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Group counseling services in reducing anxiety levels among drug rehabilitation residents: a humanistic qualitative inquiry

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ABSTRACT

Anxiety is a common psychological challenge experienced by residents undergoing drug rehabilitation, often hindering engagement in treatment and increasing vulnerability to relapse. Although group counseling is widely implemented in rehabilitation settings, limited qualitative evidence explains how residents experience this intervention and the mechanisms through which it alleviates anxiety. This qualitative descriptive study aimed to explore how group counseling services contribute to anxiety reduction among residents in a drug rehabilitation facility. Guided by a humanistic counseling perspective, the study involved one addiction counselor and five rehabilitation residents selected through purposive sampling. Data were collected through semi-structured interviews and analyzed using Miles, Huberman, and Saldaña's interactive analytic framework involving open, axial, and selective coding. Methodological integrity was enhanced through source triangulation and member checking. The findings revealed five interconnected themes: (a) multifaceted manifestations of anxiety related to rehabilitation, future uncertainty, family relationships, social stigma, and psychological distress; (b) a developmental process from fear and reluctance toward acceptance and authentic participation in group counseling; (c) the central role of counselor empathy, unconditional positive regard, and psychological safety in facilitating therapeutic change; (d) psychological and interpersonal improvements reflected in reduced anxiety, stronger emotional regulation, and increased self-confidence; and (e) residents' recommendations for strengthening counseling programs through more collaborative and humanistic practices. Demographic patterns further indicated that younger residents were more concerned about social stigma and peer judgment, whereas residents with repeated rehabilitation experiences expressed more complex anxiety associated with relapse and unmet expectations. These findings demonstrate that anxiety reduction is a multidimensional process shaped by the interaction of therapeutic relationships, peer support, psychological safety, and residents' readiness for change. The study contributes practical implications for counseling practice, rehabilitation policy, and future qualitative research on substance use recovery.

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Introduction

Substance use disorders remain one of the most pressing global public health concerns, affecting millions of individuals and imposing profound psychological, social, and economic consequences on families and communities (Yunhar, 2024; Ega, 2024). Beyond the physiological challenges of withdrawal, individuals undergoing rehabilitation frequently experience persistent anxiety associated with uncertainty about recovery, fear of relapse, family reconciliation, social reintegration, and future life stability (Paramita & Faradiba, 2020; Vrimadieska & Suharso, 2020). Within residential rehabilitation settings, these concerns are often intensified by prolonged separation from family, institutional routines, anticipated social stigma, and diminished confidence in maintaining long-term abstinence (Ushuluddin et al., 2024; Kusuma, 2020). Consequently, anxiety becomes not merely a co-occurring psychological symptom but a central component of the recovery experience that may hinder therapeutic engagement and increase vulnerability to relapse (Dewi & Fauziah, 2018; Ega, 2024).

Counseling interventions have long been recognized as an essential component of addiction rehabilitation because they provide psychological support, facilitate emotional regulation, and strengthen coping capacities (Astuti et al., 2025; Kusuma, 2020). Among these interventions, group counseling offers distinctive therapeutic advantages by creating opportunities for interpersonal learning, shared emotional experiences, mutual encouragement, and the normalization of recovery struggles (Riswanto, 2019; Ristianti & Fathurrochman, 2020; Pratiwi & Karneli, 2024). Grounded in the humanistic counseling perspective, group counseling emphasizes empathy, unconditional positive regard, authenticity, and psychological safety, enabling participants to reconstruct self-worth and develop more adaptive understandings of themselves and their recovery process (Sulaiman et al., 2025; Zatrahadi, Firman, & Yusuf, 2021). Rather than positioning residents as passive recipients of treatment, the humanistic approach recognizes them as active agents capable of personal growth through supportive interpersonal relationships (Zatrahadi, Darmawati, & Nurjanah, 2021; Sabrifha & Darmawati, 2022).

Previous studies have consistently demonstrated that counseling interventions play a significant role in reducing anxiety and improving psychological well-being among individuals with substance use disorders. In the Indonesian context, structured group counseling has been shown to effectively decrease anxiety levels among residents undergoing rehabilitation (Pauzana, 2022a, 2022b). Likewise, reality-based group counseling has proven effective in alleviating anxiety among justice-involved clients with substance-related problems (Febrianto & Ambarini, 2019). These findings are consistent with broader evidence highlighting the importance of supportive interpersonal communication and counseling relationships in maintaining mental health and fostering emotional resilience (Sabrifha & Darmawati, 2022). International studies further reinforce the effectiveness of counseling interventions. For example, Park and Kim (2023) reported that narrative therapy–based group counseling improved self-esteem and enhanced stress management among individuals recovering from alcohol dependence. Similarly, Greenfield et al. (2007) found that women-focused group therapy achieved therapeutic outcomes comparable to mixed-gender groups while providing greater psychological safety. More recently, Mugoya et al. (2022) confirmed the feasibility and acceptability of group counseling for individuals receiving treatment for opioid use disorder. Complementing these findings, recent Indonesian studies have emphasized the critical contributions of addiction counselors, counseling services, and social support systems in promoting successful rehabilitation, psychological adjustment, and sustained recovery among individuals with substance use disorders (Halik et al., 2024; Iwan Joko Prasetyo et al., 2024; Fadila Syafitri & Rahmad, 2023).

Although this body of evidence establishes that group counseling contributes to anxiety reduction, the existing literature remains dominated by quantitative outcome-oriented investigations that primarily evaluate intervention effectiveness through standardized psychological measures. Such studies provide limited insight into how residents themselves experience anxiety throughout rehabilitation, how therapeutic relationships evolve within group settings, and how interpersonal interactions facilitate psychological change. Consequently, the mechanisms through which counselor empathy, peer support, psychological safety, and residents' readiness for change collectively shape anxiety reduction remain insufficiently understood. Likewise, relatively little attention has been devoted to exploring residents' own perspectives regarding the counseling process, the conditions that encourage meaningful participation, or the practical improvements they consider necessary for enhancing group counseling services (Pauzana, 2022a, 2022b; Mugoya et al., 2022; Park & Kim, 2023). Moreover, previous studies discussing spiritual and humanistic counseling have largely focused on conceptual development or intervention implementation rather than exploring residents' lived experiences during rehabilitation (Zatrahadi, Suhaili, Ifdil, Marjohan, & Afdal, 2022; Sulaiman et al., 2025).

These limitations indicate the need for qualitative inquiry capable of capturing the complexity of residents' lived experiences within rehabilitation settings. Understanding recovery exclusively through quantitative

indicators risks overlooking the subjective meanings, interpersonal processes, and contextual influences that often determine whether counseling becomes psychologically transformative. A qualitative approach allows residents' voices to illuminate not only whether anxiety decreases but also how, why, and under what relational conditions meaningful therapeutic change occurs (Darmawati et al., 2022; Putri & Murhayati, 2025).

Accordingly, this study aimed to develop a comprehensive understanding of how group counseling services contribute to anxiety reduction among residents in a drug rehabilitation facility. Specifically, the study sought to explore (a) how residents experience and interpret anxiety during rehabilitation; (b) how they describe their participation in group counseling; (c) how counselor empathy, peer relationships, and psychological safety facilitate therapeutic change; (d) what psychological, emotional, and interpersonal changes emerge through participation; (e) how demographic characteristics shape residents' experiences of anxiety and recovery; and (f) what recommendations residents propose for improving group counseling services.

A qualitative descriptive approach was selected because the purpose of this study was to provide a rich, practice-oriented understanding of residents' experiences within their natural rehabilitation context rather than to test hypotheses or generate formal theory. This approach is particularly appropriate for documenting participants' perspectives using language closely aligned with their own accounts while preserving the contextual complexity of rehabilitation experiences (Sugiyono, 2017; Putri & Murhayati, 2025). Guided by the humanistic counseling perspective, the study emphasizes empathy, authentic therapeutic relationships, and individuals' inherent capacity for growth, thereby offering a nuanced understanding of the interpersonal processes through which group counseling supports anxiety reduction and recovery (Zatrahadi, Darmawati, & Nurjanah, 2021; Sulaiman et al., 2025).

Method

Research Design

This study employed a qualitative descriptive design guided by a humanistic counseling perspective to explore how group counseling services contribute to reducing anxiety among residents undergoing drug rehabilitation. A qualitative descriptive approach was selected because the primary objective of the study was to obtain a comprehensive and practice-oriented understanding of participants' lived experiences rather than to generate formal theory or test predetermined hypotheses. This approach enables researchers to remain close to participants' language and interpretations while providing rich descriptions of naturally occurring phenomena within their real-life contexts. The inquiry was informed by the humanistic counseling perspective, which assumes that individuals possess an inherent capacity for growth, self-awareness, and psychological recovery when supported through empathic, authentic, and accepting therapeutic relationships. This philosophical orientation guided the researcher throughout participant engagement, data collection, analysis, and interpretation, ensuring that participants' perspectives remained central throughout the research process.

Research Setting and Participants

The study was conducted at an accredited drug rehabilitation facility in Pekanbaru, Riau Province, Indonesia, where structured group counseling forms an integral component of the rehabilitation program. Six participants were purposively selected because they were considered capable of providing rich information regarding the phenomenon under investigation. The participants consisted of one addiction counselor serving as the key informant and five rehabilitation residents who had actively participated in group counseling sessions for at least four weeks. The addiction counselor contributed professional insights regarding residents' anxiety manifestations, counseling strategies, and group dynamics, whereas the residents provided first-hand accounts of their emotional experiences, participation in counseling sessions, perceived psychological changes, and recovery processes. Recruitment was conducted in collaboration with the rehabilitation institution after obtaining institutional permission. Eligible participants were approached individually, informed about the objectives of the study, and invited to participate voluntarily. Data collection continued until sufficient informational depth and thematic saturation were achieved, indicated by the absence of substantially new concepts emerging during the final interviews. Participant characteristics are presented in Table 1.

Table 1. <Participant Demographic and Baseline Characteristics>

Participant	Age	Role	Rehabilitation History	Baseline Anxiety
Fadlan	26	Addiction Counselor (Key Informant)	Professional	N/A
FN	31	Resident	First-time	Moderate-High
RA	31	Resident	First-time	Moderate

RL	37	Resident	First-time	Conditional
NA (1st)	28	Resident	Repeat (3+)	High
ER	28	Resident	Repeat (4+)	Very High

Researcher Characteristics and Reflexivity

The lead researcher entered this study with prior academic knowledge and professional interest in counseling interventions for individuals experiencing psychological distress during addiction recovery. Recognizing that these prior understandings could influence data interpretation, reflexivity was incorporated throughout the research process. During interviews, the researcher adopted an empathic, nonjudgmental, and participant-centered stance while minimizing directive questioning to encourage participants to express their experiences freely. Reflexive memos were maintained throughout data collection and analysis to document emerging interpretations, methodological decisions, and potential assumptions. The researcher also actively sought disconfirming evidence and alternative interpretations during coding to ensure that themes emerged inductively from participants' narratives rather than reflecting preconceived expectations. No prior therapeutic or personal relationship existed between the researcher and the participants before the commencement of the study, thereby reducing potential influence arising from previous interactions.

Ethical Considerations

Ethical approval for the study was obtained through the rehabilitation institution before data collection commenced. All participants received verbal and written explanations regarding the purpose of the study, interview procedures, confidentiality, voluntary participation, and their right to withdraw from the study at any stage without consequences to their rehabilitation program. Written informed consent was obtained from every participant prior to the interviews. To maintain confidentiality, participants' identities were replaced with pseudonyms throughout transcription, analysis, and reporting. Audio recordings, interview transcripts, and observational notes were securely stored and were accessible only to the research team.

Data Collection

Data were collected during February 2026 using semi-structured individual interviews supplemented by non-participant observation. Semi-structured interviews were selected because they allowed participants to describe their experiences in depth while ensuring consistency across interviews through the use of an interview guide. The guide explored five broad areas, including participants' experiences of anxiety during rehabilitation, initial responses to group counseling, perceptions of counselor empathy and peer support, psychological changes experienced throughout counseling, and recommendations for improving counseling services. Open-ended questions were followed by probing questions whenever additional clarification or elaboration was required.

Each interview lasted approximately 45–90 minutes, with an average duration of approximately one hour, and was conducted in Indonesian to facilitate participants' comfort and authentic expression. With participants' permission, all interviews were digitally audio-recorded and subsequently transcribed verbatim. Throughout the data collection process, the researcher simultaneously maintained structured observational field notes documenting participants' nonverbal communication, emotional expressions, interpersonal interactions, and characteristics of the counseling environment. The integration of interview data and observational records enabled richer contextual understanding of participants' experiences and strengthened the completeness of the dataset.

Data Analysis

Data analysis followed the interactive qualitative analysis framework proposed by Miles, Huberman, and Saldaña, involving iterative processes of data condensation, data display, and conclusion drawing. Analysis began immediately after each interview through repeated reading of transcripts to achieve familiarity with the data. During the first stage, open coding was conducted line by line to identify meaningful units directly reflecting participants' experiences. Approximately 127 initial codes were generated using participants' own language whenever possible to preserve the authenticity of their perspectives.

The second stage involved axial coding, during which conceptually related codes were grouped into broader analytical categories by identifying relationships among participants' experiences, emotional responses, counselor behaviors, and therapeutic processes. Finally, selective coding was undertaken to integrate these categories into overarching themes that explained how group counseling contributed to anxiety reduction among rehabilitation residents. Throughout this iterative analytical process, constant comparison was employed across participants and data sources to refine categories, identify similarities and differences, and ensure coherence among emerging themes. Particular attention was also given to demographic variation,

including differences associated with age and rehabilitation history, to enhance contextual understanding without attempting statistical comparison. The overall analytical process is illustrated in Figure 1.

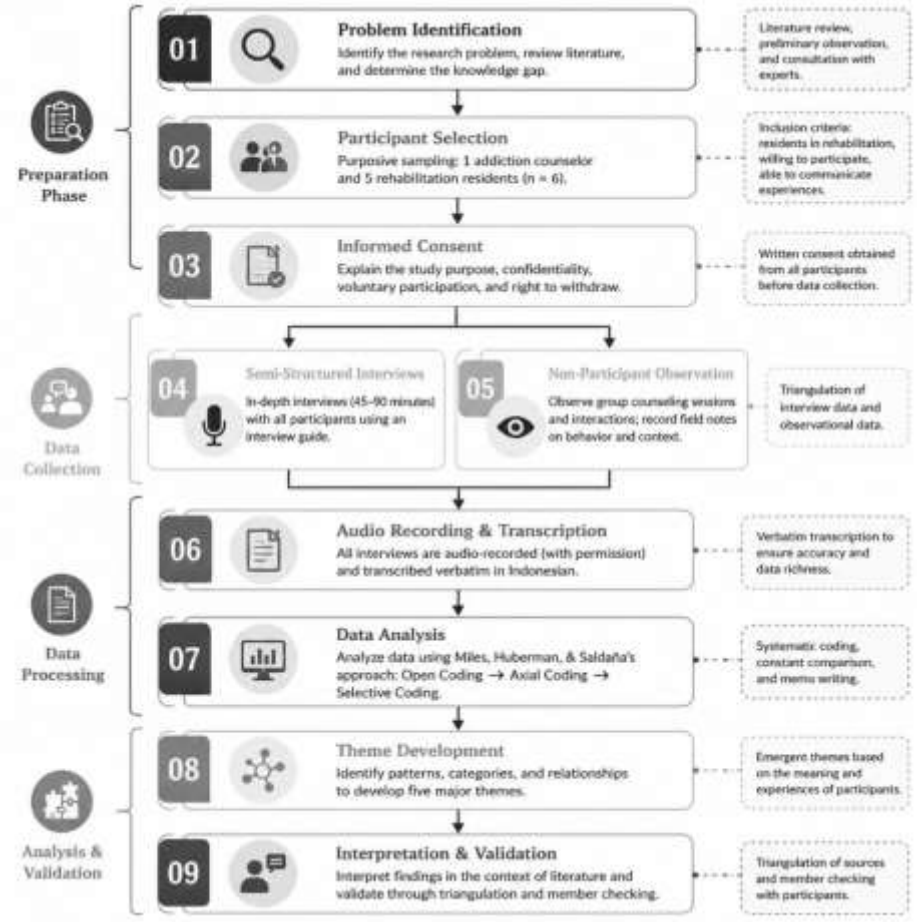

Figure 1 <Research Method Process Flow>

Methodological Integrity

Several strategies were employed to enhance the methodological integrity and trustworthiness of the findings. Source triangulation was achieved by comparing information obtained from rehabilitation residents and the addiction counselor, whereas method triangulation integrated interview findings with observational field notes collected throughout the study. Preliminary themes were subsequently returned to three participants through member checking, allowing participants to confirm the credibility and accuracy of the researchers' interpretations. Reflexive journaling was continuously maintained to document analytical decisions, monitor researcher assumptions, and enhance transparency throughout the analytical process. In addition, detailed descriptions of the rehabilitation context, participant characteristics, counseling process, and analytical procedures were provided to facilitate readers' assessment of the transferability of the findings. Although the study intentionally sought variation in participants' experiences, the relatively small sample size and single-site setting may limit broader transferability. Nevertheless, the findings offer rich contextual insights that may inform counseling practice and future qualitative research within comparable rehabilitation environments.

Results and Discussions

Theme 1. Multifaceted Manifestations of Resident Anxiety

The first theme illustrates that anxiety was experienced as a multidimensional phenomenon extending beyond emotional discomfort during rehabilitation. Analysis of interview transcripts and observational field notes revealed that residents' anxiety permeated multiple domains of their lives, including concerns about the rehabilitation process, uncertainty regarding the future, family acceptance, anticipated social stigma, and disturbances in daily psychological functioning. Rather than emerging as isolated emotional reactions, these

experiences were closely interconnected and reflected residents' attempts to reconstruct their identities while adapting to rehabilitation. Although participants shared similar emotional concerns, the intensity and focus of anxiety differed according to individual experiences and rehabilitation histories. Five interrelated categories emerged within this theme: (a) anxiety toward the rehabilitation process, (b) anxiety regarding social stigma and future reintegration, (c) anxiety related to family relationships and acceptance, (d) psychological impacts on daily functioning, and (e) the multidimensional nature of anxiety across life domains.

Anxiety Across Multiple Life Domains

Participants consistently described anxiety as extending beyond a single psychological concern. Instead, they perceived anxiety as encompassing uncertainty about the future, fear of social rejection, concerns regarding family expectations, and doubts about their own ability to rebuild their lives after rehabilitation. These concerns frequently overlapped, creating a persistent emotional burden that influenced how residents interpreted both themselves and their recovery journey.

One participant explained:

> "Awalnya saya takut dan malu untuk bercerita... yang paling saya khawatirkan tentang masa depan, masih ngambang, masih berusaha untuk membenahi diri dulu." (FN)

This narrative demonstrates that the participant's anxiety was simultaneously characterized by fear of self-disclosure, uncertainty regarding future identity, and an ongoing effort toward personal reconstruction. Feelings of shame inhibited openness during the initial stages of rehabilitation, while uncertainty about future life created continuous psychological distress. Rather than describing isolated emotions, the participant portrayed anxiety as a dynamic process intertwined with identity reconstruction and hopes for recovery.

Anxiety Toward the Rehabilitation Process

Another important finding concerns residents' initial perceptions of the rehabilitation process itself. Participants reported that unfamiliar therapeutic activities, institutional routines, and uncertainty regarding rehabilitation procedures generated considerable anxiety during the early stages of treatment. These feelings were particularly evident before participants understood the objectives and therapeutic value of group counseling.

One participant stated:

> "Cemas, kalau terlalu memaksa dan terlalu lama dari yang seharusnya." (RL)

Another participant shared a similar experience:

> "Cemas ketika mendapatkan pembelajaran seperti membawa kursi, menghadap ke dinding. Ini seperti hal bodoh, tapi dibalik itu semua, ini pembelajaran yang bagus." (NA)

Although institutional activities initially appeared confusing or burdensome, participants gradually recognized their therapeutic purpose. This shift illustrates that anxiety was closely related to uncertainty rather than rejection of the rehabilitation program itself. The addiction counselor provided a complementary perspective, confirming that anxiety commonly emerged during residents' first encounters with group counseling.

> "Klien cukup menunjukkan kecemasan di awal, apalagi pas pertama kali melakukan konseling kelompok... mereka juga belum mengerti tentang konseling kelompok itu seperti apa dan bagaimana, jadi mereka terlihat cemas." (Fadlan)

The counselor's observation reinforces residents' narratives by demonstrating that unfamiliarity with counseling procedures contributed substantially to initial anxiety. As participants gained a clearer understanding of the counseling process, their apprehension gradually diminished.

Anxiety About Social Stigma and Community Reintegration

Analysis further revealed that anxiety regarding social reintegration constituted one of the strongest concerns expressed by participants. Residents anticipated negative judgments from society and feared that their identities would continue to be associated with previous substance use despite completing rehabilitation.

One participant explained:

> "Takut mereka berfikir saya gagal lagi, dikarenakan saya bulak balek mengulang kesalahan ini tapi balik lagi, tergantung dari masing-masing dari mereka berfikir apa tentang saya." (NA)

Another participant expressed a similar concern:

"Takut dianggap gila sama warga." (FN)

These narratives reveal that residents were not only afraid of being rejected socially but were also concerned about how previous failures would define their future identities. Participants demonstrated awareness that societal judgments might persist even after meaningful personal change had occurred.

The addiction counselor similarly observed that stigma consistently emerged during counseling sessions.

> "Dari hasil pengamatan terhadap perilaku mereka dan dari sesi konseling, cukup terlihat kecemasan mereka terhadap stigma masyarakat, dilihat dari khawatirnya mereka di cap sebagai mantan pengguna, trus juga mereka khawatir kalau warga atau masyarakat takut kepada mereka." (Fadlan)

Taken together, residents' narratives and the counselor's observations indicate that anticipated social stigma represented an important psychological barrier during recovery. Anxiety about community acceptance frequently extended beyond rehabilitation itself and influenced residents' expectations about life after discharge.

Anxiety Related to Family Relationships

Family emerged as another important source of anxiety throughout the rehabilitation process. Participants frequently described emotional tension arising from uncertainty regarding family acceptance and fear of disappointing loved ones following rehabilitation.

One resident reflected:

> "Lumayan cemas, tapi saya tau keluarga saya yakin dengan saya yang dapat berubah setelah menjalani rehabilitasi ini." (FN)

In contrast, another participant expressed greater concern regarding family expectations.

> "Cukup cemas... takut mereka ga sesuai ekspetasi mereka terhadap saya yang telah menjalani rehabilitasi ini, apalagi istri saya." (NA)

These narratives indicate that family simultaneously functioned as a source of hope and psychological pressure. While confidence expressed by family members encouraged recovery, expectations regarding successful rehabilitation also intensified participants' fear of failure.

The counselor similarly described this pattern.

> "Ada yang beberapa cemas, ada juga yang merasa senang. Kalau untuk cemas itu ya mereka berasumsi kalau mereka tidak diterima lagi sama keluarganya, kekecewaan keluarga pada mereka." (Fadlan)

The convergence of residents' and counselor's accounts suggests that anxiety surrounding family relationships was deeply connected to participants' desire to restore trust while simultaneously fearing rejection or disappointment.

Psychological Impact on Daily Functioning

Participants also described anxiety as affecting their everyday psychological functioning. Disturbed sleep, persistent worry, intrusive thoughts, and difficulties regulating emotions were repeatedly identified throughout interviews and were consistently supported by observational field notes.

One participant explained:

> "Saya cemas, saya sering sulit tidur. Kayak sering terbangun di malam hari, trus kurang nyenyak tidurnya." (ER)

Another participant described persistent cognitive preoccupation.

> "Itu pasti ada, kayak berfikir kedepannya saya bagaimana, sampai membuat saya cemas." (RL)

These experiences were corroborated by the addiction counselor.

> "Sangat, sangat mempengaruhi... terutama pola pikir mereka... mereka mengalami kecemasan, gelisah, sulit tidur, makannya cukup mudah untuk kami tau kalau mereka lagi mengalami kecemasan." (Fadlan)

The consistency between residents' self-reports and the counselor's observations strengthens the credibility of this finding, indicating that anxiety affected not only participants' emotional experiences but also cognitive processes, behavioral functioning, and physical well-being throughout rehabilitation.

Figure 2 <Resident Anxiety Word Cloud>

Theme 2. The Journey Through Group Counseling: From Apprehension to Acceptance

The second theme describes residents' developmental journey throughout their participation in group counseling. Analysis revealed that engagement in group counseling was not an immediate or linear process but evolved gradually through several psychological stages. Participants consistently described an initial period characterized by fear, uncertainty, embarrassment, and reluctance to disclose personal experiences. As counseling sessions progressed, however, these emotional barriers gradually diminished as residents developed trust in the counselor, observed supportive interactions among peers, and experienced psychological safety within the group. Three interconnected categories emerged from the analysis: (a) initial hesitation and fear, (b) gradual transition toward comfort and authentic participation, and (c) transformation from external compliance to intrinsic engagement.

Initial Hesitation and Fear

The first stage of residents' experiences was characterized by apprehension regarding participation in group counseling. Most participants reported feeling anxious because they were unfamiliar with the counseling process and uncertain about the expectations of sharing personal experiences in front of others. Feelings of embarrassment, fear of judgment, and lack of self-confidence limited their willingness to participate openly during the initial sessions.

One participant described these early experiences as follows:

> "Gugup, takut. Apalagi harus menceritakan masalah pribadi saya di depan orang lain." (FN)

Another participant expressed similar uncertainty.

> "Takut, bingung ini mau ngapain, lalu setelah dijelaskan dan melihat yang lain pada terbuka, jadi saya mulai nyaman dan mulai bercerita juga." (RA)

Likewise, another resident reflected on the emotional discomfort experienced before understanding the counseling process.

> "Awalnya saya tidak percaya diri sama malu, tapi lama-lama saya mulai memahami manfaat dari konseling kelompok ini." (ER)

These narratives demonstrate that residents' initial resistance was not directed toward counseling itself but rather reflected uncertainty about interpersonal exposure and concerns regarding acceptance within the group. Fear of revealing personal experiences represented an important psychological barrier that participants needed to overcome before meaningful engagement could occur.

Gradual Transition Toward Comfort and Authentic Participation

As counseling sessions continued, participants described a gradual movement from hesitation toward greater emotional openness. This transition occurred as residents became increasingly familiar with the counseling environment, developed trust in the counselor, and observed other group members sharing similar experiences. Rather than occurring suddenly, this change developed progressively through repeated opportunities for interaction and mutual support.

One participant described this developmental process:

> "Kalau pas awal-awal ni ya sist, itu saya takut tuh, tapi lama kelamaan saya mulai nyaman." (FN)

The addiction counselor similarly observed this progression.

> "Awalnya mereka tidak terima, karena mereka masih belum penerimaan diri. Nah di situ kita kenalkan semuanya, kita beri tahu apa manfaat mengikuti ini." (Fadlan)

The counselor's account suggests that residents' reluctance was closely associated with difficulties accepting themselves during the early stages of rehabilitation. Introducing the purpose of group counseling, explaining its benefits, and providing a supportive environment enabled participants to gradually reinterpret counseling as a safe space rather than a threatening experience. Residents further explained that observing peers openly discussing their own struggles significantly reduced anxiety about self-disclosure. Witnessing others receive empathy rather than criticism encouraged participants to believe that they too could safely express their experiences. Consequently, interpersonal trust developed not only between counselor and participant but also among group members themselves.

From External Compliance to Intrinsic Engagement

Analysis also revealed that several residents initially participated in group counseling primarily because participation formed part of the rehabilitation program rather than because of personal motivation. Nevertheless, this externally driven participation gradually evolved into genuine psychological engagement as residents began recognizing the personal value of counseling.

One participant explained this transformation.

> "Awalnya ya gitu saya kayak terpaksa gitu ikut konseling ini, tapi lama-kelamaan saya mulai nerimanya." (RL)

This narrative illustrates an important shift from compliance to acceptance. Initially, participation was perceived as an institutional obligation. Over time, however, counseling was increasingly experienced as personally meaningful, leading residents to engage voluntarily rather than merely fulfilling program requirements. The addiction counselor similarly described how this transformation was intentionally facilitated through empathic communication and supportive guidance. By consistently acknowledging residents' emotions, explaining the purpose of counseling, and encouraging gradual participation without coercion, the counselor helped residents internalize the value of the counseling process. As residents experienced acceptance rather than judgment, external motivation progressively evolved into intrinsic commitment to personal growth.

Figure 3 <Group Counseling Journey Word Cloud>

Theme 3. Counselor Empathy and Psychological Safety as Foundations of Change

The third theme demonstrates that counselor empathy and the establishment of psychological safety constituted the fundamental mechanisms through which group counseling facilitated anxiety reduction. Analysis revealed that residents were more willing to disclose personal experiences when they perceived the counselor as empathic, nonjudgmental, trustworthy, and genuinely concerned with their well-being. Rather than emphasizing counseling techniques alone, participants consistently highlighted the quality of interpersonal relationships as the primary factor enabling therapeutic change. Psychological safety was not created solely by the counselor but emerged through continuous interactions among the counselor, residents, and the supportive climate that developed within the counseling group. Three interrelated categories characterized this theme: (a) feeling understood and accepted, (b) counselor strategies for creating psychological safety, and (c) supportive group dynamics and peer relationships.

Feeling Understood and Accepted

Participants consistently described the experience of being listened to without judgment as one of the most meaningful aspects of group counseling. Feeling heard, understood, and emotionally accepted encouraged residents to share experiences that had previously remained hidden because of fear, shame, or self-stigma. Participants emphasized that empathy from the counselor reduced emotional tension and strengthened their willingness to participate actively in counseling sessions.

One resident explained:

> "Iya sist, mereka mendengarkan kita bicara, jadi saya merasa kayak di mengerti gitu." (FN)

Another participant similarly stated:

> "Iya, cukup memahami perasaan saya." (RL)

A third participant emphasized that empathy represented an essential characteristic of professional counseling.

> "Iya, itu emang harus di lakukan seorang konselor, seperti itu tuu udah jadi asasment nya konselor." (NA)

These narratives indicate that residents associated effective counseling with the counselor's capacity to listen attentively and acknowledge emotional experiences without criticism or negative judgment. Feeling understood allowed participants to gradually overcome fears of disclosure while strengthening trust within the therapeutic relationship. Rather than perceiving themselves as being evaluated, participants experienced counseling as an environment where their personal experiences were accepted with respect and dignity.

Counselor Strategies for Creating Psychological Safety

Analysis further revealed that psychological safety was intentionally cultivated through the counselor's communication style and therapeutic approach. The counselor described several deliberate strategies designed to encourage openness, including empathic listening, emotional validation, positive reinforcement, and consistent encouragement regarding residents' capacity for change.

The addiction counselor explained:

> "Ya seperti itu sist, kita pahami perasaan mereka seperti apa, lalu kita kasih pendekatan-pendekatan, seperti menunjukkan kalau kita ikut berempatik kepada mereka, kita yakinkan pada mereka kalau mereka dapat berubah menjadi lebih baik, kita kasih kepercayaan kepada mereka, sehingga mereka pun merasa aman untuk bercerita kepada kita, kita kasih teknik-teknik konseling untuk mereka." (Fadlan)

The counselor further described the communication approach implemented throughout counseling sessions.

> "Kami menggunakan sistem. Sistem 80% mendengarkan 20% bicara. Jadi kita biarkan mereka banyak bicara, kita dengarkan, lalu kita bantu mereka menyelesaikan permasalahan mereka." (Fadlan)

These findings demonstrate that psychological safety was intentionally developed through a client-centered communication style rather than directive instruction. By prioritizing listening over speaking, the counselor created opportunities for residents to explore emotions at their own pace while maintaining autonomy throughout the counseling process. Such an approach encouraged residents to perceive counseling as collaborative rather than authoritative, thereby reducing anxiety associated with self-disclosure.

Supportive Group Dynamics and Peer Relationships

Beyond the counselor's role, participants consistently emphasized the importance of supportive peer relationships in strengthening feelings of safety and belonging. Residents explained that observing other group members openly discussing similar experiences reduced feelings of isolation and encouraged greater confidence in expressing personal difficulties. Group counseling therefore functioned not only as a professional intervention but also as a source of mutual support among individuals experiencing similar recovery challenges.

One participant described the group atmosphere as follows:

> "Cukup baik, walaupun ya kadang kami beda-beda pendapat atau kayak pikiran gitu." (FN)

Another participant highlighted the cooperative nature of group interactions.

> "Baik, seperti kami sering saling membantu." (NA)

These statements indicate that participants viewed differences of opinion as natural components of group interaction rather than barriers to therapeutic relationships. Mutual assistance and shared experiences strengthened interpersonal trust while reinforcing residents' confidence that they were not facing recovery challenges alone. The addiction counselor similarly described how supportive group dynamics developed progressively throughout the counseling process.

> "Untuk awal-awal mereka canggung, tidak mau terbuka, ya mungkin karna mereka juga mengerti, lalu kita bantu jelaskan konseling itu apa, seperti yang saya jelaskan sebelumnya, baru deh mereka mulai terbuka sama saling mengenal satu sama lain, saling memberikan dukungan." (Fadlan)

The counselor's observations demonstrate that supportive peer relationships emerged gradually as residents became increasingly familiar with one another and developed confidence in the counseling environment. Psychological safety therefore evolved through continuous interpersonal interaction rather than existing automatically at the beginning of counseling.

Theme 4. Psychological and Relational Transformation Following Group Counseling

The fourth theme illustrates the psychological and interpersonal transformations experienced by residents following their participation in group counseling. Analysis revealed that changes were not limited to reductions in anxiety but extended to improvements in emotional regulation, self-confidence, interpersonal relationships, and future orientation. These transformations emerged gradually as residents became increasingly engaged in counseling sessions and developed stronger therapeutic relationships with both counselors and fellow group members. Although participants acknowledged that anxiety had not disappeared completely, they consistently described meaningful improvements in their ability to understand, regulate, and

respond to emotional distress. Three interconnected categories characterized this theme: (a) anxiety reduction and emotional regulation, (b) enhanced self-confidence and personal competence, and (c) emotional stabilization and future orientation.

Anxiety Reduction and Emotional Regulation

Participants consistently described noticeable reductions in anxiety after engaging in group counseling. Rather than portraying counseling as a complete solution to psychological distress, residents explained that the intervention helped them manage anxiety more effectively by providing emotional support, practical coping strategies, and opportunities to express previously suppressed emotions. This shift enabled participants to respond to stressful situations with greater emotional control and awareness.

One participant directly described the influence of group counseling.

> "Berpengaruh, sangat berpengaruh bagi saya." (FN)

Another participant acknowledged that anxiety remained present but became increasingly manageable.

> "Lumayan berpengaruh sist, walaupun ya tidak sepenuhnya, tapi saya mulai bisa kendalikan kecemasan ini, apalagi kan udah dibantu konselor juga." (NA)

These narratives suggest that residents perceived anxiety reduction as a gradual process rather than an immediate outcome. Counseling strengthened participants' capacity to cope with anxiety instead of eliminating emotional distress entirely. Participants also reported learning practical emotional regulation strategies through counseling sessions.

> "Kalau cemas itu pasti ada, kalau saya biasanya nenangin diri. Kayak atur pernafasan, duduk diam. Seperti yang dicontohkan konselor-konselor." (NA)

This statement demonstrates that counseling extended beyond emotional support by equipping residents with concrete self-regulation skills that could be applied independently when anxiety re-emerged. The ability to regulate breathing, remain calm, and recognize emotional reactions reflected increasing psychological self-management developed throughout the counseling process.

Enhanced Self-Confidence and Personal Competence

In addition to emotional regulation, participants consistently described increased confidence in themselves and their capacity to overcome future challenges. Residents reported feeling more capable of expressing opinions, interacting with others, and believing in their ability to sustain recovery after rehabilitation. Rather than creating entirely new personal qualities, group counseling appeared to strengthen residents' existing psychological resources and reinforce positive self-perceptions.

One participant explained:

> "Ada, saya mulai lumayan tenang, mudah percaya diri." (FN)

Another participant elaborated further.

> "Iya, tapi kalau untuk percaya diri itu saya emang percaya diri kak orangnya. Jadi saya semakin percaya diri lagi setelah konseling ini, karna ya itu bantuan dari konselornya." (FN)

These accounts suggest that counseling enhanced residents' confidence by reinforcing personal strengths that had previously been overshadowed by anxiety, shame, and negative self-perceptions. Increased confidence was closely associated with feeling accepted within the counseling group and receiving consistent encouragement from the counselor. Participants therefore interpreted confidence not merely as an individual personality trait but as an outcome of supportive interpersonal relationships developed throughout rehabilitation.

Emotional Stabilization and Positive Future Orientation

Another important transformation identified during analysis involved broader emotional stabilization and increasingly hopeful perspectives regarding life after rehabilitation. Participants consistently reported feeling calmer, emotionally balanced, and more optimistic about rebuilding their lives despite recognizing that challenges would remain after discharge.

Several residents described these emotional changes.

> "Ya saya cukup merasa lebih baik, tenang." (FN)

"Lumayan bagus." (RA)

"Ya gitu, saya jadi mulai berkurang emosinya." (RL)

"Saya jadi lebih tenang." (NA)

Although these responses differed in expression, they consistently reflected improved emotional stability following participation in group counseling. Residents no longer described themselves as being overwhelmed by anxiety but instead emphasized greater calmness and emotional control during everyday situations. Participants also expressed stronger motivation to rebuild meaningful lives after completing rehabilitation. One resident reflected on hopes for reconnecting with significant relationships.

"Saya senang dapat memulai hidup yang lebih baik sama dapat berkumpul dengan keluarga lagi, dan dapat bertemu dengan cewe saya." (ER)

Another participant acknowledged continuing concerns about social stigma while simultaneously expressing determination to change.

"Saya senang karna dapat bebas dari sini, tapi saya yakin saya pasti udah di cap buruk oleh masyarakat. Tapi saya akan buktikan kalau saya ingin berubah menjadi lebih baik." (RL)

These narratives reveal that residents' future orientation evolved from uncertainty toward cautious optimism. Although participants remained aware of social challenges awaiting them after rehabilitation, they increasingly perceived themselves as capable of pursuing positive life changes. Hope therefore emerged not because external barriers had disappeared but because residents developed stronger confidence in their ability to face those barriers.

Theme 5. Residents' Vision for Enhancing Group Counseling Services

The fifth theme highlights residents' reflective evaluations and recommendations for improving group counseling services within the rehabilitation setting. Beyond describing their personal experiences, participants critically examined the counseling process and identified practical strategies that could further strengthen therapeutic effectiveness. Rather than expressing dissatisfaction with existing services, residents generally acknowledged the positive contribution of group counseling while simultaneously proposing improvements that emphasized dignity, collaborative relationships, practical guidance, and individualized support. These recommendations reflected participants' increasing psychological insight and demonstrated that they had become active contributors to the counseling process rather than passive recipients of intervention. Three interconnected categories emerged within this theme: (a) promoting dignity and reducing stigmatizing attitudes, (b) strengthening counselor roles through collaborative guidance, and (c) improving counseling practices through practical and experiential approaches.

Promoting Dignity and Reducing Stigmatizing Attitudes

Residents consistently emphasized the importance of being treated with dignity throughout the rehabilitation process. Participants believed that recovery could be facilitated when counselors and institutional staff viewed them as individuals with strengths and potential rather than defining them solely by their history of substance use. Respectful treatment was described as essential for rebuilding self-esteem and encouraging long-term recovery.

One participant expressed this concern directly.

"Jangan lihat orang dari covernya saja, orang narkoba itu baik-baik, bertanggung jawab." (FN)

This statement reflects participants' desire to challenge negative stereotypes commonly associated with substance use disorders. Rather than asking for sympathy, the resident requested recognition of their humanity, responsibility, and capacity for positive change.

Residents also highlighted the importance of respectful communication during routine institutional activities.

"Jangan teriak-teriak." (FN)

Another participant elaborated further.

"Kalau bisa yaa bangunkan orang itu jangan teriak-teriak gitu, jangan buru-buru bangunkannya." (FN)

These seemingly simple recommendations illustrate that residents interpreted daily interpersonal interactions as important expressions of respect and acceptance. Small behavioral changes from staff were

perceived as contributing to psychological comfort and reinforcing the supportive atmosphere established through counseling.

Strengthening the Counselor's Role Through Collaborative Guidance

Another important finding concerns participants' expectations regarding the counselor's professional role. Rather than expecting counselors to provide direct solutions to every problem, residents preferred a collaborative approach that respected their autonomy while offering practical guidance during difficult situations. Participants viewed effective counselors as facilitators who encouraged independent decision-making rather than authority figures who dictated solutions.

One participant with repeated rehabilitation experience explained:

> "Konselor harus memberi sebuah jalan, pilihan. Kalau misalnya berikan motivasi itu boleh tapi harus sekalian berikan contohnya juga, biar klien yang menentukan jalan itu sendiri, konselor itu bantu berikan sebuah jalan. Trus harus bisa memahami klien dalam keadaan krisis, susah, dan dibantu dengan treatment." (NA)

This narrative demonstrates that residents valued counseling relationships characterized by shared decision-making and respect for personal agency. Participants appreciated motivation from counselors but emphasized that encouragement should be accompanied by concrete examples and practical alternatives that enabled them to make informed choices independently. The recommendation also highlights residents' expectation that counselors remain emotionally available during periods of psychological crisis while continuing to promote self-determination.

Improving Counseling Through Practical and Experiential Approaches

Residents additionally recommended that counseling should continue emphasizing practical demonstrations and experiential learning rather than relying exclusively on verbal advice. Participants explained that observing concrete examples and practicing coping strategies helped them understand counseling concepts more effectively and increased confidence in applying these skills beyond the rehabilitation setting.

One participant expressed satisfaction with the current counseling program while suggesting further improvements.

> "Menurut saya udah bagus semua, mantab." (RA)

Another participant provided a more detailed recommendation.

> "Menurut saya udah bagus konselingnya. Tapi tambahan saya, jangan ngomong doang, kayak berikan contohnya juga, jangan ngomong doang." (RL)

These statements indicate that residents generally evaluated the counseling program positively while recognizing opportunities for refinement. Participants believed that combining emotional support with practical demonstrations would enhance learning, strengthen coping skills, and increase the relevance of counseling to real-life situations after rehabilitation. Collectively, these recommendations reveal that participants no longer viewed themselves solely as recipients of treatment but as individuals capable of evaluating and contributing to the development of counseling services. Their reflections demonstrate increased self-awareness, confidence, and engagement, all of which are consistent with the broader psychological changes identified throughout the previous themes.

The first finding demonstrates that anxiety among drug rehabilitation residents is a multidimensional psychological experience encompassing concerns about the rehabilitation process, uncertainty regarding the future, family acceptance, anticipated social stigma, and disturbances in daily psychological functioning. Rather than functioning as an isolated emotional response, anxiety emerged as an interconnected psychological phenomenon shaped by personal experiences, interpersonal relationships, and broader social contexts. This finding advances current understanding by illustrating that residents' anxiety cannot be adequately explained through clinical symptoms alone but should instead be understood as a dynamic interaction between internal emotional processes and external environmental influences. The qualitative narratives further reveal that residents continuously negotiated their identities while simultaneously attempting to regain social acceptance and rebuild confidence in their future. These findings therefore extend previous knowledge by emphasizing that anxiety during rehabilitation is not merely a consequence of substance withdrawal but also reflects uncertainty surrounding personal identity, social belonging, and long-term recovery

This finding supports previous studies reporting that anxiety is one of the most dominant psychological problems experienced by individuals undergoing substance abuse rehabilitation. Pauzana (2022a, 2022b) demonstrated that rehabilitation residents frequently experience heightened anxiety associated with recovery and that group counseling contributes significantly to reducing these symptoms. Similarly, Febrianto and Ambarini (2019) found that group counseling effectively decreases anxiety by providing opportunities for emotional expression and interpersonal support. Consistent with these findings, the present study confirms that anxiety represents a major psychological challenge throughout rehabilitation. However, unlike previous quantitative studies that primarily measured changes in anxiety levels, the present findings provide deeper insight into how residents experience anxiety across multiple life domains and how these concerns influence their emotional adaptation throughout rehabilitation. This contribution enriches the literature by revealing the subjetive meanings attached to anxiety rather than merely documenting its reduction.

The present findings are also consistent with broader psychological literature emphasizing that anxiety among individuals recovering from addiction extends beyond physiological dependence. Ega (2024) argues that long-term substance abuse frequently produces persistent psychological consequences, including excessive worry, emotional instability, and difficulties in rebuilding interpersonal relationships. Likewise, Paramita and Faradiba (2020) explain that anxiety often develops through interactions between previous adverse experiences and uncertainty regarding future life circumstances. The residents' narratives in this study strongly reflect these psychological mechanisms, as participants repeatedly expressed concerns about their future identities, fear of disappointing family members, and uncertainty regarding social reintegration. Together, these findings suggest that rehabilitation programs should address anxiety as a multidimensional psychological experience rather than focusing exclusively on addiction symptoms.

Another important contribution of this study concerns the prominent role of anticipated social stigma in shaping residents' anxiety. Participants consistently feared being labeled as "former drug users," rejected by society, or judged according to their previous mistakes despite their commitment to recovery. These findings support previous work by Ushuluddin et al. (2024), which demonstrated that perceived social stigma substantially reduces self-esteem among former drug users and complicates their social reintegration. Similarly, Vrimadieska and Suharso (2020) reported that stigma contributes to persistent anxiety among incarcerated individuals by reinforcing negative expectations regarding acceptance after release. The present study extends these findings by illustrating that anticipated stigma begins to influence residents psychologically long before rehabilitation is completed. Residents' fears were therefore directed not only toward current rehabilitation challenges but also toward imagined future interactions with society, indicating that stigma functions as a continuing psychological burden throughout recovery.

Family relationships emerged as another important source of anxiety. Residents simultaneously viewed their families as sources of hope and emotional pressure because successful rehabilitation carried expectations of restoring trust and repairing damaged relationships. These findings correspond with Iwan Joko Prasetyo et al. (2024), who emphasized that family support plays a central role in sustaining recovery among individuals with substance use disorders. Likewise, Astuti et al. (2025) argued that counseling interventions become more effective when they strengthen communication between residents and family members. Nevertheless, the present findings also reveal a more complex emotional reality. Rather than simply benefiting from family support, participants frequently experienced anxiety arising from fears of disappointing loved ones or failing to meet family expectations after rehabilitation. This nuance has received relatively limited attention in previous research and highlights the ambivalent psychological role of family relationships during recovery.

The findings further demonstrate that anxiety directly affected residents' daily psychological functioning through disturbed sleep, persistent intrusive thoughts, emotional instability, and excessive worry. These experiences correspond with Dewi and Fauziah (2018), who reported that psychological interventions reducing anxiety among individuals with substance use disorders also improve emotional well-being and daily functioning. Similar observations were described by Kandi et al. (2023), who identified cognitive rumination and emotional dysregulation as common manifestations of prolonged anxiety. The present study strengthens these observations through qualitative evidence demonstrating how residents themselves interpreted these symptoms within the broader context of rehabilitation and identity reconstruction

From the perspective of humanistic counseling, the multidimensional nature of anxiety identified in this study reinforces the assumption that psychological distress cannot be separated from individuals' subjective experiences and personal meanings. Humanistic counseling emphasizes that anxiety frequently emerges when individuals experience incongruence between their perceived self and their desired self while struggling to regain acceptance, dignity, and personal worth (Sulaiman et al., 2025). Similarly, Zatrahadi, Darmawati, and Nurjanah (2021) argue that recovery involves restoring the human capacity for self-awareness, personal responsibility, and psychological balance rather than merely eliminating pathological symptoms. The present

findings strongly support this perspective, as residents consistently described anxiety as being closely connected to identity reconstruction, hope, and acceptance rather than simply fear of substance dependence. These findings therefore strengthen the relevance of humanistic counseling as a theoretical framework for understanding emotional recovery among rehabilitation residents.

Despite broad agreement with previous literature, the present findings also challenge the dominant tendency of earlier studies to conceptualize anxiety primarily as an individual psychological symptom. Quantitative investigations often operationalize anxiety through standardized measurement scales and evaluate intervention success according to reductions in symptom severity (Pauzana, 2022a, 2022b; Febrianto & Ambarini, 2019). In contrast, the present study suggests that anxiety is fundamentally relational and contextual. Residents' emotional experiences were simultaneously shaped by institutional adaptation, family expectations, anticipated stigma, peer relationships, and future uncertainty. Consequently, successful anxiety reduction should not be interpreted solely as decreasing symptom intensity but also as facilitating identity reconstruction, strengthening interpersonal trust, and promoting social acceptance throughout the rehabilitation process.

Collectively, these findings contribute to the growing body of qualitative evidence demonstrating that anxiety among drug rehabilitation residents is best understood as a multidimensional, socially embedded, and psychologically dynamic phenomenon. The findings extend previous research by revealing how institutional experiences, family relationships, social stigma, and personal aspirations intersect to shape residents' emotional lives during rehabilitation. These insights suggest that rehabilitation programs should move beyond symptom-oriented approaches and adopt more holistic counseling interventions that simultaneously address emotional regulation, interpersonal relationships, family involvement, and community reintegration. By doing so, counseling services may more effectively support residents in reconstructing meaningful identities and sustaining long-term recovery beyond the rehabilitation setting.

Theme 2: The Journey Through Group Counseling from Apprehension to Acceptance

The second finding reveals that residents' participation in group counseling was characterized by a gradual psychological journey from apprehension to acceptance rather than an immediate therapeutic response. Residents initially experienced fear, embarrassment, uncertainty, and reluctance to disclose personal experiences because they perceived group counseling as an unfamiliar and emotionally threatening environment. However, repeated participation, increased understanding of the counseling process, and continuous interaction with counselors and peers gradually transformed these feelings into trust, openness, and authentic engagement. This finding contributes to qualitative understandings of addiction recovery by demonstrating that therapeutic participation develops through an adaptive interpersonal process rather than occurring automatically when counseling begins. The residents' narratives illustrate that psychological readiness for counseling is itself an important therapeutic outcome, preceding deeper emotional disclosure and subsequent psychological change.

This developmental process supports previous studies demonstrating that participation in group counseling evolves progressively as clients become increasingly comfortable with the therapeutic environment. Pauzana (2022a, 2022b) reported that rehabilitation residents initially displayed anxiety and hesitation during group counseling sessions but gradually became more engaged as trust developed among group members. Likewise, Riswanto (2019) and Ristianti and Fathurrochman (2020) argue that the effectiveness of group counseling depends heavily on the successful formation of group cohesion, because participants rarely disclose personal experiences during the earliest stages of counseling. The present study strengthens these findings by illustrating how emotional transitions occur through residents' own subjective experiences. Rather than simply documenting increased participation, the findings reveal the internal psychological changes accompanying this progression, including reduced fear of judgment, greater confidence in expressing emotions, and increasing willingness to become active contributors within the counseling group.

The findings are also consistent with international evidence emphasizing the importance of therapeutic engagement during addiction recovery. Park and Kim (2023) found that narrative-based group counseling enhanced participants' willingness to explore personal experiences because the counseling process created opportunities for self-reflection and collaborative meaning-making. Similarly, Mugoya et al. (2022) reported that individuals receiving treatment for opioid use disorder gradually accepted counseling after developing trust in facilitators and recognizing the relevance of shared experiences within the group. These studies support the present findings by demonstrating that meaningful participation develops through repeated interpersonal interaction rather than immediate acceptance of counseling interventions. However, the current study extends previous research by identifying distinct psychological stages experienced by residents, beginning with

apprehension, progressing through adaptation, and ultimately leading to authentic engagement in the counseling process.

The gradual movement from external compliance to intrinsic engagement represents another important contribution of this study. Several residents acknowledged that their initial participation resulted primarily from institutional requirements rather than personal motivation. Over time, however, compulsory attendance evolved into voluntary involvement as participants increasingly recognized the personal value of counseling. This finding aligns with Pratiwi and Karneli (2024), who argue that effective group counseling encourages participants to internalize the benefits of counseling rather than merely complying with procedural expectations. Likewise, Kusuma (2020) observed that rehabilitation programs become more effective when residents gradually shift from passive participation toward active involvement in therapeutic activities. The present findings provide richer qualitative evidence of this transformation by illustrating how residents reinterpreted counseling from an institutional obligation into a personally meaningful recovery experience.

These findings can also be interpreted through the perspective of humanistic counseling, which emphasizes that meaningful psychological change occurs when individuals voluntarily engage in self-exploration within an accepting interpersonal environment. According to Sulaiman et al. (2025), humanistic counseling promotes self-awareness by encouraging individuals to recognize their personal strengths and capacities for change rather than imposing externally defined solutions. Similarly, Zatrahadi, Firman, and Yusuf (2021) emphasize that counseling relationships should prioritize empathy, autonomy, and personal responsibility so that clients actively construct their own recovery processes. The developmental trajectory identified in this study strongly supports these principles. Residents did not become engaged because they were instructed to participate but because they gradually experienced counseling as a psychologically safe environment that respected their dignity and personal agency. Consequently, acceptance emerged through internal motivation rather than external coercion, reinforcing the central assumptions of the humanistic counseling approach.

Another noteworthy aspect of the findings concerns the role of peer observation during the transition toward acceptance. Participants repeatedly described becoming more comfortable after witnessing fellow residents openly discuss similar experiences without experiencing rejection or criticism. Observing peers receive empathy encouraged participants to reconsider their own fears of self-disclosure and gradually increased their willingness to share personal experiences. This finding is consistent with Greenfield et al. (2007), who demonstrated that supportive group environments enhance psychological comfort by normalizing emotional experiences and reducing interpersonal anxiety. Similarly, Halik et al. (2024) emphasized that addiction counselors facilitate rehabilitation not only through direct counseling techniques but also by fostering constructive interpersonal interactions among residents. The present study expands these observations by illustrating how peer modeling functions as a catalyst for emotional openness, suggesting that therapeutic change emerges through collective interaction rather than solely through counselor-client communication.

Although the present findings broadly support previous literature, they also challenge the assumption that participation in counseling can be adequately understood through attendance or behavioral compliance alone. Much previous research evaluates engagement by measuring participation rates or counseling completion (Pauzana, 2022a, 2022b; Febrianto & Ambarini, 2019). In contrast, the present findings demonstrate that genuine therapeutic engagement involves a deeper psychological transformation characterized by increasing trust, emotional safety, self-acceptance, and intrinsic motivation. Residents who initially attended counseling because of institutional expectations gradually redefined participation as an opportunity for personal growth and emotional recovery. This distinction is important because behavioral attendance does not necessarily indicate meaningful psychological involvement, whereas authentic engagement appears to represent a critical mechanism underlying successful anxiety reduction.

An alternative interpretation of these findings should also be considered. It is possible that residents' increasing comfort did not arise exclusively from group counseling but was also influenced by prolonged adaptation to the rehabilitation environment itself. As residents spent more time within the institution, they may naturally have become more familiar with institutional routines, counselors, and fellow residents, thereby reducing uncertainty independently of counseling activities. Nevertheless, triangulation between residents' narratives and the addiction counselor's observations consistently indicated that specific counseling experiences including opportunities for emotional expression, empathic listening, and supportive peer interaction were repeatedly identified as the primary factors facilitating residents' transition from apprehension to acceptance. This convergence across data sources strengthens confidence that group counseling played a substantial role in the developmental process identified in the present study.

Theme 3: Counselor Empathy and Psychological Safety as Foundations of Change

The third finding demonstrates that counselor empathy and psychological safety represent the central interpersonal mechanisms underlying anxiety reduction among residents participating in group counseling. Rather than attributing therapeutic change solely to counseling techniques or structured intervention procedures, participants consistently emphasized the importance of feeling genuinely understood, accepted, and emotionally safe before they were willing to disclose deeply personal experiences. This finding indicates that the quality of the therapeutic relationship functioned as the primary catalyst for psychological change, while counseling techniques served as supportive mechanisms within an already established atmosphere of trust. Consequently, the findings extend current understanding by suggesting that successful group counseling depends not only on intervention content but also on the relational environment through which the intervention is delivered.

The present findings strongly support the theoretical assumptions of humanistic counseling, which propose that empathy, unconditional positive regard, congruence, and authentic therapeutic relationships constitute the essential conditions for facilitating psychological growth. Rogers' person-centered perspective argues that individuals possess an inherent capacity for self-actualization when they experience relationships characterized by acceptance rather than judgment. Consistent with this perspective, residents in the present study repeatedly explained that they became increasingly willing to discuss painful experiences only after perceiving the counselor as empathic, trustworthy, and genuinely concerned with their well-being. These findings reinforce the work of Sulaiman et al. (2025), who reported that humanistic counseling encourages self-awareness and emotional regulation among individuals with histories of substance abuse by emphasizing respect for personal dignity and individual growth. Likewise, Zatrahadi, Darmawati, and Nurjanah (2021) argue that psychological recovery should be understood as a process of restoring human dignity, self-awareness, and inner balance rather than merely reducing behavioral symptoms. The present findings provide empirical qualitative evidence supporting these theoretical propositions by demonstrating how empathic relationships create conditions that enable residents to reconstruct positive perceptions of themselves during rehabilitation.

The importance of counselor empathy identified in this study is also consistent with previous investigations conducted within addiction rehabilitation settings. Halik et al. (2024) emphasized that addiction counselors facilitate recovery not only through structured counseling interventions but also through empathic communication, emotional understanding, and supportive interpersonal interactions that strengthen residents' confidence throughout rehabilitation. Similarly, Astuti et al. (2025) reported that effective rehabilitation counseling requires counselors to establish trusting relationships capable of encouraging openness and sustained therapeutic engagement. The current findings expand these studies by illustrating the specific interpersonal processes through which empathy influences residents' willingness to disclose personal experiences. Participants did not simply describe counselors as helpful; instead, they repeatedly emphasized that feeling listened to without criticism reduced emotional tension and transformed counseling into a psychologically secure environment where vulnerability became possible.

Another significant contribution of the present study concerns the concept of psychological safety. Although psychological safety has been widely discussed in organizational psychology, educational contexts, and more recently in counseling and mental health interventions, qualitative evidence examining its development within addiction rehabilitation remains limited. Recent evidence suggests that psychologically safe environments constitute a fundamental component of effective counseling because they facilitate emotional expression, trust building, and active client engagement throughout the therapeutic process (Fitria et al., 2025). The present findings demonstrate that psychological safety developed gradually through continuous interactions among counselors and fellow residents. Participants consistently described becoming more comfortable after realizing that their personal experiences would not be ridiculed, rejected, or disclosed inappropriately. These findings are consistent with Greenfield et al. (2007), who found that supportive group therapy environments enhance emotional security and facilitate more meaningful participation among individuals recovering from substance use disorders. Similarly, Mugoya et al. (2022) reported that the acceptability of group counseling increased substantially when participants perceived facilitators as respectful, trustworthy, and emotionally supportive. The present study extends these findings by illustrating that psychological safety was not a static characteristic of the counseling setting but rather an evolving interpersonal experience that was collaboratively constructed through repeated counseling sessions, thereby reinforcing broader evidence that therapeutic relationships and psychologically supportive counseling environments are central to achieving positive mental health outcomes across diverse intervention settings (Fitria et al., 2025).

The findings further reveal that supportive peer relationships functioned as an equally important component of psychological safety. Residents explained that observing other participants openly discussing

personal struggles reduced feelings of isolation and encouraged greater willingness to share their own experiences. Mutual support among group members gradually normalized emotional vulnerability, allowing participants to recognize that their difficulties were shared rather than unique. These findings support Riswanto (2019), who argues that one of the principal therapeutic factors within group counseling is the development of interpersonal cohesion that enables members to experience acceptance and mutual learning. Likewise, Ristianti and Fathurrochman (2020) emphasize that group cohesion facilitates emotional expression because participants perceive themselves as belonging to a supportive community. The present study enriches these theoretical perspectives by demonstrating that peer support contributes not only to emotional comfort but aso to the development of psychological safety that ultimately enables deeper therapeutic engagement.

The communication strategies employed by the addiction counselor constitute another important contribution of this study. Participants consistently highlighted the counselor's emphasis on active listening, emotional validation, and encouragement rather than directive instruction. The counselor's description of applying an "80% listening and 20% speaking" approach reflects a communication style centered on facilitating residents' self-exploration instead of providing prescriptive advice. This finding is consistent with Sabrifha and Darmawati (2022), who argued that interpersonal communication characterized by active listening and empathy promotes psychological well-being by strengthening individuals' sense of being understood and respected. Similarly, Zatrahadi, Firman, and Yusuf (2021) emphasized that spiritual and humanistic counseling should prioritize meaningful dialogue that empowers clients to discover personal solutions rather than relying exclusively on counselor-directed interventions. The present findings therefore suggest that active listening functions not merely as a communication technique but as a relational process through which residents regain confidence in their own capacity to understand and resolve personal difficulties.

Although these findings broadly support previous literature, they also challenge the common assumption that counselor expertise alone determines counseling effectiveness. Much previous research evaluating addiction counseling has focused primarily on intervention models, counseling techniques, or treatment protocols (Febrianto & Ambarini, 2019; Pauzana, 2022a, 2022b). While these studies demonstrate that structured interventions reduce anxiety, they provide relatively limited attention to the relational mechanisms that make such interventions psychologically meaningful. The present study suggests that counseling techniques become effective largely because they are delivered within relationships characterized by empathy, trust, and psychological safety. In other words, therapeutic relationships appear to function as the foundation upon which counseling techniques exert their influence. This finding therefore shifts attention from "what counselors do" toward "how counselors relate" to residents throughout rehabilitation.

An alternative interpretation should also be acknowledged. It is possible that residents' perceptions of empathy and psychological safety were influenced not only by counselors' interpersonal skills but also by institutional adaptation and increasing familiarity with fellow residents over time. As participants became more accustomed to the rehabilitation environment, emotional comfort may have developed naturally through repeated exposure to institutional routines. Nevertheless, triangulation between residents' narratives and the addiction counselor's reflections consistently indicated that empathic communication, emotional validation, and opportunities for open dialogue were repeatedly identified as the most influential factors promoting psychological safety. This convergence across multiple data sources strengthens confidence that the relational quality of counseling played a substantial role in facilitating the psychological changes observed throughout the rehabilitation process.

The present findings also contribute conceptually by demonstrating that psychological safety functions as an intermediate mechanism linking counselor empathy with anxiety reduction. Rather than directly decreasing anxiety, empathic counselor behaviors first established a safe interpersonal environment in which residents became willing to disclose emotional experiences, receive peer support, and reinterpret their personal struggles more constructively. Anxiety reduction therefore emerged indirectly through progressive strengthening of therapeutic relationships rather than through isolated counseling techniques. This interpretation extends previous quantitative findings by providing a more comprehensive explanation of the interpersonal processes underlying successful group counseling among individuals with substance use disorders.

Theme 4: Psychological and Relational Transformation Following Group Counseling

The fourth finding demonstrates that the impact of group counseling extended beyond reducing anxiety symptoms and facilitated broader psychological and interpersonal transformation among rehabilitation residents. Participants consistently described becoming emotionally calmer, more confident, better able to regulate negative emotions, and increasingly optimistic about rebuilding their lives following rehabilitation. These changes did not occur as immediate consequences of counseling sessions but emerged progressively

through continuous participation, supportive therapeutic relationships, and repeated opportunities for emotional expression. This finding contributes to the qualitative understanding of addiction recovery by demonstrating that the effectiveness of group counseling should not be evaluated solely by symptom reduction but also by its capacity to foster resilience, emotional maturity, and renewed confidence in one's future. Psychological recovery therefore appears to represent a developmental process in which residents gradually reconstruct healthier perceptions of themselves and their social roles rather than simply experiencing diminished anxiety.

The present findings support previous studies indicating that group counseling contributes positively to emotional recovery among individuals with substance use disorders. Pauzana (2022a, 2022b) reported that structured group counseling significantly reduced anxiety among rehabilitation residents, while Febrianto and Ambarini (2019) found that reality-based group counseling improved emotional stability by encouraging participants to recognize personal strengths and develop adaptive coping strategies. Similarly, Dewi and Fauziah (2018) demonstrated that psychological interventions reducing anxiety also improve emotional well-being among individuals recovering from substance abuse. The present study confirms these findings but extends existing knowledge by revealing that residents interpreted emotional improvement not merely as reduced anxiety but as increased self-awareness, greater emotional control, and stronger confidence in facing future challenges. This qualitative perspective enriches previous outcome-oriented studies by illustrating how residents themselves experience psychological transformation throughout rehabilitation.

The finding that residents experienced enhanced self-confidence represents another important contribution of the present study. Participants consistently reported feeling more capable of expressing opinions, interacting with others, and believing in their own ability to maintain recovery after rehabilitation. These experiences correspond with the findings of Park and Kim (2023), who demonstrated that narrative-based group counseling significantly improved self-esteem, psychological insight, and adaptive coping among individuals recovering from alcohol dependence. Likewise, Sariningsih et al. (2025) found that group counseling integrating self-management strategies strengthened participants' confidence in regulating their own behaviors during addiction recovery. The present study extends these findings by showing that increased confidence was closely associated with empathic interactions, emotional acceptance, and supportive peer relationships rather than solely with cognitive or behavioral interventions. Residents perceived confidence as emerging through meaningful interpersonal experiences that enabled them to redefine themselves beyond their identities as former substance users.

The findings also reveal that emotional regulation became an important outcome of participation in group counseling. Participants described learning practical strategies such as calming themselves, regulating breathing, reflecting before responding emotionally, and approaching stressful situations more constructively. These findings support Kecemasan Mengatasi Masalah Akademik (2025), which argues that counseling interventions facilitate emotional regulation by helping individuals recognize and modify maladaptive emotional responses. Similarly, Kandi et al. (2023) explain that effective psychological interventions strengthen individuals' ability to regulate emotional reactions through increased self-awareness and adaptive coping. The present findings contribute additional qualitative evidence by demonstrating that residents attributed these improvements directly to their experiences during counseling sessions, particularly the opportunities to observe coping behaviors modeled by counselors and fellow residents.

An equally important finding concerns residents' increasingly hopeful perspectives regarding the future. Participants acknowledged that challenges such as social stigma, family expectations, and the possibility of relapse remained present; however, they simultaneously expressed stronger confidence in their ability to confront these challenges successfully. This finding supports Astuti et al. (2025), who emphasized that counseling contributes not only to immediate psychological recovery but also to strengthening residents' motivation for long-term social reintegration. Likewise, Iwan Joko Prasetyo et al. (2024) argued that rehabilitation becomes more sustainable when counseling enhances hope, family connectedness, and confidence in future recovery. The present study expands these observations by illustrating that hope emerged not because external problems disappeared but because residents experienced meaningful internal psychological transformation that enabled them to reinterpret those challenges as manageable rather than overwhelming.

From the perspective of humanistic counseling, the psychological transformation identified in this study strongly reflects the fundamental assumption that every individual possesses an inherent tendency toward growth and self-actualization when provided with an accepting therapeutic environment. Rogers' humanistic perspective proposes that personal change occurs through increased congruence between individuals' experiences and their self-concept, allowing them to become more authentic and psychologically integrated. This theoretical perspective is reflected clearly in the present findings, where residents described becoming

calmer, more accepting of themselves, and increasingly confident in rebuilding their lives. Sulaiman et al. (2025) similarly reported that humanistic counseling facilitates emotional maturity and self-awareness among individuals with histories of substance abuse by emphasizing personal dignity and individual potential. In addition, Zatrahadi, Darmawati, and Nurjanah (2021) argue that psychological recovery should be understood as a holistic process involving restoration of emotional balance, spiritual awareness, and personal responsibility rather than merely eliminating problematic behaviors. The present findings provide empirical qualitative support for these arguments by illustrating how psychological transformation emerged through authentic interpersonal relationships that strengthened residents' confidence in their own capacity for change.

Another noteworthy contribution of this study concerns the relational dimension of psychological transformation. Residents repeatedly emphasized that improvements in emotional well-being were closely connected to supportive interactions with counselors and fellow residents rather than resulting solely from individual introspection. This observation aligns with Greenfield et al. (2007), who found that supportive group environments facilitate interpersonal learning and emotional recovery by allowing participants to normalize personal struggles through shared experiences. Similarly, Mugoya et al. (2022) demonstrated that group counseling becomes increasingly acceptable and therapeutically effective when participants experience mutual encouragement and respectful interpersonal relationships. The present study extends these findings by demonstrating that relational experiences function not merely as supportive factors but as active mechanisms through which residents reconstruct self-confidence, emotional stability, and hope for the future.

Despite broad agreement with previous research, the present findings also challenge the tendency of earlier studies to conceptualize counseling success primarily through reductions in psychological symptoms. Quantitative investigations commonly evaluate intervention effectiveness using standardized measures of anxiety, depression, or stress (Pauzana, 2022a, 2022b; Febrianto & Ambarini, 2019). Although such indicators provide valuable evidence of clinical improvement, they may not fully capture the broader developmental changes experienced by individuals throughout rehabilitation. The present findings suggest that psychological transformation encompasses multiple interconnected dimensions, including emotional regulation, strengthened interpersonal relationships, renewed self-confidence, and increasingly hopeful life perspectives. Consequently, evaluating counseling effectiveness solely through symptom reduction risks overlooking the more comprehensive processes of identity reconstruction and personal growth that residents themselves regarded as central outcomes of rehabilitation.

An alternative interpretation should also be considered. Improvements in emotional well-being may not have resulted exclusively from participation in group counseling but could also have been influenced by other rehabilitation components, including structured daily routines, spiritual activities, institutional discipline, family communication, or the natural psychological adjustment associated with prolonged abstinence from substance use. However, triangulation between residents' narratives and the addiction counselor's observations consistently indicated that participants repeatedly identified opportunities for emotional expression, empathic communication, and supportive peer interaction during group counseling as the experiences most directly associated with their psychological improvement. This consistency across multiple sources strengthens confidence that group counseling represented a substantial contributor to the transformational processes identified in the present study, even though other rehabilitation components likely provided complementary support.

The present findings also contribute conceptually by suggesting that psychological transformation represents the cumulative outcome of the therapeutic processes identified throughout the previous themes. Anxiety reduction (Theme 1), gradual engagement in counseling (Theme 2), and the development of empathy and psychological safety (Theme 3) collectively created conditions that enabled residents to reconstruct positive self-perceptions and strengthen emotional resilience. Rather than functioning as separate outcomes, these themes appear to represent sequential and mutually reinforcing stages within a broader recovery trajectory. This integrative interpretation advances existing literature by providing a more comprehensive explanation of how humanistic group counseling facilitates sustainable psychological recovery among individuals with substance use disorders.

Theme 5: Residents' Vision for Enhancing Group Counseling Services

The fifth finding demonstrates that residents were not merely passive recipients of rehabilitation services but developed critical reflections regarding the improvement of group counseling practices. Participants proposed recommendations emphasizing respectful communication, collaborative counselor–client relationships, practical guidance, and greater recognition of residents' personal dignity throughout rehabilitation. These recommendations indicate that participation in group counseling encouraged residents to move beyond receiving therapeutic support toward actively evaluating and contributing to the quality of counseling services.

This finding advances current understanding by demonstrating that psychological recovery also involves the development of reflective capacity, personal agency, and a willingness to participate in improving rehabilitation practices. Residents' recommendations therefore represent an important therapeutic outcome because they reflect increased self-awareness, confidence, and ownership of the recovery process rather than simple satisfaction with existing services.

The present findings support previous studies emphasizing that effective rehabilitation requires active collaboration between counselors and clients rather than unilateral delivery of therapeutic interventions. Astuti et al. (2025) argued that counseling within rehabilitation settings becomes more meaningful when residents are encouraged to participate actively in decision-making and recovery planning. Similarly, Pratiwi and Karneli (2024) explained that group counseling should promote collaborative learning, allowing participants to contribute ideas, share experiences, and develop mutual responsibility throughout the counseling process. The present study extends these findings by demonstrating that collaboration continues beyond participation during counseling sessions. Residents also expressed constructive recommendations regarding how counseling services themselves could be improved, indicating that successful rehabilitation strengthens individuals' confidence to become partners in service development rather than remaining passive beneficiaries.

Another important contribution concerns residents' emphasis on dignity and respectful treatment throughout rehabilitation. Participants repeatedly stated that they wished to be viewed as individuals capable of change rather than being permanently identified by their history of substance use. They also highlighted seemingly simple interpersonal behaviors, such as respectful communication and considerate daily interactions, as meaningful contributors to psychological well-being. These findings support Ushuluddin et al. (2024), who found that social stigma and negative labeling significantly undermine former drug users' self-esteem and complicate their reintegration into society. Likewise, Zatrahadi, Darmawati, and Nurjanah (2021) emphasized that recovery should prioritize restoring human dignity and recognizing every individual's inherent worth, regardless of past behavior. The present study enriches these perspectives by demonstrating that respect is communicated not only through formal counseling interventions but also through everyday interactions occurring within rehabilitation institutions. Such findings suggest that institutional culture itself becomes an integral component of therapeutic recovery.

Residents also emphasized the importance of counselors functioning as collaborative facilitators rather than authoritative problem-solvers. Participants appreciated counselors who provided alternative perspectives, practical examples, and emotional guidance while allowing residents to determine their own decisions. This finding aligns closely with the humanistic counseling perspective, which emphasizes client autonomy and self-determination as fundamental conditions for sustainable psychological change. Sulaiman et al. (2025) reported that humanistic counseling encourages individuals to develop responsibility for their own recovery by recognizing personal strengths and internal resources rather than depending exclusively on external direction. Similarly, Zatrahadi, Firman, and Yusuf (2021) argued that effective counseling empowers clients to discover personally meaningful solutions through empathic dialogue instead of directive instruction. The present findings provide qualitative evidence supporting these theoretical assumptions, demonstrating that residents valued counselors who respected their capacity for independent decision-making while remaining emotionally supportive during periods of psychological vulnerability

An additional contribution of this study concerns participants' recommendations for incorporating more practical and experiential learning into counseling sessions. Residents expressed appreciation for motivational support but emphasized that verbal encouragement should be accompanied by concrete demonstrations, real-life examples, and opportunities to practice adaptive coping strategies. This observation supports Riswanto (2019), who explained that group counseling becomes more effective when participants actively experience therapeutic processes rather than merely receiving information. Likewise, Ristianti and Fathurrochman (2020) argued that experiential activities strengthen understanding because participants learn through direct interpersonal interaction and reflection. The present findings extend these perspectives by illustrating that residents themselves recognize the value of experiential learning and perceive practical demonstrations as facilitating the transfer of counseling skills into everyday life after rehabilitation.

The findings further indicate that residents' recommendations reflect broader principles of person-centered rehabilitation. Participants emphasized that counseling should encourage empowerment, shared responsibility, and opportunities for personal growth rather than dependence upon counselors or institutional authority. This interpretation is consistent with Halik et al. (2024), who highlighted the importance of addiction counselors facilitating residents' independence through supportive interpersonal relationships rather than controlling behavioral compliance. Similarly, Kusuma (2020) reported that rehabilitation becomes more sustainable when residents actively participate in shaping their own recovery processes. The present study contributes additional qualitative insight by demonstrating that empowerment becomes visible when residents confidently articulate

constructive suggestions for improving counseling services, indicating that they increasingly perceive themselves as capable contributors to institutional development.

Although the present findings broadly support previous literature, they also challenge the assumption that counseling quality can be evaluated primarily through symptom reduction or program completion rates. Much previous rehabilitation research has concentrated on measuring psychological outcomes, abstinence rates, or treatment adherence (Pauzana, 2022a, 2022b; Febrianto & Ambarini, 2019). While these indicators remain important, they provide relatively limited understanding of how residents themselves evaluate counseling quality. The present findings suggest that participants assess counseling effectiveness not only according to whether anxiety decreases but also according to whether counselors communicate respectfully, encourage autonomy, provide practical guidance, and create opportunities for meaningful participation. This broader perspective extends existing evaluation frameworks by emphasizing residents' lived experiences as essential indicators of counseling quality.

An alternative explanation for the findings should also be considered. Residents' positive evaluations and recommendations may have been influenced by social desirability or feelings of gratitude toward the rehabilitation institution, leading some participants to emphasize positive experiences while minimizing criticism. Such tendencies are common in qualitative interviews conducted within institutional settings, where participants may perceive counselors or service providers as authority figures. Effective institutional communication has been recognized as an important factor influencing service users' perceptions, trust, and willingness to provide feedback (Wispinaldi & Darmawati, 2021). Nevertheless, several residents openly proposed specific improvements, including recommendations regarding counselors' communication style, the use of more practical demonstrations, and counselor behavior during counseling sessions. The coexistence of positive evaluations and constructive criticism indicates that participants were willing to express balanced perspectives rather than merely providing socially desirable responses. Furthermore, triangulation with the addiction counselor's reflections strengthened the credibility of these interpretations by demonstrating consistency across multiple data sources, thereby increasing the trustworthiness of the study's findings.

The present findings also contribute conceptually by identifying residents' recommendations as indicators of psychological recovery rather than simply feedback regarding service quality. Participants' ability to critically evaluate counseling practices reflects enhanced self-confidence, improved communication skills, greater psychological insight, and increased willingness to assume responsibility for their own rehabilitation. This interpretation extends previous studies by suggesting that successful recovery involves developing the capacity to participate actively in shaping therapeutic environments rather than merely adapting to existing institutional practices. Consequently, residents' voices should be regarded as valuable sources of knowledge capable of informing future improvements in counseling services.

Conclusions

This study demonstrates that group counseling contributes to reducing anxiety among residents undergoing drug rehabilitation through a multidimensional and relational process rather than through a single therapeutic intervention. Anxiety was found to extend beyond psychological symptoms, encompassing concerns about rehabilitation, future uncertainty, family acceptance, anticipated social stigma, and disruptions to daily functioning. The findings reveal that residents gradually progressed from fear and hesitation toward trust, openness, and active participation in group counseling, facilitated by counselor empathy, psychological safety, and supportive peer interactions. These interpersonal conditions subsequently promoted broader psychological transformation, including improved emotional regulation, increased self-confidence, strengthened coping abilities, and a more hopeful orientation toward recovery. The study therefore extends the humanistic counseling perspective by demonstrating that sustainable anxiety reduction is achieved not only through counseling techniques but also through authentic therapeutic relationships that empower individuals to reconstruct positive identities and actively engage in their own recovery journey.

The findings contribute to qualitative counseling literature by providing a richer understanding of the interpersonal mechanisms through which group counseling facilitates psychological recovery among individuals with substance use disorders. Rather than positioning residents as passive recipients of treatment, this study highlights their capacity to become active partners who critically evaluate counseling experiences and contribute meaningful recommendations for service improvement. These insights emphasize the importance of implementing person-centered, collaborative, and psychologically safe counseling practices within rehabilitation settings while strengthening counselor competencies in empathy, active listening, and facilitative communication. Although the findings are contextually situated within a single rehabilitation institution and should therefore be transferred cautiously to other settings, they offer valuable implications for

counseling practice, institutional policy, and future qualitative research aimed at developing more holistic, humanistic, and recovery-oriented rehabilitation models that integrate individual, interpersonal, family, and community dimensions of recovery.

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