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Creative Therapy and Economic Empowerment for People with Mental Disabilities through Eco-Print: A Community-Based Rehabilitation Model

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ABSTRACT

Background: Mental health recovery requires approaches that extend beyond clinical services by integrating psychosocial support, community engagement, and economic empowerment. Individuals in the recovery process continue to face social stigma, limited access to inclusive rehabilitation services, and barriers to social and economic reintegration. Pesantren possess social capital and cultural legitimacy that position them as potential settings for community-based rehabilitation.

Purpose of the Study: This community service program aimed to enhance psychosocial functioning, creative capacity, social participation, and economic readiness among post-rehabilitation santri at Pondok Pesantren Jolo Sutro, Central Lampung, through eco-print-based creative therapy.

Methods: The program employed a community-based rehabilitation approach implemented through five sequential mentoring phases, including initial assessment, introduction to creative activities, eco-print practice, process reflection, and sustainability strengthening. Evaluation was conducted using a performance-based assessment rubric to assess technical and psychosocial outcomes.

Results: The assessment results showed scores ranging from 3 to 5, with a mean score of 4.0. Two indicators reached the highly proficient category, four indicators were classified as developing proficiency, and two indicators fell under basic emerging skills. These findings indicate consistent progress toward moderate to high levels of creativity and ecoprint technical mastery. The program was also associated with strengthened personal capacity, improved emotional regulation, enhanced social interaction, and the initiation of a pesantren-based eco-print business unit.

Keywords

Inclusive Rehabilitation;
Creative Therapy;
Performance-Based
Assessment); Entrepreneurial
Learning in Individuals with
Disabilities

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Introduction

In recent years, mental health issues have increasingly required approaches that go beyond the medical domain alone by integrating psychological, social, and economic dimensions through community empowerment and inclusive policies (Ghiyasvandian et al., 2020). Persistent social stigma, limited access to inclusive rehabilitation services, and weak social reintegration strategies remain major challenges. Consequently, rehabilitation efforts need to be complemented by community-based initiatives and economic empowerment in order to live independently and productively (United Nations, 2006; Kementerian Sosial Republik Indonesia, 2022)

In this local context, at Pondok Pesantren Jolo Sutro, mental health recovery has been implemented through a spiritual approach integrated into the santri's daily activities, particularly through the practices of spiritual cleansing practice and ruqyah therapy. This approach has been effective in stabilizing psychological conditions and strengthening social support within the pesantren environment. In addition, the pesantren has a well-established institutional track record in spiritually based mental health rehabilitation and demonstrates strong institutional readiness to collaborate in community engagement programs mental health recovery. However, initial identification conducted by pesantren administrators indicates that a number of post-rehabilitation santri are clinically and spiritually stable continue to face limitations in social and economic independence.



Figure 1. Group discussion and preliminary observation

Based on these findings, an initial situational analysis was conducted through focus group discussions and preliminary observations involving a small group of post-rehabilitation santri were assessed as ready to participate in an advanced empowerment program. From this process, eight participants were selected based on their adaptive readiness to engage in intensive and participatory mentoring. The analysis revealed that participants continued to experience limitations in productive skills, low self-confidence, minimal independent work experience, and tendencies toward social isolation and dependence on caregivers, shaped by the interaction of psychosocial factors such as chronic stress exposure, economic pressure, and prior experiences of life failure.

To bridge this gap, the program adopted the expressive therapies continuum framework developed by Lusebrink (2015) and adapted it through the creative practice of eco-print batik. Eco-print was selected due to its dual function: as an expressive therapeutic medium that supports emotional recovery and strengthens self-confidence, and as an entrepreneurship-learning platform with culturally relevant creative economic potential (Hinz, 2015; Graves-Alcorn & Kagin, 2017; Mota et al., 2020; Malik, 2021).

Through skill-based stimulus provided by the community service team from Universitas Bandar Lampung (UBL), the mentoring process not only enhanced participants' self-confidence but also revitalized the spirit of independence and entrepreneurship within the pesantren

environment. Together with mentors, participants gradually formed small working groups to develop eco-print-based micro-enterprises. These eco-print products are planned to become creative products of Pondok Pesantren Jolo Sutro and to serve as an initial driver for revitalizing JLS-Mart, the pesantren's business unit. Accordingly, the expected social change encompasses not only increased social interaction and reduced stigma toward mental health survivors, but also socio-economic transformation at the community level through the strengthening of pesantren-based institutional capacity.

Overall, this program extends the application of the expressive therapies continuum from a clinical context into a community-based socio-economic setting. Its contribution lies not only in improving the psychosocial well-being of individuals with mental health conditions, but also in strengthening economic sustainability and independence through eco-print-based creative entrepreneurship. This approach has the potential to serve as an integrated, community-based rehabilitation model that is both sustainable and replicable in similar contexts

Method

The implementation of the creative therapy program utilized ecoprint technology adaptation combined with an authentic and contextual performance-based assessment rubric (PBAR) to measure participants' skills in real-life situations (Tandley, 2019). This approach enabled objective and comprehensive evaluation across technical proficiency, creativity, product quality, and psychosocial development. The procedures included process observation, product evaluation, psychosocial interviews, and monitoring of participants' engagement in entrepreneurship education. Each participant was assessed according to key developmental domains, such as kinesthetic-sensory, perceptual-affective, cognitive, affective, and creative-integrative is reflected in the quality of their eco-print work.

The assessment system applied a 1–5 scale to identify achievements and support needs in a structured manner. A score of 5 indicated an “Excellent” category, demonstrating optimal mastery of ecoprint techniques, high creativity, and independent working ability. A score of 4 represented “Good,” where participants consistently applied their skills with minor areas for improvement. A score of 3 corresponded to “Adequate,” indicating partial competence with a need for further guidance. A score of 2 fell under “Limited,” signaling significant barriers in understanding or applying techniques. A score of 1 represented “Requires Intensive Assistance,” where participants faced fundamental difficulties and required specialized intervention. This categorization facilitates individualized support planning and strengthens inclusive and effective mentoring strategies. The assessment table incorporated pseudonyms, key indicators (such as clarity of leaf prints, pattern balance, design planning, or originality), scores of 1–5, and facilitator notes documenting technical observations and affective dynamics.

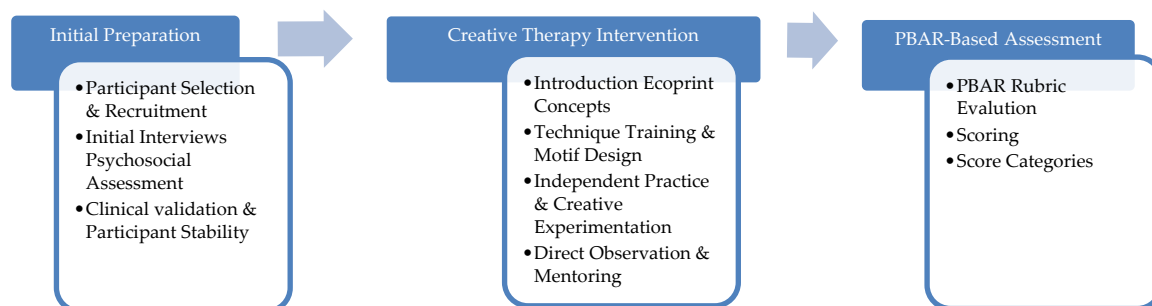


Figure 2. Implementation Method

Data collection employed four primary methods: (1) direct observation during therapy to assess basic technique application, motif selection, motor coordination, and creativity; (2) ecoprint artwork evaluation using the PBAR scale to assess color quality, neatness, design composition, and innovation; (3) psychosocial interviews to evaluate confidence, motivation, social functioning, and readiness for productive activities; and (4) monitoring participants' involvement in entrepreneurship education, including attendance, group contributions, and initiative in ecoprint business development. The program involved eight post-recovery individuals with mental disorders who met criteria for clinical stability, treatment compliance, adequate social functioning, participation in productive activities, and recovery motivation. All participants used pseudonyms as part of ethical research and reporting practices. The pseudonym system also served as a reflective space for participants to express identity and personal experiences throughout the creative therapy process.

Upon program completion, a performance-based post-test assessment was conducted, consisting of: (1) ecoprint artwork evaluation using the PBAR scale to measure technical mastery and creativity; (2) measurement of changes in self-confidence and social functioning using valid and reliable psychometric instruments; (3) multidimensional impact analysis covering psychological, social, and mental well-being aspects; and (4) evaluation of participants' ability to engage in economic activities through their involvement in entrepreneurship initiatives. This post-test assessment provided an objective overview of the program's effectiveness in empowering participants holistic

Result

Dynamics of the Mentoring Process

The mentoring program at Pondok Pesantren *Jolo Sutro* Adijaya was implemented through five interrelated and sequential phases, ranging from initial orientation and assessment to capacity strengthening and final reflection. This phased approach is consistent with the principles of community-based rehabilitation, which emphasize progressive adaptation to participants' psychosocial readiness (WHO, 2010; Goto et al., 2025). As presented in table 1, program participants were post-rehabilitation *santri* recommended by pesantren caregivers through an ongoing recovery-oriented mentoring process that considered stability of condition, readiness for participation, and potential for the development of social functioning. Participants were understood as individuals engaged in an ongoing process of recovery and learning, with diverse support needs related to emotional regulation, concentration, social interaction, and functional independence. Accordingly, the eco-print-based creative therapy intervention was designed to be gradual, participatory, and oriented toward capacity strengthening. During Phase 1, namely assess technical capacity and orientation, interactions between the mentoring team and participants were relative limited. Participants tended to exhibit passive attitudes, cautious communication, and a high level of dependence on pesantren caregivers. Such conditions are commonly observed among post-rehabilitation mental health survivors, particularly during the early stages of social reintegration, which are often characterized by low self-efficacy and a reduced sense of psychological safety (Bandura, 1995; Corrigan & Watson, 2002). The primary challenge at this stage was to establish trust, a sense of safety, and readiness for active participation.

Table 1. Participant Characteristics and Support Focus in Post-Rehabilitation Recovery

Pseudonym	Gender	Age (Years)	Primary Psychosocial Background	Support Focus within Community-Based Rehabilitation	Recovery-Oriented Functional Description
Arjuna	Male	34	Emotional regulation and mood-related challenges	Health & Social Participation	Strengthening emotional regulation, motivation, and social engagement in community activities
Mandala	Male	41	Experiences related to perception and meaning-making	Health & Independence	Enhancing meaning-making, social interaction, and functional independence
Srikandi	Female	37	Long-term psychosocial impact of traumatic experiences	Health & Social Relationships	Gradually developing a sense of safety, self-confidence, and quality of social relationships
Mahesa	Male	45	Persistent anxiety affecting social engagement	Participation & Productive Work	Expanding social participation and engagement in productive community activities
Elang	Male	39	Psychosocial challenges related to prior substance use	Work & Livelihood	Strengthening activity discipline, social roles, and readiness for productive work
Satya	Male	32	Adaptive challenges in emotional and interpersonal patterns	Life Skills & Interpersonal Relationships	Developing adaptive emotional regulation and interpersonal relationship skills
Surya	Male	48	Mild cognitive functioning challenges	Health & Functional Independence	Improving concentration, decision-making, and independence in daily activities
Merpati	Female	36	Long-term affective challenges	Health & Social Participation	Undergoing affective recovery with a focus on energy, social participation, and productivity

As the program progressed into Phases 2 and 3, which focused on the introduction of creative activities and initial eco-print practice, noticeable changes in participation patterns began to emerge. Participants demonstrated increased interest through physical and emotional

engagement in creative activities, although some uncertainty regarding their own abilities remained. The art therapy literature suggests that early sensorimotor and affective engagement can effectively reduce anxiety and create safe spaces for nonverbal expression (Hinz, 2015; Lusebrink, 2015). Interactions among participants began to develop naturally through paired work and simple discussions about motifs and colors, reflecting the initial formation of group cohesion. Challenges at this stage were primarily technical and psychological, including impatience, fear of failure, and difficulties in maintaining work consistency, which are commonly experienced by individuals with a history of affective and anxiety disorders (Malik, 2021).



Figure 3. Introducing natural material eco-print and methods

During Phase 4, which emphasized technical deepening and reflective meaning-making, participants exhibited a higher level of independence. Discussions regarding motif interpretation, color selection, and work quality became more active and reflective. Participants no longer merely followed instructions but began to articulate personal preferences and creative ideas. This process indicates a shift from guided participation to self-directed engagement. Within the expressive therapies continuum framework, this shift is associated with the activation of cognitive and symbolic dimensions (Lusebrink, 2015). Phase 5, focusing on evaluation and sustainability strengthening, was marked by an increased sense of ownership over both the process and outcomes, as well as the emergence of collective awareness regarding the economic potential of the produced works. Overall, the mentoring dynamics demonstrate a transition from passive participation toward reflective and collaborative engagement, which constitutes a key indicator of successful community-based intervention (Pretty, 1995; Chambers, 2017).






Figure 4. Teamwork in ecoprint pounding and mordanting techniques






Technical and Psychosocial Outcomes

The technical and psychosocial outcomes of the program demonstrate significant progress. Based on the summary of achievements presented in table 2, these findings indicate consistent mastery of ecoprint skills, the development of creativity and self-expression, and improvements in sensorimotor, cognitive, and affective functioning as outcomes of ecoprint-based creative therapy. These findings are consistent with previous studies indicating that nature-based art activities contribute to increased creative confidence and work persistence (Mota et al., 2020). In addition, more than half of the participants showed improvement in work neatness and mastery of basic eco-print techniques, which reflects the strengthening of executive functions and self-control (Diamond, 2013).

From a psychosocial perspective, observational records indicate improvements in self-confidence and emotional regulation. Several participants became willing to present their work in front of the group, a behavior that was not observed during the early stages of mentoring. During the intervention process, one participant demonstrated a reduction in anxiety responses related to mistakes, accompanied by improvements in sustained attention and systematic task completion, as documented in caregivers' observational records. Field findings indicate that repeated engagement in creative activities fostered participants' sense of capability and self-confidence, as reflected in their increased willingness to present their work, engage in group interactions, and complete tasks independently. This process also contributed to reduced work-related anxiety and the development of a more positive self-perception as productive and valued individuals.

Table 2. Performance-Based Assessment Rubric

Pseudonym	Photo	Level ETC	Key Indicators	Score (1–5)	Notes
Arjuna		Kinesthetic – Sensory	Clarity of the large papaya leaf print	5	Strong pressure, rich color
Mandala		Perceptual – Affective	Balanced pattern of large and small leaves	4	Presence of pattern regularity
Srikandi		Perceptual – Affective	Combination of leaf sizes	4	Harmonious and symmetrical

Mahesa		Cognitive	Design planning	3	Layered pattern, somewhat simple
Elang		Affective	Dominance of small leaves, repetition	4	Reflects a sense of togetherness
Satya		Kinesthetic – Sensory	Variation in leaf pressure	3	Presence of both faint and bold leaves
Surya		Perceptual – Cognitive	Balanced leaf placement	4	Presence of a center and periphery
Merpati		Creative (Integratif)	Originality and expression	5	Unique work with rich variation

Social and Institutional Change

At the social and institutional levels, the program generated early changes that are strategic, multi-layered, and interrelated. The rehabilitation process not only contributed to improvements in participants' individual capacities but also stimulated the emergence of new social dynamics and shifts in institutional perceptions within the pesantren toward post-rehabilitation *santri*. One early indicator of this change was the formation of an emerging eco-print-based collective enterprise within the pesantren environment. This initiative was reflected in the allocation of simple roles in the production process, collaborative working practices, and group discussions concerning product quality and marketing strategies. These dynamics represent an initial stage in the

institutionalization of collective economic practices within the pesantren, with the potential to develop into a more structured form in the medium term. This pattern is consistent with the social entrepreneurship literature, which emphasizes the importance of collective learning and group-based production in fostering the sustainability of community enterprises (Zahra et al., 2009; Defourny & Nyssens, 2017). Within the rehabilitation context, such collective economic activities function as a means of reconstructing participants' social identities, shifting them from passive service recipients to productive actors within the community.

Alongside these collective activities, there was an observable increase in the intensity and quality of social interactions among participants, both during structured creative activities and in the everyday routines of the pesantren. Throughout the mentoring process, these changes were evidenced by greater engagement in shared activities, more open communication, and a reduced tendency toward social withdrawal. These findings indicate that group-based creative activities not only generate economic outputs but also serve as social interventions that facilitate the restoration of social relationships and the strengthening of social capital. Consequently, the rehabilitation process operates simultaneously across psychosocial and socio-communal dimensions.

These social changes were accompanied by a shift in caregivers' perceptions of post-rehabilitation *santri*. Participants were no longer viewed solely as individuals requiring protection and supervision, but increasingly recognized as subjects possessing productive capacities, creativity, and economic potential. This shift in perspective carries significant institutional implications, as it influences power relations, role allocation, and the scope of *santri* participation in productive activities within the pesantren. In this sense, the changes observed are not merely interpersonal but also reflect a normative transformation in the institutional understanding of rehabilitation, independence, and the social contribution of *santri*.

Substantively, initial steps toward economic engagement were realized through the organization of an internal handicraft exhibition as part of the *padhang bulan* activity. This exhibition functioned as a space for appreciation, social validation, and initial product promotion. Beyond serving as a symbolic marketing platform, the event acted as an important mechanism of social recognition, contributing to the development of participants' self-confidence, self-esteem, and social legitimacy within the pesantren community. At the same time, the exhibition provided initial access to local creative economy networks, although this engagement remained at an introductory and early exposure stage.

Within the framework of community-based rehabilitation, *padhang bulan* can be understood as a forum for communal engagement within the pesantren that functions as a socio-cultural space for displaying and appreciating *santri* handicrafts, while also strengthening social networks and community participation in supporting the transition of *santri* toward economic independence. Through this forum, rehabilitation is no longer positioned as a closed, individual process, but rather as a collective endeavor that integrates community involvement, religious values, and pesantren social practices.



Figure 5. Eco-Print Exhibition of Post-Rehabilitation *Santri* in *Padhang Bulan* Event

Overall, these indicate a paradigm shift from care-oriented rehabilitation toward a participatory rehabilitation approach oriented toward empowerment, independence, and sustainability. This shift underscores the role of the pesantren not only as an institution of recovery but also as an arena for the development of social and economic capacities grounded in religious values, enabling the rehabilitation process to unfold in a more inclusive, dignified, and sustainable manner over the long term.

Discussion

Community Engagement and the Pesantren Context

A key lesson from this community service program lies in the importance of community engagement as the foundation of rehabilitation and empowerment processes. Recent evidence highlights that recovery from mental health conditions is deeply embedded in social contexts and is strongly influenced by relational safety, social acceptance, and collective meaning-making (Topor et al., 2022; Guerrero et al., 2024). The active involvement of pesantren caregivers, *santri*, and the internal environment of Pondok Pesantren *Jolo Sutro* Adijaya enabled the creation of a safe space that facilitated gradual recovery among post mental disorder survivors. In community-based interventions, such spaces function not only as psychosocial buffers but also as mechanisms for restoring agency and positive social identity (Parker et al., 2020; Wallerstein et al., 2020).

Community engagement in this program operated not merely as social support, but also as a form of social legitimacy that accelerated participants' acceptance into collective and productive activities. This finding aligns with recent studies indicating that faith-based community settings often provide strong moral framing and social cohesion, which can effectively reduce stigma and discrimination toward individuals with mental health conditions (Bachtiar et al., 2020; Perez et al., 2025). The pesantren environment, characterized by religious values, discipline, and togetherness, strengthened social cohesion and minimized resistance to participants' involvement in creative and productive activities. The pesantren context also significantly influenced program design and implementation. Spiritual practices embedded in daily pesantren life created continuity between mental health recovery and economic empowerment initiatives. As a result, the integration of creative therapy into pesantren routines was perceived not as an external intervention, but as part of an internal developmental process aligned with institutional values. This supports recent findings that culturally embedded and community-owned interventions are more likely to achieve sustainability and long-term impact than externally imposed programs (Wallerstein et al., 2020; Nugraha et al., 2021).

Community Development and Participatory Empowerment Perspectives

From a community development perspective, this program reflects a participatory empowerment approach that positions participants as subjects rather than objects of intervention. The gradual and adaptive mentoring process is consistent with participatory development principles that emphasize shared learning, critical reflection, and the strengthening of local capacities (Pretty, 1995; Chambers, 2017; Parker et al., 2020). Participants were not merely recipients of skills training, but were actively involved in decision-making processes, such as motif selection, role allocation, and reflective interpretation of their creative outputs. These findings suggest that disability empowerment policies may benefit from the systematic integration of training, education, and entrepreneurial support, not only as economic measures but also as components that contribute to recovery processes and the development of social roles (Escribano & Jiménez, 2019; Habib & Cooney, 2024).

This approach is also aligned with contemporary interpretations of community-based rehabilitation, which conceptualize recovery as a socially situated process embedded in real economic and relational environments (Nugraha et al., 2021; Topor et al., 2022). Within this framework, eco-print-based creative therapy functioned as a transitional medium linking

psychosocial recovery with entrepreneurship learning. Recent studies demonstrate that creative and livelihood-oriented interventions can serve as effective recovery bridges, enabling individuals with psychosocial disabilities to re-enter productive roles without the pressure of formal employment structures (Machado et al., 2021).

Intervention Model

From a sustainability perspective, the intervention model demonstrates several key strengths. First, it is grounded in local assets, including human resources, cultural norms, and natural materials, which enhances cost efficiency and contextual adaptability. Asset-based approaches have been widely recognized as critical for sustainable community development and post-project continuity (Wallerstein et al., 2020; Nugraha et al., 2021). Second, the integration of spiritual therapy, creative therapy, and entrepreneurship learning creates a holistic model that simultaneously addresses psychological recovery, social reintegration, and economic participation. This integrated approach responds to recent calls for combining mental health interventions with economic empowerment strategies to improve long-term recovery outcomes (Machado et al., 2021).

Third, strong institutional involvement from the pesantren increases the likelihood of sustainability, as faith-based institutions often possess enduring social structures and moral authority that support long-term mentoring and community engagement (Perez et al., 2025). From a replication standpoint, the modular structure of the training allows adaptation across different levels of participant readiness and diverse socio-cultural contexts.

Challenges and Learning Implications

Despite these strengths, the intervention model also presents limitations. Intensive mentoring in the early phase highlights the role of structured support in facilitating the development of independence, indicating the need for gradual and systematic transition strategies toward sustainable economic engagement. Without such strategies, empowerment initiatives risk reinforcing dependency rather than fostering sustainable independence (Guerrero et al., 2024). At this stage, developing production scale and market access place the program's economic impact in an early strengthening phase, requiring further strategies for medium-term stability. Thus, the learning derived from this program underscores that effective community service is not merely a process of technical skill transfer, but a socially embedded learning process involving trust-building, collective reflection, and institutional alignment. Community engagement, cultural congruence, and participatory approaches therefore emerge as critical enablers of sustainable and replicable community-based rehabilitation and empowerment models.

Conclusion

This community service program demonstrates that eco-print-based creative therapy integrated with community-based rehabilitation and faith-oriented approaches can effectively support psychosocial recovery while fostering economic empowerment among post-rehabilitation *santri* at Pondok Pesantren *Jolo Sutro* Adijaya. The application of the expressive therapies continuum through a gradual and participatory mentoring process created a safe and supportive environment that enabled participants to rebuild self-confidence, functional capacity, and social engagement within the pesantren setting.

The program outcomes indicate meaningful improvements across technical, psychosocial, and social domains. Eco-print activities functioned not only as expressive and emotional regulation tools but also as a contextual and culturally relevant platform for entrepreneurship learning. Observable changes included increased confidence in self-expression, greater work consistency, more open social interaction, and the emergence of collective awareness regarding the economic potential of participants' creative outputs. At the institutional level, the program contributed to

the formation of an initial pesantren-based collective enterprise and facilitated a shift from care-oriented rehabilitation toward empowerment- and recovery-oriented practice.

Overall, these findings underscore that mental health recovery is a socially embedded process shaped by cultural, spiritual, and economic contexts. The integration of creative therapy, spiritual practices, and entrepreneurship learning within a community-based rehabilitation framework strengthened program sustainability and community ownership. Although economic outcomes remain at an early strengthening stage, this program shows strong potential for further development and replication in similar community- or faith-based institutions with rehabilitative and social functions.

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Conflicts of Interest

The author declares that there is no conflict of interest regarding the research, implementation, or publication of this community service program.

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