

Paradigm Transformation of Mental Health Services through Complementary and Alternative Medicine by Psychology Students in Health Education Institutions

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ABSTRACT

Purpose of the study: This study aimed to explore the lived experiences of psychology students in implementing Complementary and Alternative Medicine (CAM) and to analyze how such experiences contribute to the transformation of mental health service paradigms toward a holistic and integrative model.

Methodology: A qualitative study with a phenomenological approach was conducted among psychology students at UIN Syarif Hidayatullah Jakarta. Participants were selected through purposive sampling. Data were collected using in-depth semi-structured interviews and analyzed following Colaizzi's phenomenological method, including significant statement extraction, meaning formulation, theme clustering, and validation through member checking.

Main Findings: Six major themes emerged: (1) holistic meaning construction of CAM, (2) technical and procedural experience, (3) perceived psychological and physiological benefits, (4) complementary versus substitutive positioning, (5) ethical awareness and patient safety, and (6) professional identity transformation. Participants predominantly positioned CAM as a complementary intervention that enhances emotional regulation, therapeutic readiness, and culturally sensitive care. The findings indicate a paradigm shift from a biomedical orientation toward a biopsychosocial-spiritual mental health framework.

Novelty/Originality of this study: This study contributes a novel perspective by positioning CAM not solely as a therapeutic modality but as an educational catalyst for transforming professional identity and mental health service paradigms within psychology training.

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1. INTRODUCTION

The transformation of the current mental health care system requires a shift from a purely biomedical approach to a more holistic, integrative, and person-centered paradigm [1]-[3]. The complexity of psychological disorders which involve biological, psychological, social, and spiritual dimensions shows that single interventions are often inadequate [4]-[6]. In this context, Complementary and Alternative Medicine (CAM) has emerged as an approach that offers integration between conventional therapy and traditional practices,

spirituality, and relaxation techniques [7]-[10]. This paradigm shift is particularly relevant in mental health services, where the client's subjective meaning, beliefs, and experiences play a crucial role.

Globally, the use of CAM in health systems is showing an increasing trend [11]-[13]. A report from the World Health Organization indicates that most member countries have integrated traditional and complementary medicine into their national health policies [14]-[16]. In Indonesia, data from the Central Bureau of Statistics (BPS) through the national socio-economic survey shows an increase in the use of traditional medicine over the past decade [17]. This phenomenon indicates a public need for more culturally and spiritually adaptive health services, including in the context of mental health.

At the health care level, several national referral hospitals have adopted complementary therapies as supporting therapies. For example, General Hospital have developed complementary services within an integrated care framework. This integration demonstrates that CAM is no longer viewed as a separate alternative practice, but rather as part of a promotive, preventive, and rehabilitative strategy within a modern healthcare system [18], [19]. In terms of scientific evidence, several international studies demonstrate the effectiveness of CAM interventions on mental health [20]-[22]. Systematic reviews indicate that mindfulness-based interventions are effective in significantly reducing stress and anxiety levels. Other interventions, such as the Spiritual Emotional Freedom Technique (SEFT), have also been reported to improve certain physiological and psychological indicators. These findings strengthen the argument that CAM has the potential to become a supporting component in evidence-based mental health practice.

However, CAM integration is not without challenges. Several studies report risks of side effects, patient safety issues, and variations in practice standards. A systematic review in Korea indicated adverse events with cupping therapy, including infections and increased pain in some patients. This condition confirms that the transformation of the mental health service paradigm through CAM is not sufficient just by adopting practices, but requires competence, regulation, and critical reflection from health practitioners.

Educational institutions have a strategic role in shaping this integrative paradigm [5], [23], [24]. Several universities in Indonesia have incorporated CAM into their health education curricula. However, this integration often remains at the theoretical and practical level, without in-depth exploration of how students interpret, internalize, and apply CAM within the framework of mental health services. Yet, students' experiences as future health professionals provide a crucial foundation for shaping the direction of future clinical practice.

Psychology students in health education institutions hold a unique position in this paradigm shift. Unlike medical disciplines, which focus on biological aspects, psychology focuses on cognitive, emotional, and behavioral dynamics. Therefore, the adoption of CAM by psychology students has the potential to create a more integrative mental health service model, combining conventional psychological interventions with complementary approaches that are sensitive to the client's cultural and spiritual context. However, to date, there has been little research specifically exploring how psychology students interpret and apply CAM in practice.

The research gap lies in the limited number of studies examining psychology students' subjective experiences in implementing CAM as part of the transformation of mental health services. Most previous research has focused on the clinical effectiveness or safety aspects of therapy, rather than on the educational dimensions and professional paradigm construction of prospective healthcare workers. Therefore, there is no comprehensive picture of how students' learning processes, practices, and reflections shape their attitudes and competencies toward integrating CAM into mental health services.

Based on this urgency, this study offers novelty by positioning Psychology students at a health education institution, UIN Syarif Hidayatullah Jakarta, as agents of paradigm transformation in mental health services through the implementation of CAM. This research not only explores the practice of complementary therapies but also analyzes how these experiences shape professional construction, perceptions of effectiveness, and awareness of the safety and ethical aspects of services. Thus, this study is expected to provide a conceptual contribution to the development of an integrative psychology education model and strengthen the scientific foundation for transforming mental health services based on a holistic approach.

2. RESEARCH METHOD

2.1. Research Design

This study employed a qualitative research design with a phenomenological approach to explore the lived experiences of psychology students in transforming mental health service paradigms through the application of Complementary and Alternative Medicine (CAM). The phenomenological framework, rooted in Husserlian philosophy, was selected to capture the subjective meanings, interpretations, and reflective understandings constructed by participants regarding CAM practices within mental health contexts [25]-[27].

A descriptive qualitative strategy was adopted to provide a comprehensive and contextualized account of how CAM is understood [28], [29], practiced, and integrated by students as future mental health professionals. The focus was not merely on documenting practices (cupping, baby massage, ruqyah, and SEFT), but on

examining how these experiences contribute to a paradigm shift toward holistic and integrative mental health services.

The study was conducted at UIN Syarif Hidayatullah Jakarta, an institution that integrates Islamic values and health sciences within its academic framework. Participants were undergraduate psychology students who had received theoretical instruction and practical exposure to CAM therapies within academic or clinical training settings.

Purposive sampling was used to recruit participants who met specific inclusion criteria:

- (1) active psychology students,
- (2) having learned CAM theoretically,
- (3) having practiced at least one CAM modality (cupping, baby massage, ruqyah, or SEFT), and
- (4) willing to participate voluntarily.

Sampling continued until data saturation was reached, defined as the point at which no new themes emerged from subsequent interviews.

2.2. Variables and Phenomenon of Interest

Although qualitative studies do not test variables in a statistical sense, this research focused on core experiential dimensions related to CAM implementation in mental health contexts. These dimensions included:

- Techniques and procedural understanding of therapy implementation
- Perceived psychological and physiological benefits
- Use of CAM as a substitute for conventional medical treatment
- Use of CAM as a complementary intervention alongside conventional care
- Ethical considerations and patient safety awareness
- Perceived contribution to mental health service transformation

To clarify the analytical focus, the table below summarizes the main domains explored in this study.

Table 1. Domains of Exploration in CAM Implementation Experience

Domain of Experience	Operational Focus	Transformative Relevance to Mental Health
Therapy Procedures	How students perform and understand CAM techniques	Professional competence and skill formation
Perceived Benefits	Psychological and physiological outcomes observed	Holistic mental health outcomes
CAM as Substitute	Replacement of medical/psychological treatment	Paradigm tension and ethical considerations
CAM as Complement	Integration with conventional interventions	Integrative service model development
Safety & Ethics	Awareness of risks and patient protection	Responsible practice and regulation
Professional Meaning	Students' reflections on CAM in future practice	Paradigm transformation in mental health

The table above demonstrates that the study moves beyond technical descriptions of therapy and situates CAM within a broader transformation of mental health service paradigms

2.3. Data Collection

Data were collected through in-depth semi-structured interviews. An interview guide was developed to ensure consistency while allowing flexibility for participants to elaborate on their experiences. Interviews explored participants' first encounters with CAM, practical implementation experiences, perceived effectiveness, integration with psychological interventions, and reflections on professional identity formation.

Each interview lasted approximately 45–60 minutes and was audio-recorded with participants' consent. Field notes were taken to capture non-verbal expressions, contextual nuances, and preliminary analytical insights. Data collection was conducted in a private setting to ensure confidentiality and psychological comfort.

2.4. Data Analysis

Data were analyzed phenomenological method, which provides systematic and rigorous steps for extracting the essence of lived experiences [30], [31]. The analysis process involved iterative reading, coding, clustering, and thematic abstraction. Before presenting the analytical flow, the table below summarizes the procedural stages applied in this study.

Table 2. Data Analysis Procedures Using Colaizzi's Method

Step	Analytical Process	Purpose
1	Reading all participant transcripts repeatedly	To obtain a holistic understanding
2	Extracting significant statements	To identify relevant experiential data
3	Formulating meanings	To interpret underlying meanings
4	Clustering themes	To organize meanings into thematic groups
5	Developing exhaustive description	To construct a comprehensive narrative
6	Identifying fundamental structure	To capture the essence of the phenomenon
7	Member checking	To validate findings with participants

Through these stages, the researchers systematically moved from raw narrative data to thematic structures that reflect the transformation of mental health paradigms through CAM integration. To ensure methodological rigor, the study applied credibility, transferability, dependability, and confirmability criteria [32]. Credibility was strengthened through prolonged engagement, triangulation of field notes and interview transcripts, and member checking. Transferability was supported by providing thick descriptions of context and participants. Dependability and confirmability were ensured through audit trails and peer debriefing among research team members.

2.4. Ethical Considerations

Ethical approval was obtained from the institutional review authority at UIN Syarif Hidayatullah Jakarta. Participants signed informed consent forms prior to interviews. Confidentiality was maintained by anonymizing participant identities and securely storing audio recordings and transcripts. Participation was entirely voluntary, and participants could withdraw at any stage without academic consequences.

3. RESULTS AND DISCUSSION

This section presents the findings derived from in-depth interviews with psychology students at UIN Syarif Hidayatullah Jakarta. Data were analyzed using Colaizzi's phenomenological method, resulting in clustered themes that reflect students' lived experiences in implementing Complementary and Alternative Medicine (CAM) and their perceived contribution to the transformation of mental health service paradigms.

From the analysis, six major themes emerged: (1) Meaning Construction of CAM in Mental Health, (2) Technical and Procedural Experience, (3) Perceived Psychological and Physiological Benefits, (4) CAM as Complementary versus Substitutive Practice, (5) Ethical Awareness and Patient Safety, and (6) Professional Identity Transformation.

Participants described CAM not merely as technical skills but as a holistic approach aligned with psychological principles and cultural-spiritual values. They emphasized integration rather than opposition to conventional mental health interventions.

Table 3. Meaning Construction of CAM in Mental Health Practice

Subtheme	Description of Experience	Illustrative Statement
Holistic Understanding	CAM addresses mind, body, and spiritual dimensions simultaneously	"CAM feels more complete because it touches emotional and spiritual aspects, not only symptoms."
Cultural Relevance	CAM aligns with patients' belief systems	"Many clients feel more comfortable because it matches their religious values."
Psychological Alignment	Techniques support relaxation and emotional regulation	"SEFT and ruqyah reduce anxiety before we even start counseling."

The findings indicate that students conceptualize CAM as congruent with psychological frameworks, particularly in stress regulation and emotional stabilization. This meaning construction forms the foundation of a paradigm shift toward integrative mental health services.

Students reflected critically on their competence and procedural accuracy when implementing CAM modalities such as cupping, baby massage, ruqyah, and SEFT.

Table 4. Technical and Procedural Experience in CAM Implementation

CAM Modality	Reported Experience	Perceived Challenges
Cupping (Bekam)	Applied under supervision; procedural steps sometimes adapted	Concerns about safety and infection control
Baby Massage Ruqyah	Generally aligned with theoretical sequence Conducted with spiritual preparation	Difficulty maintaining correct technique order Need for emotional readiness

SEFT	Easily integrated into counseling sessions	Ensuring correct tapping points and sequence
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The results show that while students demonstrate procedural familiarity, they also recognize limitations in standardization and technical precision. This awareness reflects developing professional responsibility within integrative practice.

Participants consistently reported observable benefits among clients, particularly in emotional regulation and stress reduction.

Table 5. Perceived Outcomes of CAM Application

Outcome Dimension	Observed Effect	Participant Reflection
Anxiety Reduction	Clients appeared calmer	“After SEFT, clients breathe more regularly and speak more openly.”
Stress Relief	Improved relaxation	“Ruqyah makes clients feel emotionally lighter.”
Sleep Improvement	Increased rest quality	“Clients report better sleep after sessions.”
Pain Perception	Reduced subjective pain	“Bekam reduces tension complaints.”

These findings reinforce the perceived complementary value of CAM in supporting psychological interventions. Students observed that CAM often facilitated therapeutic rapport and enhanced readiness for counseling. Participants expressed nuanced views regarding the role of CAM in relation to conventional treatment.

Table 6. Positioning of CAM in Mental Health Services

Positioning5	Participant Perspective	Implication
Complementary	CAM supports psychotherapy and medical treatment	Promotes integrative care model
Substitutive (Conditional)	Used when clients refuse conventional care	Ethical and safety considerations
Preventive Use	Applied for stress management	Strengthens promotive-preventive approach

Most participants emphasized CAM as complementary rather than a replacement for medical or psychological treatment. However, some acknowledged cases where clients preferred CAM as an alternative, highlighting ethical tensions in practice.

A significant theme concerned responsibility, safety, and ethical practice.

Table 7. Ethical and Safety Awareness in CAM Practice

Ethical Dimension	Identified Concern	Student Response
Infection Risk (Cupping)	Potential contamination	Emphasized sterilization procedures
Psychological Vulnerability	Risk of emotional distress	Ensured consent and readiness
Scope of Practice	Limits of psychological authority	Avoided replacing medical diagnosis

Students demonstrated increasing awareness of professional boundaries and patient protection. This suggests that CAM integration within psychology education must be accompanied by ethical training and safety protocols. Participants articulated that learning and practicing CAM reshaped their perspective on future professional roles.

Table 6. Professional Identity Formation through CAM Experience

Identity Dimension	Transformational Insight	Illustrative Meaning
Holistic Practitioner	Viewing clients beyond symptoms	“Mental health must include spiritual well-being.”
Integrative Thinker	Combining therapy modalities	“Psychology can collaborate with traditional healing.”
Culturally Sensitive Professional	Respecting local beliefs	“Clients feel more understood.”

Students reported that exposure to CAM broadened their understanding of mental health practice beyond conventional Western psychological frameworks. They perceived themselves as future professionals capable of bridging scientific and cultural approaches. Synthesizing all themes, the essence of the phenomenon can be described as follows:

Psychology students experience CAM not merely as therapeutic techniques, but as transformative tools that reshape their conceptualization of mental health services. Through experiential learning, reflective awareness of safety and ethics, and perceived client benefits, students begin to internalize an integrative

paradigm. This paradigm does not reject conventional psychology; rather, it repositions mental health care within a holistic, culturally grounded, and ethically responsible framework.

Overall, the findings demonstrate that CAM implementation among psychology students contributes to an emerging transformation of mental health service paradigms shifting from a symptom-centered biomedical orientation toward a holistic, integrative, and culturally responsive model of care.

This study explored how psychology students at UIN Syarif Hidayatullah Jakarta experience and interpret the implementation of Complementary and Alternative Medicine (CAM) within the context of mental health services. The findings demonstrate that CAM is not perceived merely as a technical adjunct, but as a transformative element that reshapes students' conceptualization of mental health care toward a more holistic and integrative paradigm. This discussion situates these findings within previous research, identifies the research gap addressed, highlights the study's novelty, and outlines theoretical and practical implications alongside its limitations.

First, the meaning construction of CAM as a holistic and culturally congruent approach aligns with global trends in integrative health promoted by the World Health Organization, which emphasizes the inclusion of traditional and complementary medicine within national health systems [33], [34]. Previous empirical studies have largely focused on the effectiveness of specific interventions such as mindfulness-based therapies or Spiritual Emotional Freedom Technique (SEFT) in reducing stress and anxiety symptoms. While those studies confirm measurable psychological benefits, they tend to approach CAM from an outcome-oriented biomedical perspective. In contrast, the present study extends the discourse by examining how future mental health professionals internalize CAM conceptually and ethically, revealing a paradigm-level transformation rather than solely symptom-level improvement.

Second, earlier research frequently concentrates on clinical effectiveness or safety concerns, including potential adverse effects in certain modalities such as cupping. These studies are essential for evidence-based validation but rarely address how CAM integration influences professional identity formation among health students. The current findings demonstrate that students do not passively adopt CAM; instead, they critically negotiate its complementary versus substitutive roles. Most participants positioned CAM as supportive of psychotherapy rather than as a replacement for conventional care, reflecting a balanced integrative stance. This indicates a maturation of professional reasoning that bridges biomedical caution with cultural responsiveness an aspect underexplored in prior literature.

The research gap addressed in this study lies in the limited exploration of experiential and educational dimensions of CAM within psychology programs [34]-[36]. Existing literature predominantly examines nurses, physicians, or patient populations, while psychology students particularly within faith-based health institutions remain underrepresented [37], [38]. By focusing on lived experiences, this study captures the dynamic interplay between academic instruction, clinical exposure, cultural values, and ethical reflection. This contributes a new layer of understanding to integrative mental health discourse, shifting the lens from "Does CAM work?" to "How does CAM reshape the mental health professional's paradigm?"

The novelty of this study is therefore twofold. Conceptually, it positions CAM as a catalyst for paradigm transformation in mental health services rather than merely as an adjunct therapy. Educationally, it demonstrates how experiential exposure within an academic health institution fosters holistic professional identity development. The integration of spiritual modalities such as ruqyah alongside psychologically oriented techniques such as SEFT illustrates a culturally embedded model of integrative care that reflects Indonesia's socioreligious context [39]. This culturally grounded integrative framework offers a distinctive contribution to global conversations on culturally sensitive mental health services.

From a theoretical standpoint, the findings support biopsychosocial-spiritual models of mental health by empirically illustrating how students operationalize these dimensions in practice. CAM was consistently associated with emotional regulation, relaxation, and enhanced therapeutic rapport. Importantly, students reported that CAM often prepared clients psychologically before formal counseling sessions, suggesting that complementary techniques may function as therapeutic gateways. This insight broadens theoretical models of psychotherapy by incorporating preparatory and supportive modalities within integrative frameworks.

Practically, the study implies that psychology curricula in health institutions should not treat CAM as peripheral content. Instead, structured training, standardized procedural guidelines, and ethical risk management frameworks are necessary to ensure responsible implementation. Students' awareness of infection risks, scope-of-practice boundaries, and patient safety demonstrates emerging professional accountability. However, the variation in procedural consistency highlights the need for stronger supervision, competency benchmarks, and institutional protocols. Integrative education must therefore balance innovation with regulation [40].

The findings also have policy implications. As Indonesia continues integrating traditional medicine into formal health services, educational institutions play a strategic role in shaping competent integrative practitioners. By embedding reflective practice and ethical evaluation into CAM training, universities can contribute to safe and culturally responsive mental health reform. This aligns with broader health system transformation goals emphasizing preventive and promotive mental health strategies.

Despite its contributions, this study has limitations. First, the research was conducted within a single institution, limiting transferability to other educational contexts. Second, the qualitative design captures subjective experiences but does not measure clinical effectiveness quantitatively. Third, participants were students rather than licensed professionals, meaning their perspectives may evolve with further clinical exposure. Future research should involve multi-institutional comparisons, longitudinal designs tracking professional development over time, and mixed-method approaches combining experiential analysis with clinical outcome evaluation.

In conclusion, this study demonstrates that CAM implementation among psychology students represents more than skill acquisition it signifies a transformation in how mental health care is conceptualized and delivered. By integrating cultural, spiritual, and psychological dimensions within an ethically reflective framework, students begin to embody an integrative paradigm that may shape the future direction of mental health services in Indonesia and beyond.

4. CONCLUSION

This study aimed to explore how psychology students at UIN Syarif Hidayatullah Jakarta experience and interpret the implementation of Complementary and Alternative Medicine (CAM) as part of the transformation of mental health service paradigms. The findings demonstrate that students construct CAM not merely as a set of technical interventions, but as a holistic and culturally responsive approach that integrates psychological, spiritual, and physiological dimensions of care. Through experiential learning, participants developed reflective awareness regarding procedural competence, ethical responsibility, patient safety, and the complementary positioning of CAM alongside conventional psychotherapy. The essence of the phenomenon reveals that CAM functions as a catalyst for paradigm transformation shifting students' perspectives from a symptom-centered biomedical orientation toward an integrative biopsychosocial-spiritual model of mental health services. Rather than replacing conventional treatment, CAM was predominantly understood as a complementary modality that enhances emotional regulation, therapeutic rapport, and preventive mental health strategies. Thus, the study confirms that experiential exposure to CAM within psychology education contributes significantly to the formation of holistic professional identity and integrative clinical reasoning. It is recommended that psychology curricula in health institutions develop structured competency standards and ethical guidelines for CAM implementation to ensure safe and evidence-informed practice. Future research should expand to multi-institutional and longitudinal designs to examine how integrative paradigms influence professional practice outcomes over time.

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USE OF ARTIFICIAL INTELLIGENCE (AI)-ASSISTED TECHNOLOGY

The authors confirm that no artificial intelligence (AI)-assisted technologies were utilized in the preparation, analysis, or writing of this manuscript. All stages of the research process, including data collection, data interpretation, and the development of the manuscript, were conducted solely by the authors without any support from AI-based tools.

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