

Original Article

Exploring the Lived Spiritual Needs of Individuals with Schizophrenia: A Phenomenological Study Informing Holistic Mental Health Care



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ABSTRACT

Background: Spirituality has increasingly been recognized as an important dimension of recovery in severe mental illness. However, qualitative understanding of the lived spiritual needs of individuals with schizophrenia remains limited, particularly in Low- and Middle-Income Countries (LMICs). This study aimed to explore the lived spiritual needs of individuals with schizophrenia and examine their significance within recovery-oriented mental health care.

Methods: This qualitative study employed van Manen's interpretive phenomenology grounded in Heideggerian philosophy. Seven participants diagnosed with schizophrenia according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and International Classification of Diseases, Tenth Revision (ICD-10; F20.x) were recruited using purposive sampling. Inclusion criteria included clinical stability, living with family, and the ability to communicate verbally. Exclusion criteria included acute psychotic exacerbation and severe cognitive impairment interfering with communication. Data were collected through face-to-face semi-structured interviews (40–60 minutes; mean 52 minutes), supported by field notes. Data saturation was achieved when no new codes emerged in the final interviews. Data were analyzed using an interpretive phenomenological approach guided by van Manen, supported procedurally by Miles and Huberman's interactive model for data organization. This study adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ).

Results: Three major themes emerged: (1) Transcendence (inner peace, actualization of trust, hope, forgiveness, religious doctrine); (2) Sense of Existence (social support and usefulness); and (3) Personal Values (gratitude and search for meaning). Spirituality functioned as an existential integration mechanism facilitating emotional regulation, identity reconstruction, and recovery-oriented meaning-making.

Conclusion: Spiritual needs play a central role in recovery processes among individuals with schizophrenia. Integrating culturally sensitive spiritual assessment into psychiatric services may strengthen holistic and recovery-oriented mental health care in LMIC contexts.

Keywords: Schizophrenia; Spirituality; Spiritual Needs; Qualitative Research; Mental Health Recovery

Implications for Practice:

- Integrating structured spiritual assessment into psychiatric nursing practice may enhance holistic and recovery-oriented care.
- Mental health protocols should incorporate culturally sensitive spiritual interventions aligned with evidence-based recovery models.
- Spiritual care approaches may strengthen adaptive and context-responsive services in resource-limited mental health systems.

Introduction

Schizophrenia remains a substantial global health challenge, estimated to affect approximately 24 million people worldwide and to contribute markedly to years lived with disability (Walter et al., 2022). It is a severe mental disorder that disrupts thinking, affect, communication, and daily functioning, often impairing individuals' capacity to cope with ordinary life demands (Gonzales et al., 2023). Beyond symptomatology, the disorder frequently challenges existential stability, including the capacity to sustain meaning, identity, and spiritual coherence. Spirituality has been empirically linked to personal recovery in serious mental illness, with meaning in life mediating the association between spiritual orientation and psychological well-being. For many years, studies of spirituality and schizophrenia mainly focused on religious delusions and hallucinations with spiritual content. Recently, however, the role of spirituality as a coping mechanism and in the recovery process of patients with schizophrenia has begun to receive growing interest (Ripamonti & Chelazzi, 2024). Conceptually, spirituality provides a distinct domain of human experience that contributes to meaning-making, connectedness, and wholeness, and it is increasingly recognized as a meaningful component of the healthcare provider-patient relationship (Barrenger et al., 2020).

Systematic evidence indicates that spirituality and religiosity may influence both maintenance trajectories and recovery processes in psychosis, particularly when integrated constructively within therapeutic contexts (Westhead &

Georgiades, 2025). Spirituality encompasses a unique dimension of human beings, providing meaning to human life while also forming an essential component of the healthcare provider-patient relationship (Stanford et al., 2023). Spirituality consists of five aspects important to individual well-being, including: the search for meaning in life, an emphasis on human solidarity, an emphasis on individual wholeness (mind, body, and spirit), an emphasis on moral aspects of life, and awareness of God (Magin et al., 2021).

Spirituality also functioned as a protective dimension by fostering life meaning and reducing vulnerability to despair. Recent evidence indicates that spiritual integration in psychosis recovery may buffer against hopelessness and suicidal ideation by reinforcing existential purpose and relational connectedness (Westhead & Georgiades, 2025). Spirituality influences a person's motivation to pursue an occupation and provides meaning in their life (Boop et al., 2020). Spirituality has been conceptualized as the human capacity to seek and express meaning, purpose, and connectedness to the sacred. (Boop et al., 2020). In general, spirituality is experienced as a deep sense of peace and calm, and individuals feel not alone because of the existence of God or other beings willing and able to provide comfort, support, and guidance (So et al., 2025). In this global discourse, spirituality and spiritual needs are understood as shaping how individuals interpret illness, reconstruct identity, and pursue recovery within culturally embedded contexts. Definitions of spiritual need emphasize desires to locate meaning, purpose, and value in life—dimensions that are often normative within religious and community frameworks and that can guide coping and adjustment in illness (Alyahya et al., 2022).

Spiritual needs are defined as the desires and aspirations that humans have to find meaning, purpose, and value in their lives (Milner et al., 2020). Participants further emphasized that religious teachings provided moral certainty and cognitive structure, allowing them to reinterpret illness in constructive ways. Rather than reinforcing maladaptive beliefs, structured spiritual frameworks supported adaptive



appraisal and stress reduction. Reviews of spirituality in mental health contexts confirm that positive religious coping is associated with improved psychological outcomes and enhanced quality of life among individuals with severe mental illness (Lucchetti et al., 2021). Systematic evidence from psychosis research indicates that spirituality and religiosity may influence symptom trajectories and recovery processes, particularly when integrated constructively within culturally embedded contexts (Westhead & Georgiades, 2025). The spiritual needs of every human being must be understood through a holistic, multidimensional exploration of life events, beliefs, values, and meaning tailored to each individual (van Weeghel et al., 2019).

Although spirituality has increasingly been recognized as a significant dimension of recovery in severe mental illness, much of the existing scholarship remains grounded in Western, high-income contexts and has historically emphasized pathological religious manifestations such as delusions or hallucinations with spiritual content rather than lived spiritual meaning (Westhead & Georgiades, 2025). Consequently, the limited qualitative evidence examines how spirituality is experienced as an adaptive, meaning-oriented process within culturally embedded, collectivist LMIC settings such as Indonesia. Within recovery-oriented mental health theory and existential psychology—where recovery is conceptualized as identity reconstruction, hope stabilization, and meaning-making—spirituality may serve as a mechanism of existential integration, linking illness experience to adaptive recovery outcomes (Lucchetti et al., 2021; van Weeghel et al., 2019). In LMIC and collectivist contexts, spirituality tends to be deeply entwined with communal, familial, and religious structures, suggesting recovery may unfold through relational and socially embedded pathways rather than purely autonomous, individualistic trajectories typical of some Western models (Tasijawa et al., 2021). The current synthesis emphasizes the need to understand lived spiritual meaning in schizophrenia within culturally grounded frameworks to inform holistic, recovery-

oriented mental health care in LMICs, including Indonesia and other similar settings (Temesgen et al., 2023). However, empirical exploration of this mediating process in culturally grounded contexts remains insufficient, creating a critical gap in international psychiatric scholarship.

This study aims to explore the specific spiritual needs of individuals with schizophrenia through a qualitative phenomenological approach. By investigating the lived experiences of individuals with schizophrenia, this research seeks to provide insights into how spirituality influences their coping mechanisms, emotional well-being, and personal meaning-making processes. The findings will contribute to the growing discourse on holistic mental health interventions and highlight the need for integrating spiritual support into psychiatric rehabilitation programs.

Methods

Study Design

This study employed van Manen's interpretive phenomenology grounded in Heideggerian philosophy. This approach was selected to explore the lived and existential meaning of spirituality among individuals with schizophrenia, emphasizing interpretive understanding rather than descriptive categorization. The study adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ).

Research Team and Reflexivity

The primary researcher holds a background in mental health nursing and qualitative research methodology. No prior therapeutic relationship existed between researchers and participants. Reflexive journaling was maintained throughout data collection and analysis to identify potential researcher bias. Peer debriefing sessions were conducted to enhance interpretive rigor. An audit trail documenting analytic decisions was maintained.

Participants

A purposive sampling technique was used to recruit participants diagnosed with schizophrenia. The inclusion criteria were

as follows: Diagnosed with schizophrenia according to DSM-5 or ICD-10 criteria, living at home with their families (not institutionalized), Able to communicate verbally and provide informed consent, and willing to participate in an in-depth interview. Participants were recruited from mental health outpatient clinics and community mental health programs in Surakarta, Indonesia. A total of seven eligible individuals were approached for participation. All agreed to participate, and no individuals declined or withdrew during the recruitment process. Exclusion criteria included individuals experiencing acute psychotic exacerbation, severe cognitive impairment interfering with communication, or those deemed clinically unstable by their treating psychiatrist. Participants did not receive any financial compensation for their participation.

Data Collection

Data were primarily collected through in-depth semi-structured interviews, supplemented by contextual field notes documenting nonverbal expressions and interview settings. The interviews were conducted in a quiet, private setting to ensure participant comfort. The interview guide was developed based on existing literature on spirituality and schizophrenia, incorporating open-ended questions that explored participants' spiritual experiences, beliefs, practices, and perceived spiritual needs. Each interview lasted 40–60 minutes and was audio-recorded with a Sony ICD-PX470 digital voice recorder to ensure accurate data collection. The interviews were conducted in Bahasa Indonesia and subsequently transcribed verbatim, with the transcripts then translated into English for analysis. In addition to verbal responses, researchers also documented participants' nonverbal expressions, emotional reactions, and the surrounding environment to complement the interview data and provide a more comprehensive understanding of their lived experiences.

Data Analysis

Data were analyzed using an interpretive phenomenological approach guided by van Manen's hermeneutic orientation. Miles and Huberman's interactive model (data reduction, data display, and conclusion

drawing) was used procedurally to support data organization, while the interpretive synthesis remained grounded in the exploration of phenomenological meaning. The process began with verbatim transcription of the audio recordings, which were then carefully reviewed to ensure accuracy. Subsequently, open coding was conducted using NVivo 12 (QSR International, Australia) to identify key themes and sub-themes. The generated codes were then categorized into broader themes related to transcendence, sense of existence, and personal values. To enhance the reliability of the findings, member checking was performed, allowing participants to review their transcriptions and confirm the accuracy of the recorded data. Furthermore, data validity was ensured through triangulation, including investigator triangulation (multiple researchers analyzed the data) and method triangulation (comparing interview data with observations and field notes), thereby ensuring a comprehensive and credible analysis. Although procedural steps followed Miles and Huberman's interactive model for analytical structuring, the interpretive process remained grounded in van Manen's phenomenological reduction, with essential themes synthesized through iterative hermeneutic reflection rather than descriptive categorization. Essential themes were synthesized through iterative hermeneutic reflection consistent with van Manen's phenomenological reduction and existential meaning orientation.

Trustworthiness and Rigor

Credibility was enhanced through member checking and triangulation of interviews and field notes. Dependability was ensured by maintaining an audit trail. Confirmability was strengthened through reflexive journaling. Transferability was supported by thick contextual description.

Ethical Consideration

This study adhered to the ethical guidelines set out in the Declaration of Helsinki. All participants were informed about the study objectives, their voluntary participation, and their right to withdraw at any time. Data confidentiality was ensured

by assigning anonymous participant codes and securely storing all research materials. Ethical approval was obtained from the Ethics Committee of University Widya Husada Semarang No: 183/EC-LPPM/UWHS/X-2025 and all participants provided written informed consent prior to the commencement of the study.

Results

Table 1. Participant Characteristics

Participant	Age (Years)	Marital Status	Occupation	Religion	Diagnosis
P1	41	Unmarried	Laborer	Catholic	F20.0
P2	37	Unmarried	Private Job	Christian	F20.3
P3	43	Widow	Farmer	Islam	F20.3
P4	46	Married	Trader	Islam	F20.0
P5	38	Widow	Private Job	Islam	F20.x
P6	46	Unmarried	Self-employed	Islam	F20.3
P7	43	Unmarried	Farmer	Islam	F20.3

A total of seven participants were included in this study, consisting of five males and two females. Participants varied in age (ranging from 37 to 46 years), marital status, occupation, religious background, and schizophrenia diagnosis (**Table 1**). All participants had been living with their families during the study and had varying degrees of engagement in religious or spiritual activities.

Through thematic analysis, three major themes and nine sub-themes were identified, representing the spiritual needs

of individuals with schizophrenia. These themes include transcendence, sense of existence, and personal values (**Table 2**).

Table 2. Themes, Subthemes, and Representative Meaning Units

Theme	Subtheme	Representative Meaning Unit
Transcendence	Inner Peace	"When I feel anxious, I pray. It helps me calm down and find peace." (P3)
	Actualization of Trust	"I trust that God has a plan. Even though this illness is hard, I believe I am being tested." (P1)
	Hope	"I always pray at night, hoping that one day I will recover." (P5)
	Forgiveness	"I pray a lot for forgiveness. It helps me feel lighter." (P2)
	Religious Dogma	Religious teachings were described as providing certainty and behavioural guidance.
Sense of Existence	Social Support	"I feel better when my family listens to me and prays with me." (P6)
	Sense of Being Useful	"I help my mother with cooking. It makes me feel useful." (P7)
Personal Values	Gratitude	"Even with this illness, I feel grateful that I can still pray." (P4)
	Search for Meaning	"Maybe God gave me this challenge so I can become stronger." (P5)

Coding Hierarchy

The analytic structure followed a hierarchical process of codes → subthemes → themes. Codes were derived from significant statements, clustered into

subthemes, and synthesized into overarching themes. Figure 1 presents the hierarchical coding structure derived from significant statements, illustrating the progression from codes to subthemes and

overarching themes.

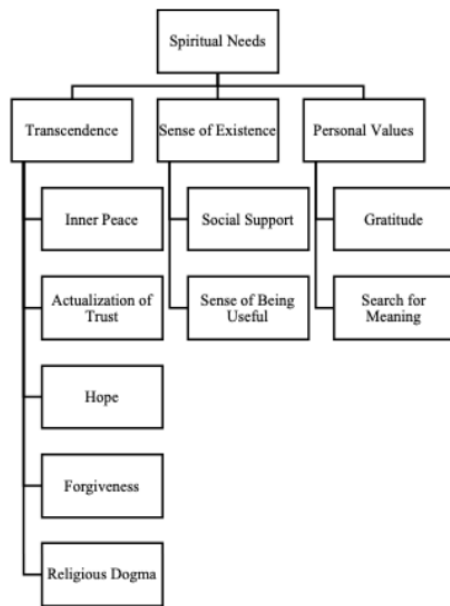


Figure 1. Coding Tree of Spiritual Needs

Transcendence

The experience of transcendence was a central aspect of spirituality among participants, manifesting in five sub-themes: inner peace, the actualization of trust, hope, forgiveness, and religious dogma.

Inner Peace: Participants expressed that engaging in spiritual or religious activities, such as praying, reading sacred texts, or attending religious gatherings, provided a sense of calmness and emotional relief. They described spirituality as a way to reduce anxiety, regain emotional stability, and experience a connection with a higher power.

“When I feel anxious, I pray. It helps me calm down and find peace.” (P3)

Actualization of Trust: Most participants viewed their illness as a test from God, believing that enduring their condition with patience and faith would lead to blessings.

“I trust that God has a plan. Even though this illness is hard, I believe I am being tested.” (P1)

Hope: Participants associated spirituality with hope, believing that their condition could improve through faith. Some engaged in night prayers or personal supplications as an expression of their hope for healing.

“I always pray at night, hoping that one day I will recover.” (P5)

Forgiveness: Several participants expressed guilt over past behaviors or negative thoughts. They sought forgiveness through prayer and spiritual reflection, believing it would help them find inner peace.

“I pray a lot for forgiveness. It helps me feel lighter, like I can move forward.” (P2)

Religious Dogma: Participants described their adherence to religious teachings and rituals as a guide for their behavior and decision-making. Some found comfort in religious doctrines that provided a sense of certainty and structure in their lives.

Sense of Existence

The second theme emphasized the need for individuals with schizophrenia to feel acknowledged, valued, and socially supported. This theme included two sub-themes: sense of social support and sense of being useful.

Sense of Social Support: Participants described the importance of having family, friends, and religious communities that provided emotional and moral support. Many emphasized that acceptance by loved ones and inclusion in social or religious gatherings improved their well-being.

“I feel better when my family listens to me and prays with me. It makes me feel I am not alone.” (P6)

Sense of Being Useful:

A key aspect of spiritual well-being for participants was feeling a sense of purpose and being able to contribute to society. Some participants reported that engaging in small acts of helping others, assisting with household chores, or providing support to fellow patients made them feel valued and respected.



"I help my mother with cooking. It makes me feel useful and not a burden." (P7)

Personal Values

The final theme highlighted the role of gratitude and the search for meaning in participants' lives.

Gratitude: Participants expressed a sense of gratitude for their existence, despite their struggles with schizophrenia. They viewed simple joys, such as praying, experiencing nature, or receiving support from loved ones, as sources of spiritual fulfillment.

"Even with this illness, I feel grateful that I can still pray and be with my family." (P4)

Search for Meaning: Participants actively reflected on their life experiences, seeking to understand why they were suffering and to find meaning in their condition. Many related their experiences to spiritual teachings, believing that enduring suffering with patience could lead to personal growth.

"I think God gave me this challenge so I can become stronger. Maybe I can help others in the future." (P5)

Conceptual Framework: Recovery-Existential Integration Model

The findings support a three-stage conceptual model. Stage 1 includes core spiritual needs (Transcendence, Sense of Existence, Personal Values). Stage 2 represents existential integration processes (emotional regulation, identity reconstruction, meaning-making). Stage 3 reflects recovery-oriented outcomes (hope stabilization, psychological coherence, social reintegration). This model conceptualizes spirituality as a mediating construct within recovery trajectories (**Figure 2**).

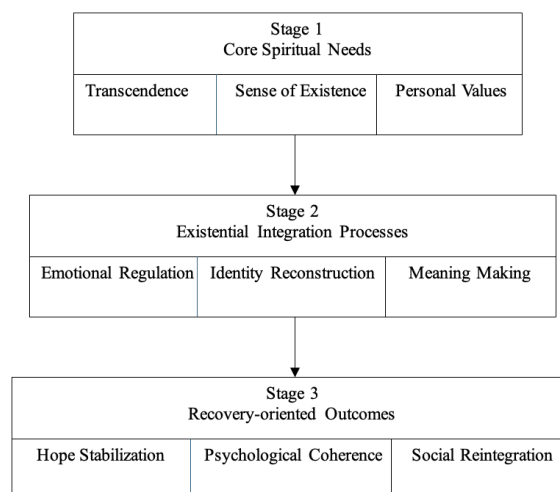


Figure 2. Conceptual Framework of the Recovery-Existential Integration Model

Discussion

The present findings suggest that spirituality mediates the relationship between illness experience and recovery-oriented adaptation. Within the proposed Recovery-Existential Integration Model, transcendence, sense of existence, and personal values operate as interrelated dimensions that collectively support emotional regulation, identity stabilization, and narrative coherence. This integrative role is consistent with contemporary evidence indicating that spirituality contributes to resilience and recovery processes in severe mental illness ([Lucchetti et al., 2021](#)).

Transcendence—expressed through inner peace, trust in God, hope, forgiveness, and adherence to religious teachings—functioned as an emotional regulatory system. Participants reframed distress as part of a broader existential narrative, allowing them to sustain psychological continuity despite symptomatic instability. Rather than intensifying psychopathology, spiritually grounded interpretations appeared to support adaptive reinterpretation of psychotic experiences ([Milner et al., 2020](#)). Experiences of inner peace and hope can thus be understood as experiential manifestations of

transcendence that reinforce psychological coherence and future orientation ([Ripamonti & Chelazzi, 2024](#); [Westhead & Georgiades, 2025](#))

The dimension of sense of existence reflects identity reconstruction within relational and collectivist contexts. Participants emphasized belonging, usefulness, and moral responsibility toward family and community. In contrast to autonomy-centered recovery paradigms common in Western psychiatric discourse, identity was reconstructed relationally here. Spirituality reinforced social embeddedness and counteracted stigma-related identity erosion. This interpretation aligns with evidence suggesting that spirituality strengthens relational identity and empowerment in severe mental illness ([Lucchetti et al., 2021](#); [Milner et al., 2020](#); [Sleeth et al., 2025](#)), and may facilitate socially grounded reintegration processes ([Jordan, 2022](#)). In LMIC settings, where community and religious structures are central psychosocial resources, recovery may therefore unfold through relational integration rather than individual autonomy alone ([Westhead & Georgiades, 2025](#)).

Personal values—particularly gratitude and the search for meaning—contributed to narrative coherence. Gratitude functioned not merely as an effective response but as a cognitive-moral reframing mechanism through which participants reinterpreted illness within a meaningful life trajectory. Contemporary scholarship indicates that gratitude facilitates adaptive reappraisal and meaning-making during adversity ([Kurian & Thomas, 2023](#); [Saiz et al., 2021](#)). Similarly, meaning-making operated as an active interpretive strategy through which participants transformed suffering into a purposeful experience, thereby strengthening hope, agency, and psychological continuity ([Jaiswal et al., 2020](#); [Koenig et al., 2020](#)). Within this framework, spirituality supported identity continuity and reduced existential fragmentation.

Taken together, these findings extend recovery-oriented mental health theory by positioning spirituality as a mediating existential integration mechanism rather than a peripheral coping strategy. In

collectivist LMIC contexts such as Indonesia, spirituality is embedded within moral, familial, and communal structures that shape how illness is interpreted and navigated. The Recovery-Existential Integration Model conceptualizes spirituality not as an adjunct intervention but as a culturally grounded mechanism through which individuals reorganize suffering into adaptive recovery pathways. To our knowledge, this study contributes novel phenomenologically grounded insights to propose an integrative model linking lived spiritual needs to recovery processes within an LMIC schizophrenia context.

4.2. Clinical Implications

The Recovery-Existential Integration Model provides a conceptual foundation for integrating structured spiritual assessment into psychiatric nursing and interdisciplinary mental health practice. Recognizing spirituality as a mediating existential mechanism enables clinicians to move beyond symptom-focused management toward meaning-oriented and recovery-driven interventions. Spiritual assessment should therefore be incorporated into routine psychiatric evaluation, with careful attention to patients' existential concerns, relational contexts, and culturally embedded belief systems.

Clinicians should facilitate safe and ethically appropriate discussions regarding spiritual coping strategies while maintaining professional boundaries and cultural sensitivity. Structured spiritual assessment tools may be integrated into individualized recovery care plans to strengthen patient engagement, resilience, and recovery-oriented goal setting.

At the health system level, particularly within LMIC contexts where formal psychiatric resources remain limited, spiritual and religious communities frequently function as informal psychosocial support networks. Integrating spiritual dimensions into community-based psychiatric rehabilitation may enhance culturally responsive and context-sensitive service delivery. Policymakers should therefore consider incorporating structured spiritual assessment guidance within national mental health frameworks to

support holistic, recovery-oriented care models.

Implications and limitations

The findings extend Recovery-Oriented Mental Health Theory by empirically illustrating how spirituality functions as a mediating mechanism of existential integration. Transcendence facilitates emotional regulation, the sense of existence supports identity reconstruction, and personal values contribute to narrative coherence. From an existential psychology perspective, spirituality provides a framework through which individuals reinterpret suffering, reconstruct meaning, and maintain psychological continuity. This integrative model advances theoretical understanding by positioning spiritual needs not as peripheral experiences, but as structurally embedded components of recovery trajectories in collectivist LMIC contexts.

This study contributes theoretically by proposing the Recovery-Existential Integration Model; however, several limitations must be acknowledged. The small sample size (N=7), while appropriate for phenomenological inquiry, limits statistical generalizability. The study was conducted within a specific Indonesian cultural context, and findings may not be directly transferable to non-collectivist or secular settings. As an interpretive phenomenological study, findings reflect co-constructed meanings between researchers and participants; thus, interpretive subjectivity cannot be eliminated despite reflexive and triangulation strategies. Future studies employing cross-cultural qualitative comparisons or mixed-methods designs may strengthen transferability and theoretical validation.

Relevance to Practice

Psychiatric nurses should integrate structured spiritual assessment into routine care planning. Interdisciplinary collaboration with community and religious leaders may enhance culturally responsive rehabilitation. Policy frameworks in LMIC contexts should acknowledge spirituality as a dimension of holistic recovery-oriented mental health care.

Conclusion

This study aimed to explore the lived spiritual needs of individuals with schizophrenia within a culturally embedded LMIC context. The findings demonstrate that spirituality functions as an existential integration mechanism mediating emotional regulation, identity reconstruction, and recovery-oriented meaning-making, as conceptualized in the proposed Recovery-Existential Integration Model. Theoretically, this study advances recovery-oriented mental health scholarship by positioning spiritual needs as structurally embedded components of adaptive recovery trajectories rather than peripheral coping strategies. Clinically, integrating structured and culturally sensitive spiritual assessment into psychiatric nursing practice may strengthen holistic and recovery-oriented care. Future research should examine cross-cultural applicability and empirically test the proposed model using mixed-method or longitudinal designs.

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CrediT Authorship Contributions Statement

Bambang Kuncoro: Conceptualization, Methodology, Supervision, Writing - Original Draft, Software, Validation, Formal Analysis, Writing - Review & Editing, Investigation, Resources, Data Curation, Project Administration

Nur Rachmat: Writing - Original Draft, Review & Editing, Visualization, Funding Acquisition

Betty Hidayati: Writing - Review & Editing, Investigation, Resources

Conflicts of Interest

There is no conflict of interest.

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