rahayu & Putra, 2023). This rehabilitation model provides a supportive environment that enables survivors to share experiences, develop adaptive coping strategies, and strengthen social networks as capital for sustainable recovery (Best & Laudet, 2021; Nugroho & Pratiwi, 2023)

In Indonesia, Rumah Cemara has been recognized as a community-based rehabilitation model that has adopted a holistic and client-oriented approach since its establishment in 2003. Its programs emphasize not only physical and psychological aspects but also spiritual dimensions and social reintegration as integral components of addiction recovery. However, in-depth empirical studies on the transformative experiences of drug survivors through community-based rehabilitation in Indonesia remain limited, particularly those focusing on meaning construction and spiritual growth during recovery. Most previous studies have concentrated on clinical and behavioral aspects without holistically examining existential and spiritual dimensions that significantly influence recovery success.

Research conducted by Rahman (2024) highlights clinical, behavioral, and professional practices in drug rehabilitation, including counselors' therapeutic communication in holistic rehabilitation programs (Rahman, 2024). Nevertheless, survivors' lived experiences in understanding, internalizing, and navigating recovery in everyday life remain underexplored. Furthermore, the roles of social interaction, community support, and personal meaning-making in shaping adaptation and recovery sustainability have not been sufficiently examined contextually. Therefore, this study seeks to fill this gap by exploring drug survivors' subjective experiences through a transcendental phenomenological approach, particularly in understanding spiritual transformation and life-meaning reconstruction within community-based recovery in Indonesia.

Drug addiction is a complex biopsychosocial phenomenon that affects not only individuals but also families and social environments, leading to health deterioration, economic disruption, emotional stress, and social stigma. Although recovery opportunities remain open through holistic and community-based interventions, existing studies tend to emphasize medical and quantitative perspectives while overlooking survivors' subjective experiences, particularly the role of spirituality within culturally grounded rehabilitation settings. In Indonesia, Rumah Cemara represents a community-based rehabilitation model integrating medical, psychological, social, and spiritual dimensions; however, research exploring how survivors construct meaning, experience transformation, and interpret spirituality in their recovery process remains limited. Based on this gap, this study aims to examine how survivors of drug addiction reconstruct life meaning and experience spiritual transformation within community-based rehabilitation contexts.

Using a transcendental phenomenological approach, this study seeks to capture survivors' lived experiences and understand recovery as a holistic process shaped by personal, social, and spiritual dimensions. The research is expected to contribute theoretically by enriching phenomenological and recovery studies with a deeper understanding of spirituality and meaning-making in addiction recovery, and practically by offering insights for developing more humane, culturally sensitive, and survivor-centered rehabilitation models. Furthermore, the findings aim to support stigma reduction and inform social and policy approaches to addiction intervention in Indonesia and broader contexts.

## METHOD

This study employs a qualitative approach using transcendental phenomenology as developed by Moustakas (1994), grounded in the philosophical and psychological traditions of Edmund Husserl (Moustakas, 2011). Phenomenological research places individuals' lived experiences at the center of analysis to understand the meaning

of phenomena as directly experienced by participants (Creswell & Poth, 2023). A core principle of this method is epoche, which involves suspending preconceptions, assumptions, and prior judgments to capture phenomena as purely experienced by research subjects.

The research site was Rumah Cemara, a community-based rehabilitation institution in Indonesia recognized as a model of holistic and supportive rehabilitation. The participants consisted of three individuals in long-term recovery recruited from Rumah Cemara using snowball sampling. Inclusion criteria were defined as follows: adults aged 21 years or older; having a history of substance use disorder; maintaining total abstinence for at least five years; actively involved in the Rumah Cemara Bandung community and registered as participants in its recovery program; and willing and able to communicate their lived experiences reflectively. These criteria were established to ensure that participants represented information-rich cases relevant to the study objectives while maintaining ethical standards through anonymity and the omission of identifiable personal information.

Data were collected through in-depth semi-structured interviews, participant observation of daily activities within the rehabilitation environment, and document analysis, including program materials, reflective notes, and artistic works. Interviews were designed to explore survivors' subjective experiences related to addiction trajectories, recovery processes, and spiritual transformation.

Data analysis followed (Moustakas, 2011) transcendental phenomenological stages:

1. Horizontering: identifying and isolating significant statements and experiences related to the phenomenon.
2. Phenomenological reduction: transcending assumptions through epoche and focusing on participants' direct experiences.
3. Imaginative variation: applying imaginative variation to understand experiential meanings from multiple perspectives.
4. Essential synthesis: constructing the core meaning of shared experiences to achieve a holistic and essential understanding.

Data credibility was ensured through source triangulation (interviews, observations, documents), member checking with participants to confirm interpretive accuracy, and peer debriefing with fellow researchers for critical feedback. Reflexivity was rigorously practiced to recognize researchers' subjective positions and minimize potential bias.

Ethical considerations were upheld by anonymizing all participants using pseudonyms and obtaining written informed consent prior to data collection (Creswell & Poth, 2023). The study received ethical approval from the relevant ethics committee, and participants were fully informed of the research objectives, procedures, and their right to withdraw at any time without negative

## RESULT AND DISCUSSION

To comprehensively understand the lived experiences of drug addiction recovery, this section presents the findings through a phenomenological lens that emphasizes the interconnectedness of socio-cultural contexts, identity dynamics, reflective awareness, and transformative recovery processes. Rather than treating addiction as an isolated individual pathology, the analysis situates survivors' experiences within broader social relations, cultural meanings, and intersubjective environments that shape both the emergence of addiction and the pathways toward recovery. The findings are organized thematically to illustrate a dynamic trajectory beginning with addiction as a socio-culturally embedded phenomenon, followed by identity disruption and existential emptiness, the emergence of turning points and reflective awareness, rehabilitation as an intersubjective space, and the role of spirituality in reframing relapse and recovery. These themes culminate in a model of spiritual metamorphosis that captures recovery as a non-linear, holistic transformation involving reconstructed meaning, identity, and social engagement.

### Results

#### Addiction as a Product of Socio-Cultural Context

The experiences of survivors show that drug addiction often did not emerge from a fully autonomous, individual choice. Rather, participants described their initial drug involvement as rooted in socio-cultural interactions and peer group dynamics. Frequent associations with older peers acted as a key social mechanism exposing individuals to drug use and risk behaviors. Informant 1 articulated this social pathway into addiction:

“Most of my friends were older... many things I had never tried, I ended up trying because I followed them.”  
(Informant 1)

This account illustrates how peer pressure and social asymmetry can shape early substance use patterns, where the pressure to conform within social hierarchies undermines decision autonomy. Survivors like Informant 2 further described how permissive environments and perceived freedom normalized substance use, framing it as a socially acceptable part of adolescent exploration rather than deviance or risk.

Informant 4 emphasized the normalization of drug practices within their social setting:

“In my environment, almost everyone used drugs. It didn’t feel strange it felt like part of social life.”  
(Informant 4)

Beyond interpersonal dynamics, cultural influences also contributed symbolically to addiction pathways. Music and popular cultural artifacts celebrating freedom, rebellion, and hedonistic lifestyles were internalized as part of normative value systems. Informant 5 described how these cultural messages shaped his perception of life and risk:

“Back then, I felt life was about being free and enjoying today. The songs I listened to reinforced that.”  
(Informant 5)

This suggests that addiction was not purely a bio-medical phenomenon but intertwined with socio-cultural meanings conveyed through symbols, norms, and shared group practices.

### **Identity Disruption and Existential Emptiness**

Survivors associated their addiction experiences with a profound disruption of identity and meaningfulness in life. The process of addiction gradually eroded their sense of purpose, creating a rupture between their ideal selves and lived reality. Informant 3 described this experience vividly:

“I felt like I lost direction and purpose in life empty and without motivation.” (Informant 3)

This reflects a form of existential emptiness in which addiction erodes not only behavioral control but also core elements of personal life meaning and direction. Furthermore, the stigma surrounding addiction intensified this identity crisis. Survivors reported internalizing negative social labels and subsequently evaluating themselves negatively. Informant 4 captured this internalized stigma:

“Once you’re labeled an addict, whatever you do is still seen as wrong.” (Informant 4)

This demonstrates how external stigma can become internalized, contributing to alienation, shame, and reduced self-worth, narrowing reflective spaces essential for self-redefinition.

### **Turning Points and Reflective Awareness**

Participants identified pivotal emotional and experiential *turning points* that initiated self-reflection and awareness of addiction’s detrimental impacts. These turning points varied in form. Informant 1 recounted a moment of familial confrontation:

“My parents found insulin and marijuana in my jacket... I felt ashamed and realized I had to change.”  
(Informant 1)

Informant 2 described a moment of physical crisis during an overdose, noting how a confrontation with his own reflection triggered self-recognition of harm. Informant 3 witnessed peers who had successfully exited addiction, catalyzing positive social comparison. Informant 5 spoke of accumulated existential exhaustion as his turning point:

“I was tired of living like this. That’s when I realized if it continued, I had no future.” (Informant 5)

These accounts show that turning points often stem from intense emotional or cognitive dissonance—whether triggered by external events, cumulative suffering, or comparative social insight—which propel survivors into reflective awareness.

### **Rehabilitation as an Intersubjective Space**

Survivors described Rumah Cemara as more than a medical institution. Instead, it was an intersubjective social space where acceptance, mutual support, and egalitarian relationships were central.

Informant 2 emphasized the communal support network:

“Here, we support each other and don’t feel alone.” (*Informant 2*)

Informant 3 highlighted the supportive system as crucial to recovery:

“The right support system is the biggest factor in my recovery success.” (*Informant 3*)

Such statements show that rehabilitation was socially embedded, allowing survivors to reconstruct identity through relational validation rather than isolation.

### **Spirituality and the Meaning of Relapse**

Spirituality emerged as an existential resource in recovery for many survivors. It was not limited to formal religious practice but included meaning-making, self-acceptance, and reconciling past experiences. Informant 3 noted: “New life meaning gives me hope and strength to rise again.” (*Informant 3*)

Survivors interpreted relapse not as moral failure but as part of an ongoing learning process. Informant 1 explained:

“Relapse is how I outsmart myself and ward off negative suggestions.” (*Informant 1*)

Informants 2, 3, and 5 similarly framed relapse as vigilance, testing determination, or a reminder to stay alert. These perspectives reveal a **significant shift**: recovery becomes not merely a cessation of use, but an ongoing reflective journey with spiritual and personal insight at its core.

## **Discussion**

### **Phenomenological Framework: Moustakas and the Lived Experience**

The detailed narratives presented align with **Moustakas’ transcendental phenomenological approach**, which seeks to uncover the essence of lived experience as perceived by participants themselves (Moustakas, 2011). In this framework, addiction is not merely quantified in clinical terms but understood as meaningful lived experience situated in social contexts, values, and relational worlds. Survivors’ descriptions illustrate the lifeworld where addiction, identity disruption, and recovery are embedded and continuously re-interpreted through reflection, relational change, and cultural meaning.

Moustakas emphasizes phenomenological reduction and imaginative variation to discern structures of experience. The recurrent themes social induction into drug use, identity rupture, existential emptiness, turning points, intersubjective rehabilitation spaces, and spiritual meaning-making represent the essence of how survivors experience addiction and its transformation. These components illustrate that addiction is not a discrete event, but an ongoing experiential horizon shaped by socio-cultural influences, relational identities, and personal reflection.

### **Addiction as Socially Situated: Peer and Cultural Influences**

The findings mirror broader research showing that social environment significantly shapes substance use behavior. Recent reviews suggest that *peer influence* exerts a robust positive effect on adolescent substance use, indicating that behavior and norms within social groups contribute meaningfully to addiction pathways.

Moreover, models of social context in addiction highlight that peers can both facilitate initiation and escalation of use and serve as a competitive alternative to drug use in recovery settings (Strickland & Acuff, 2023). These perspectives support the survivors’ accounts in this study, which illustrate addiction emerging within social structures that produce and normalize risk behaviors, blurring distinctions between exploration and dependency.

### **Identity and Stigma in Addiction**

The internalization of stigma reported by survivors aligns with prior work showing how stigma and self-stigmatization impede healthy identity development during recovery. Youth in recovery may experience stigmatizing attitudes from their social networks, which can undermine social identity and complicate engagement with recovery supports (Blyth et al., 2023).

This study’s findings extend that understanding by demonstrating how existential identity loss and social rejection multiply the psychological disruption caused by addiction, emphasizing the need for supportive, non-stigmatizing contexts in recovery.

**Spirituality and Reflective Recovery**

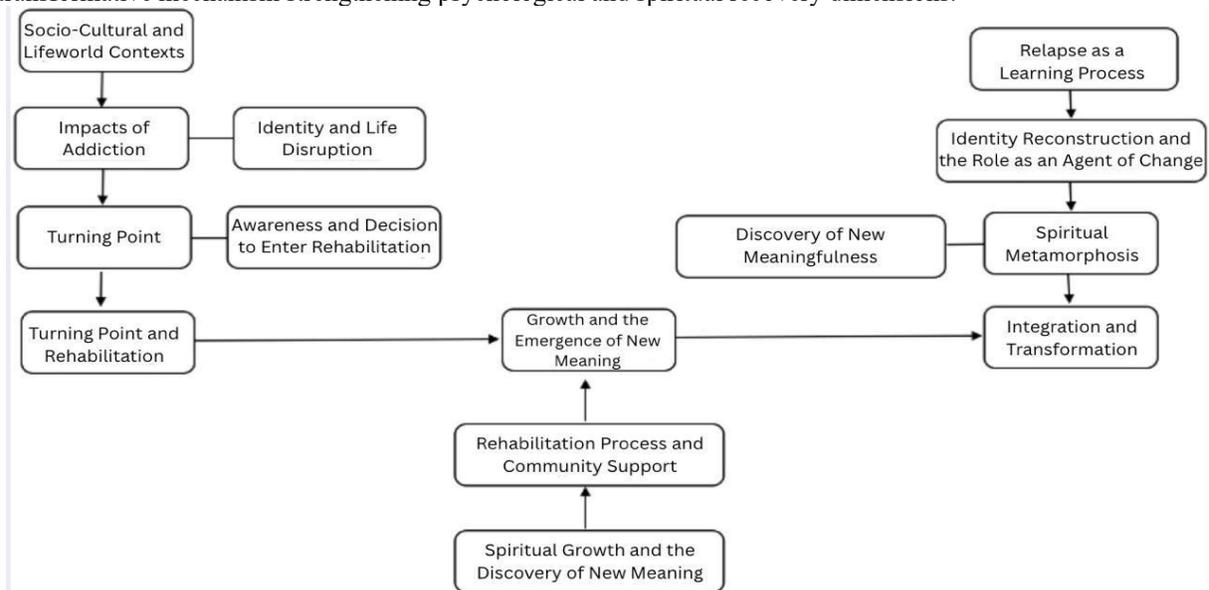
The spiritual dimensions of recovery identified here resonate with literature emphasizing spirituality as a core resource in addiction recovery identity formation. Narrative reviews suggest spirituality can aid meaning-making, foster hope, and strengthen resilience during recovery when organized in authentic and individualized ways (Smith & Jones, 2024). In this study, survivors used spiritual meaning not only to reframe addiction but to integrate relapse as part of a reflective learning journey, indicating how spiritual frameworks contribute to existential transformation.

**Spiritual Metamorphosis of Drug Survivors**

The findings are modeled as a process of spiritual metamorphosis depicting survivors’ transformative journeys from socio-cultural contexts, through identity crises, to reconstructed meanings and identities grounded in community and spirituality. This metamorphosis is non-linear, involving reflective dynamics that reshape survivors’ self-perceptions, life orientations, and social relations.

Communication plays a strategic role in enabling the Biopsychosocial-Spiritual (BPSS) approach. This aligns with Rahman’s (2024) findings that therapeutic communication between counselors and drug users is foundational in BPSS-based rehabilitation. Empathic, dialogical, and non-judgmental communication integrates biological, psychological, social, and spiritual dimensions within survivors’ recovery experiences (Rahman, 2024).

Empathic communication provides safe spaces for survivors to articulate addiction experiences, reflect on identity crises, and renegotiate distorted self-concepts. Communication thus functions not only as support but also as a transformative mechanism strengthening psychological and spiritual recovery dimensions.



**Figure 1. Model of Recovery and Identity Reconstruction of Drug Survivors**

Source: Research Data, 2026

This spiritual metamorphosis model integrates all key findings, demonstrating that recovery extends beyond abstinence. Recovery is understood as a holistic transformation encompassing new life meanings, spiritual growth, reconstructed personal and social identities, and strengthened reflective capacities in facing vulnerabilities, including relapse.

Within this framework, relapse is viewed as a learning process rather than moral failure. Through empathic communication and intersubjective relationships within recovery communities, survivors may develop into agents of social change transforming lived experiences into meaningful contributions to society. Consequently, this model is relevant for developing holistic, survivor-centered rehabilitation interventions and informing addiction policy formulation in Indonesia.

## CONCLUSION

This study demonstrates that drug addiction among survivors is not merely an individual medical or moral issue, but a complex biopsychosocial and socio-cultural phenomenon that profoundly disrupts identity, life meaning, and social relationships. Using a transcendental phenomenological approach, the findings reveal that addiction is shaped by peer dynamics, cultural normalization, and symbolic influences that legitimize risky behaviors. Recovery is therefore understood not simply as abstinence, but as a process of identity reconstruction facilitated through intersubjective relationships within a supportive community environment. Community-based rehabilitation at Rumah Cemara provides a non-judgmental social space in which survivors are recognized as individuals in process, enabling the restoration of self-worth, agency, and social belonging. Moreover, the study highlights spiritual transformation as a central dimension of sustainable recovery, where spirituality functions as a reflective framework that allows survivors to reinterpret suffering, relapse, and past failures as meaningful learning experiences rather than moral shortcomings, thereby strengthening resilience, life purpose, and long-term recovery commitment.

Despite these contributions, this study has several limitations. The phenomenological design and limited participant scope constrain the generalizability of the findings to broader recovery populations and contexts. Reliance on retrospective self-narratives may also involve recall bias and social desirability, while the focus on survivors who have achieved a degree of recovery stability may underrepresent more fragile or disrupted recovery trajectories. Future research is encouraged to adopt longitudinal and comparative designs to examine identity reconstruction across different stages of recovery and rehabilitation models, as well as mixed-method approaches that integrate subjective narratives with quantitative indicators of well-being and social integration. Further studies could also explore the roles of family members, practitioners, and community stakeholders in legitimizing recovery identities, as well as investigate how survivors enact their identities as agents of social change in wider efforts to reduce stigma and strengthen community-based addiction interventions.

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