

# Case Study : Family Experiences in Public Society Stigma Among People with Mental Disorders

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Proceeding STIKep PPNI Jawa Barat

## Website :

<https://proceedings.stikep-ppnijabar.ac.id/index.php/psj>

Volume 1 (1), 124-130

## Article info

Received : December 28, 2024

Revised : April 22, 2025

Accepted : May 02, 2025

Published : May 19, 2025

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## Citation

Ibrahim, M., & Ibrahim, R. H. (2025). Family experiences in public society stigma among people with mental disorders. *Proceeding STIKep PPNI Jawa Barat*, 1(1), 124-130.

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## INTRODUCTION

Mental disorders are significant mental health issues that cause disturbances in an individual's cognitive, emotional, and social functions, which hinder their ability to perform daily activities (Mane et al., 2022). These disorders can affect people across various age groups, from children and adolescents to adults and the elderly. According to (Mane et al., 2022), individuals experiencing mental disorders face two major challenges: coping with symptoms such as hallucinations, delusions, anxiety, and mood changes, as well as combating society's lack of understanding of these symptoms, which often leads to stigmatization.

Data from Riskesdas (2018) indicates that the prevalence of schizophrenia or psychosis in Indonesia is 7% per 1,000 households. The highest prevalence of mental disorders in 2019 was recorded in the provinces of Bali and Yogyakarta, with rates of 11.1% and 10.4% per 1,000 households, respectively, having family members with schizophrenia or psychosis (Riskesdas, 2018). Mental disorders pose a serious health challenge because their incidence continues to rise, and they are chronic conditions that require extended treatment. Additionally, stigmatization from society can hinder the healing process of individuals with mental disorders (Mane et al., 2022).

## Abstract

**Objective:** To explore the family's experience of public stigma toward individuals with mental disorders. Method: This study employed a qualitative approach with multiple case studies. Data were collected through interviews with families of individuals with mental disorders from one area in the Garut Regency.

**Methods :** This qualitative multiple case study explores family experiences of public stigma toward individuals with mental disorders in Garut Regency. Data were collected via semi-structured interviews, analyzed using content analysis. Ethical standards were maintained, with confidentiality assured. Themes emerged on stigma frequency, impact, and coping strategies.

**Results:** No experiences of public stigma were reported, as individuals with mental disorders were considered neither dangerous nor harmful to society. However, families expressed feelings of anxiety, worry, and sadness regarding their members' conditions, as they had not fully recovered and were facing challenges in the treatment process.

**Conclusion:** Overall, the study concludes that, based on interview data, families of individuals with mental disorders currently do not experience societal stigma. Future researchers should be well-prepared in the data collection process and strive to gather more detailed information related to the topic.

**Keywords:** Family experiences, public stigma, people with mental disorders

The term "crazy person" is often used by society to refer to individuals with mental disorders, and this perception can persist, leading to reluctance in interacting with these individuals. As a result, individuals with mental disorders face a higher risk of discrimination and negative stigmatization (Ekayamti & Rahmawati, 2020). The impact of stigma can be damaging, lowering self-esteem and motivation, which negatively affects the recovery process of individuals with mental disorders. Families of individuals with mental disorders are also affected by societal stigma. A common form of stigma is social rejection, where individuals with mental disorders are often shunned, ignored, or excluded by the community.

This is due to the belief that individuals with mental disorders cannot control their behavior, with society perceiving behaviors such as inadequate self-care or the potential for violent actions as frightening or repulsive. According to research conducted by (Pangandaheng et al., 2023), families continue to experience societal stigma today. Negative perceptions of families and individuals with mental disorders persist, largely due to society's lack of knowledge about mental disorders. The labels attached to individuals with mental disorders contribute to discrimination, and families feel the impact as well.

Research from Pangandaheng et al., (2023), shows that public stigma toward mental disorders remains high. The study found the highest stigma scores in the ideological aspect of mental health, while the lowest scores were in the aspect of social restrictions. This suggests that society generally believes individuals with mental disorders should receive adequate care and mental health services, but outside their immediate environment.

However, a study by Asti et al., (2016), conducted by (Mane et al., 2022), shows a different perspective. Most respondents (91% of 75 participants) had a positive attitude toward individuals with mental disorders, believing that mental disorders are not a curse, and that such individuals should not be isolated from society. They also felt that, with proper

treatment, individuals with mental disorders can recover.

In the context of mental disorders, societal stigma can foster prejudice and decisions not based on facts, which ultimately leads to discrimination in various areas such as violence, workplace bias, and exclusion from school. This can impede the healing process for individuals with mental disorders. Therefore, the present study aims to explore families' experiences in dealing with public stigma toward individuals with mental disorders.

## **METHODS**

### **Study Design**

This research employs a qualitative approach with a multiple case study design, focusing on an in-depth exploration of family experiences regarding public stigma toward individuals with mental disorders. A qualitative approach is a research method that generates descriptive data, typically in the form of written words or verbal expressions from sources.

### **Case Study Subject**

The case study subjects in this research are families from the Garut Regency area who have members experiencing mental disorders. The inclusion criteria are families who have provided care for individuals with mental disorders for at least one year and who agree to be identified as professional informants.

### **Interview Guideline**

The interview guideline used in this study consists of three main topics, each developed into a series of questions based on the subjects' responses. The topics are as follows:

1. Frequency and Type of Stigma: How often does the family encounter stigma in society, and what forms of stigma are experienced?
2. Impact of Stigma: How does stigma affect the emotional, social, and practical well-being of family members? This includes the impact on family relationships, quality of life, and family mental health.
3. Family Response: How does the family respond to or cope with public stigma, including coping strategies, support sought, or changes in behavior and social interactions?

### **Data Collection**

The respondents were interviewed based on their consent, using a semi-structured interview technique. The data collection procedure will involve interviews lasting 30-40 minutes. During the interview, the researcher will record the conversation using a mobile phone. Afterward, the researcher will assure the respondents that the recording will remain confidential and will be deleted once the study is completed. Following the interview, the researcher will also take notes on observations and personal reflections to supplement the data collected. The recorded data will be transcribed and analyzed using content analysis.

### **Data Analysis**

The researcher will employ a qualitative method with content analysis as the technique. The data analysis process will begin with the transcription of the interview results, which involves writing down the respondents' statements in response to the questions asked. After transcription, the researcher will conduct coding, identifying words or sentences that are relevant to the research objectives. Once the words are coded, they will be analyzed to form categories. Similar codes will be grouped into categories, and categories with related meanings will be combined to create themes. These themes will provide a comprehensive description of the research findings.

### **Ethical Consideration**

Ethical considerations will be a priority in this study. The researcher will adhere to standard scientific procedures throughout the research process. The subjects and participants will receive an initial explanation regarding the research objectives, and the confidentiality of the collected data will be ensured.

### **RESULTS**

Interviews were conducted on May 19, 2024, with two respondents from the same family, living in different households. The first respondent is Mrs. H, the sister of Mr. D, who has mental disorders, and the second respondent is Mr. U, a 70-year-old divorced father who has been taking care of his mentally ill son, Mr. D. Mr. D, currently 30 years old, has been experiencing mental disorders since he

was 14, around 2010, after graduating from junior high school.

At present, Mr. U continues to manage his daily activities as a farmer, tending to his garden and caring for several sheep, while also looking after his son. Mr. U explained that the initial cause of his son's mental disorder occurred during a junior high school farewell trip to the Pangandaran tourist attraction. Mr. D was left behind because no one accompanied him to the departure meeting point. Three days after the trip, Mr. U planned to spend time with a friend and his girlfriend. After five days, Mr. D began to exhibit strange behavior, unlike his usual self. From then on, he started chasing passing motorbikes and shouting angrily with harsh words.

#### ***Theme 1: Community Humanism towards people with mental disorders***

##### ***No negative feedback***

Mr. U and Mrs. H stated that they had never encountered negative responses from the community, as Mr. D was not perceived as a danger to the surrounding environment.

##### ***There is no worry of stigma from society***

Mr. U and Mrs. H stated that they had never witnessed or heard of any acts of discrimination from society toward their family members. They believed this was because their family member with a mental disorder was not perceived as dangerous or disruptive.

##### ***No special call***

Mrs. H stated that she had never heard of any specific labeling or derogatory remarks directed at her younger brother with a mental disorder. She added that the local community accepts her brother's presence, as he is neither harmful nor disruptive to the neighborhood.

#### ***Theme 2: Family anxiety in caring for people with mental disorders***

##### ***Family worry about family members who experience mental disorders***

Mr. U expressed that he was not concerned about receiving negative responses from the public. However, his main worry was about who would care for his child after his passing. Meanwhile, Mrs. H shared her concerns as an older sibling, stating that she often worried about her younger brother with a mental disorder, especially when he was away, fearing

that he might get lost and not find his way back home.

**Sad feeling**

Mr. U expressed sadness over the fact that, despite undergoing therapy and treatment for seven years, his child has not recovered. This prolonged situation has also nearly depleted his financial resources, and his child now exhibits behavior similar to that of a baby. Additionally, Mr. U shared that having a child with a mental disorder has been a significant obstacle preventing him from remarrying.

**Theme 3: Alternative medicine for treating ODGJ**

**How to get treatment**

Mr. U and Mrs. H shared that they had tried various treatment methods in different places to help Mr. D. These included consulting a paranormal practitioner, undergoing *ruqyah*

(spiritual healing), seeking medical treatment from doctors, and admitting him to a psychiatric hospital (RSJ).

**Barriers to treatment**

Mr. U said that when he was at the hospital, he sometimes went on a rampage and injured hospital employees, to the point where he was even refused admission in one of the hospitals. Apart from that, there are obstacles to the cost of treatment because it is very expensive and now his wealth is almost gone.

**Explanation of the child's condition**

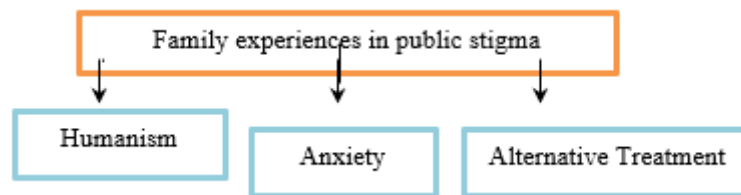
Mr. U revealed that while his son was hospitalized, there were incidents where he went on a rampage and injured hospital staff, leading to one hospital refusing to admit him. Additionally, the high cost of treatment has posed a significant challenge, nearly depleting Mr. U's financial resources.

**Table 1 Content analysis table**

<b>Coding</b>	<b>Categories</b>	<b>Theme</b>
1. Not annoying 2. No special call 3. There is no negative response 4. There is no negative treatment from society 5. No rejection	No negative behaviour  There is no negative response from the community towards people with mental disorders or their family members	Community Humanism towards mental disorders
1. Who will take care of the child? 2. Play away 3. Worried about getting lost 4. Worried about not coming home 5. No worries about negative feedback 6. Sad when he dies 7. Wealth runs out	- Family worry about family members who experience mental disorders - family feelings of sadness	Family anxiety in caring for people with mental disorders
1. Psychics 2. Ruqyah 3. Doctor 4. Hospital costs are large 5. Rejected at the hospital 6. Tantrums when seeking treatment	The treatment method does not cure - Wealth has run out	Alternative treatment for people with disorders

Source: Primary Data, June 2024

## Theme



Based on the interviews conducted with two family members, three key themes were identified through the content analysis process:

1. **Humanism:** This theme reflects how empathy and human values shape the family's experience in addressing public stigma. It includes factors such as social support, positive community attitudes, and societal acceptance toward individuals with mental disorders.
2. **Anxiety:** This theme captures the feelings of worry and concern faced by the family. These emotions stem from challenges in the healing process, including financial burdens for medical treatment, the family's reputation, and the emotional toll on family members.
3. **Alternative Treatment:** This theme highlights the family's efforts to explore and rely on alternative treatments as a strategy to manage their experience and address societal stigma. This includes methods like spiritual healing, consulting paranormals, or seeking care outside conventional medical practices.

## DISCUSSION

### **Community Humanism towards people with mental disorders**

Humanism is derived from the word "human," which is then suffixed with "ism" to signify an ideology or belief system. In English, "human" refers to a person, and the term "humane" has emerged from it, meaning kind and compassionate. Families in this study shared that their members with mental disorders had not encountered negative behavior or responses from society, as they were perceived as neither dangerous nor harmful to the surrounding environment.

Previous research Ibad et al., (2021), which utilized the Community Attitude Towards the Mentally Ill (CAMI) framework, identified

authoritarianism as one of the prevalent forms of stigma. This perspective portrays individuals with mental disorders as a threat requiring special care. Thus, the interview findings align with earlier research suggesting that stigma often arises from the perception that individuals with mental disorders pose a threat to the community.

The interviews revealed that families did not observe negative societal behaviors toward individuals with mental disorders. Consequently, this study highlights the theme of societal humanism toward people with mental disorders. Humanism in this context refers to an approach that emphasizes respect for the well-being and dignity of individuals with mental disorders. This is consistent with findings by (Hanifah et al., 2021), which showed that benevolence is a predominant societal response to individuals with mental disorders. Research conducted by Sitinjak et al., (2023) suggests that societal stigma toward individuals with mental disorders often manifests in avoidance or exclusion, viewing them as a threat. However, families noted that such attitudes were absent in their communities. Studies indicate that high levels of stigma can negatively affect mental health services and caregiving, slowing recovery and increasing the risk of relapse. Conversely, communities with low stigma tend to demonstrate more positive interactions with individuals with mental disorders. These findings underline the critical need for reducing public stigma toward mental disorders. Lowering stigma not only fosters better societal interactions but also enhances access to healthcare services and support for individuals with mental disorders and their families, contributing to improved recovery outcomes.

### **Family anxiety in caring for People With Mental Disorders**

Public stigma refers to the negative attitudes held by society towards individuals perceived

as inferior or worse, often due to their mental health conditions. The presence or absence of such stigma within the community plays a significant role in the healing process and the psychological well-being of families caring for individuals with mental disorders. The findings from the interviews in this study suggest that families did not express concern about public stigma; rather, their anxiety stemmed from their loved ones' lack of improvement due to several factors, including the challenges in the treatment process and the behaviors exhibited by individuals with mental disorders. As a result, the families' worries and feelings of sadness were seen as obstacles to the healing process, not societal stigma.

The emotional experiences of the families—especially the feelings of anxiety and concern—reflect a deep sense of care and responsibility. Families showed exceptional attention to their loved ones, offering emotional support, which includes accepting the condition of family members with mental disorders. This acceptance and support play a crucial role in reducing the feelings of differentiation between those with mental disorders and other family members. The positive effect of this support can be seen in the absence of stigma from the wider community and in the family members' continued care within the home environment, suggesting that the family provides a protective and supportive space for the individual.

This finding is consistent with research by Dewi et al. (2021), which identified the importance of social support, particularly emotional support, in the healing process of individuals with mental disorders. Emotional support, as provided by families, significantly contributes to progress and positive change in those with mental disorders. It also helps reduce stigma, improve the quality of life for the individuals, and promote a healthier social environment. The emotional support given by families has a ripple effect, not only benefiting the individuals directly but also positively influencing the broader community by reducing stigma. Therefore, fostering emotional support is vital for the healing process, and continued efforts to enhance this

support system are necessary. This approach not only benefits the individual with mental disorders but also aids in combating societal stigma, improving the overall well-being of both the individual and their family.

#### **Alternative treatment for people with mental disorders family members**

Caring for individuals with mental disorders often involves exploring various treatments to enhance their well-being and quality of life. However, interviews in this study reveal that despite these efforts, significant obstacles hinder recovery. These challenges include public stigma, unsupportive environments, limited financial resources, insufficient social support, and a lack of education and awareness. These factors can greatly impact the healing process and shape societal perceptions and treatment of individuals with mental disorders.

The research findings suggest that, in addition to public stigma, families face challenges due to these obstacles, which impede the treatment process. The longer an individual with mental disorders goes without effective treatment, the higher the risk of encountering negative societal attitudes and discrimination. This extended period without improvement may exacerbate feelings of isolation or marginalization for both the individual and their family, leading to further stigmatization from the surrounding community. This observation aligns with research by Dewi et al. (2021), which addresses the difficulties people with mental disorders face, particularly when it comes to financing their own treatment. The inability to afford necessary treatments or therapies can prolong the condition and hinder progress, further perpetuating stigma and making it harder for individuals to reintegrate productively into society.

Overall, this highlights the importance of addressing not only the clinical aspects of treatment but also the broader social, financial, and environmental factors that play a significant role in the healing process. Providing adequate support and reducing societal stigma are critical steps in ensuring that individuals with mental disorders can receive the care they need and lead fulfilling lives.

## CONCLUSION

Although there is no public stigma towards individuals with mental disorders in the Pasirwaru area of Balubur Limbangan District, Garut Regency, as they are not seen as a threat to society, families still experience worry and sadness. This is due to the fact that their family members have not fully recovered and face obstacles in the treatment process. Despite the absence of significant public stigma, families still face emotional challenges in coping with the conditions of their loved ones with mental disorders.

## Acknowledgment

We extend our gratitude to all participants for their involvement in this study.

## Conflict of interest

All authors declare no conflict of interest.

## REFERENCE

- Asti, A. D., Sarifudin, S., & Agustin, I. M. (2016). Public stigma terhadap orang dengan gangguan jiwa di Kabupaten Kebumen. *Jurnal Ilmiah Kesehatan Keperawatan*, 12(3), 176–188. <https://doi.org/10.26753/jikk.v12i3.166>
- Danukusumah, F., & Shalahuddin, I. (2022). Jurnal Ilmu Kesehatan Masyarakat. *Jurnal Ilmu Kesehatan Masyarakat*, 11, 205–212.
- Dewi, O. I. P., & Nurchayati. (2021). Peran dukungan sosial keluarga dalam proses penyembuhan orang dengan gangguan jiwa (ODGJ). *Character: Jurnal Penelitian Psikologi Proses*, 8(1), 99–111.
- Ekayamti, E. (2020). Gambaran stigma masyarakat terhadap orang dengan gangguan jiwa di wilayah kerja Puskesmas Geneng. *Jurnal*, 7(1), 29–35. <http://jurnal.akperngawi.ac.id>
- Hanifah, A. D., & Sumarsih, T. (2021). Stigma masyarakat dan konsep diri keluarga terhadap orang dengan gangguan jiwa. *Jurnal*, (tanpa volume), 14–23.
- Kementerian Kesehatan Republik Indonesia. (2018). *Riset kesehatan dasar (Riskesdas) 2018*. Badan Penelitian dan Pengembangan Kesehatan, Kementerian Kesehatan RI.
- Mane, G., Kuwa, M. K. R., Sulastien, H., Sikka, K., Tenggara, N., Kesehatan, F. I., Nahdlatul, U., Mataram, W., & Mataram, K. (2022). Gambaran stigma masyarakat pada orang dengan gangguan jiwa (ODGJ). *Jurnal*, 10(1), 185–192.
- Pangandaheng, N. D., Medea, G. P., Hinonaung, J. S. H., & Mahihody, A. J. (2023). Pengalaman keluarga menghadapi stigma masyarakat pada penderita gangguan jiwa. *Jurnal Ilmiah Sesebanua*, 7(1), 15–22.
- Reong, A. R., Mane, G., Wega, M. O., Wa'a, F. A. R., & Sulastien, H. (2023). Pengalaman keluarga dalam upaya penanganan dini merawat anggota keluarga dengan gangguan jiwa. *Jurnal Keperawatan*, 15, 151–162.
- Rosyidul 'Ibad, M., Fikri, Z., Arfianto, M. A., Nazarudin, A., Oktavia, I., & Putri, S. (2021). Stigma keluarga dalam merawat orang dengan gangguan jiwa di rumah. *JKJ: Persatuan Perawat Nasional Indonesia*, 9(3), 637–644.
- Sitinjak, N., Nompo, R. S., Jelatu, V. A., Said, F. I., & Arvia. (2023). Gambaran stigma masyarakat pada orang dengan gangguan jiwa (ODGJ) di Puskesmas Waibhu. *Jurnal Pendidikan dan Konseling*, 5(1), 4631–4637.
- Syahputra, K., Pardede, D. N., & Nababan, F. (2021). Determinan peningkatan orang dengan gangguan jiwa di Kota Langsa. *Jurnal*, 7(2), 1455–1469.