



SOCIAL STIGMA TOWARD MENTAL ILLNESS: MANIFESTATIONS IN SOCIETY AND BARRIERS TO RECOVERY

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Abstract

This study examines social stigma toward mental illness through a qualitative literature review, focusing on its manifestations and impact on recovery. Findings reveal that stigma operates as a multidimensional social system, appearing as negative stereotypes, prejudice, discrimination in employment and housing, and systemic exclusion. It is further reinforced by institutional stigma within healthcare, public policy, and media representations. The impact on recovery is profound; stigma delays help-seeking, undermines treatment adherence, and destroys vital social support networks. A critical consequence is "internalized stigma," which erodes self-esteem and disrupts the identity narratives essential for healing. Furthermore, intersectionality exacerbates these burdens for marginalized groups, while resource misallocation leaves mental health systems underfunded. Conversely, inclusive and empowering communities act as vital protective factors that facilitate successful reintegration. Theoretically, stigma must be understood as a structural issue rather than a mere individual attitude. Practically, the study emphasizes that eradicating stigma through integrated policy changes, professional competence, and accurate media representation is not an auxiliary task but a fundamental prerequisite for successful recovery and social justice.

Keywords: social stigma, mental illness, mental disorder, discrimination, exclusion, recovery, mental health.

Introduction

Mental illness has become one of the most significant health issues in the contemporary world; however, ironically, the heaviest burden borne by individuals with mental disorders often stems not from the symptoms of the illness itself, but from the accompanying social response. Social stigma toward mental illness is a reality experienced by millions of people worldwide, creating an additional layer of suffering that transcends medical distress. In daily experience, someone diagnosed with a mental disorder not only struggles against the voices in their head or exhausting emotional turmoil but must also face suspicious glares, gossip behind their back, job rejection, and exclusion from their social environment. This demonstrates how vital it is for us to possess a broader perspective from a psychological standpoint in facing rapid changes within society (Darmawan et al., 2021). This experience is often described as "internalized stigma," where negative messages from society gradually seep in to become self-beliefs that they are indeed worthless, dangerous, or unworthy of love. The double burden of illness symptoms and social stigma creates a difficult-to-break vicious cycle: stigma causes isolation, isolation worsens mental conditions, and worsening mental conditions reinforce the stigma (Li, 2020). In this context, understanding how stigma is formed, how it is manifested in social interactions, and its impact on an individual's life becomes crucial for comprehensive recovery efforts.

Stigma toward mental illness is rooted in fear and ignorance that have been embedded in the long history of human civilization (Rüsch et al., 2011). Since ancient times, mental disorders were often interpreted as demonic possession, punishment for sins, or moral weaknesses that should be overcome with willpower. These interpretations are not only medically erroneous but also carry severe social consequences for those experiencing them. They were placed in isolation institutions, alienated from the community, and treated in ways that demeaned their human dignity. This problem is often exacerbated by living environment conditions that tend to separate certain social groups based on their social or economic status (Fauzi, 2021). Although medical understanding of mental illness has advanced rapidly over the past two centuries, remnants of these ancient interpretations persist in the collective consciousness of society. Stereotypes of people with mental disorders as dangerous, unpredictable,

or incompetent continue to be reproduced through media, entertainment, and even everyday conversation. The challenge of maintaining human values and good traditions amidst the pressures of fast-paced modern life has indeed become a distinct issue for today's society (Amri & Khayru, 2022). In the experience of many, when they disclose a mental disorder diagnosis, the response they receive is often still overshadowed by these ancient assumptions, regardless of the scientific progress achieved. The gap between medical knowledge and public understanding becomes the crevice where stigma continues to breed.

Mass media and popular culture play a very significant role in shaping and reinforcing stigma toward mental illness (Maier et al., 2014). Films, television shows, and news often portray characters with mental disorders as cruel villains, as pathetic victims without agency, or as punchlines exploited for comedy. This sensationalized and inaccurate portrayal not only provides misinformation to the public but also creates a very strong association between mental illness and danger. In fact, our primary focus should be building awareness of mental health from an early age for the sake of a better future generation (Aisyah & Issalillah, 2022). When a news report about violence mentions that the perpetrator has a history of mental disorder, readers subconsciously make a false correlation between mental illness and violence, despite statistics showing that individuals with mental disorders are far more likely to be victims of violence than perpetrators. Social media exacerbates this dynamic by providing a platform where stigma can spread quickly and without filters. On the other hand, the fulfillment of healthy and safe basic needs also influences our overall physical and mental well-being (Issalillah et al., 2022). Humiliating comments, mocking memes, and generalizing discussions about "crazy people" become daily public consumption, reinforcing existing stereotypes and creating an environment where the suffering of millions is reduced to a joke. In the experience of living in the digital era, individuals with mental disorders must face not only stigma in direct interaction but also constant symbolic attacks from the screens they see every day.

The impact of stigma on individuals with mental illness is vast and destructive, extending beyond the direct effects of social rejection (Brockmyer, 2016). Stigma hinders help-seeking because of the fear of the

label that will be attached to them. Someone experiencing symptoms of depression may choose to suffer in silence rather than go to a psychiatrist for fear of being called "crazy" by neighbors or coworkers. This condition indicates that feelings of anxiety and fear often arise when someone faces difficult situations in their life (Issalillah & Khayru, 2022). When help is finally sought, it is often already in a very severe condition, worsening the prognosis and complicating recovery. Stigma also damages social relationships, with families who may distance themselves out of shame, friends who disappear because they do not know how to behave, and partners who end relationships for fear of the burden to be borne. In the workplace, stigma leads to discrimination in recruitment, promotion, and retention. In fact, the comfort and well-being of every individual in the work environment greatly influence the results achieved by an organization (Gautama et al., 2021). Many competent and productive individuals with mental disorders lose their jobs or never get a fair opportunity due to false assumptions about their abilities. Most devastatingly, stigma can be internalized into negative self-beliefs. After years of hearing that they are dangerous, incompetent, or unworthy, individuals begin to believe it, developing deep shame and feeling that they indeed deserve the poor treatment they receive. This internalization of stigma becomes the greatest barrier to recovery, as individuals lose faith in their own ability to heal and lead a meaningful life.

Stigma toward mental illness is not experienced uniformly by all individuals; it intersects with other forms of discrimination, creating unique experiences for those at the crossroads of various stigmatized identities (Oexle & Corrigan, 2018). A woman with a mental disorder may face a double stigma from sexism and ableism, where she is deemed incompetent not only because of her mental illness but also because of her gender. Someone from an ethnic minority group might face the assumption that their mental disorder is a "white person's disease," leading them to be considered weak or unworthy of help. We must also remember that other vulnerable groups, such as the elderly, often face mental pressure influenced by various factors in their environment (Issalillah & Aisyah, 2022). Someone from a lower economic class may face not only stigma but also an inability to access quality mental health services, worsening the cycle of poverty and illness. Living at these intersections

shows that stigma never stands alone; it is always linked to broader structures of power and inequality within society. Individuals already marginalized by social systems tend to be more vulnerable to stigma and have fewer resources to combat it. An understanding of this intersectionality is vital to avoid overly homogenous approaches to stigma, which may only be relevant to dominant groups while ignoring the experiences of those most marginalized. In this context, efforts to address stigma must consider how various forms of discrimination are interrelated and reinforce one another.

In contemporary society, there is a significant gap between the advancement of medical knowledge regarding mental illness and public understanding, which is still overshadowed by myths and stereotypes (Hinshaw, 2006). On one hand, medical science and psychology have made extraordinary progress in understanding the biological, psychological, and social mechanisms of mental disorders, developing effective interventions, and demonstrating that recovery is possible. On the other hand, this knowledge has not yet permeated the collective consciousness of society. Therefore, fairer rules or policies are needed so that society can keep up with the times in a better way (Halizah & Mardikaningsih, 2022). Many people still believe that depression is the result of a character flaw, that schizophrenia means having a dangerous split personality, or that anxiety disorders are merely a matter of "lack of gratitude." This gap between scientific knowledge and public understanding creates a space where stigma thrives. More problematically, even among health professionals, stigma can still be found. Research shows that health workers themselves sometimes exhibit stigmatizing attitudes toward patients with mental disorders, treating them differently than patients with other medical conditions. When those who should be the last refuge instead reinforce stigma, the message received by society is that there is indeed something very wrong and shameful about mental illness. This problem is exacerbated by health systems that often separate mental health services from general health services, physically and symbolically affirming that mental illness is something different something that needs to be hidden.

Another equally complex problem relates to how public policies and legal systems often inadvertently reinforce the stigma against mental illness

(Corrigan et al., 2014). Regulations designed to protect society from the "dangers" posed by individuals with mental disorders are often based on flawed assumptions regarding the link between mental illness and violence. Policies that mandate the reporting of diagnoses to certain authorities, restrictions on civil rights, or forced placement in institutions without adequate legal process not only violate human rights but also send the message that individuals with mental disorders are second-class citizens who cannot be trusted to care for themselves. This certainly poses a major challenge in efforts to build togetherness and a sense of mutual care in increasingly dense urban environments (Mardikaningsih, 2021). In the workplace, despite the existence of anti-discrimination laws, discriminatory practices against individuals with a history of mental disorders remain rampant. Many people choose not to disclose their conditions for fear of losing their jobs or never being hired, which in turn reinforces the cycle of isolation and poverty. In the education system, children with mental disorders are often expelled or placed in separate special classes, reinforcing the message that they are not worthy of the same education as other children. When social institutions that should protect and empower instead become agents that reinforce stigma, individuals with mental disorders face systemic barriers that go far beyond everyday interpersonal interactions.

The study of social stigma toward mental illness becomes highly relevant alongside the increasing global awareness of the ongoing mental health crisis. Data from various countries show an increase in the prevalence of mental disorders, especially among the younger generation, exacerbated by economic pressure, social isolation, and the uncertainty sweeping the contemporary world. One factor that significantly influences the psychological condition of young people today is the way they interact in the digital world, which sometimes triggers excessive anxiety (Khayru & Issalillah, 2022). The COVID-19 pandemic, for example, not only caused an increase in cases of depression and anxiety but also worsened stigma because mental illness was often not considered a "priority" in an already overwhelmed health system. Amidst the increasing need for mental health services, stigma remains a major barrier preventing people from seeking help. Furthermore, support and harmony within the family also play a vital role so that every family member feels emotionally secure (Sulistyo, 2022).

Without an adequate understanding of how stigma works and its impact on individuals and society, efforts to increase access to mental health services will continue to be hindered. People may not utilize available services for fear of the label that will be attached to them. Thus, addressing stigma is not an additional issue on the mental health agenda, but a fundamental prerequisite for the overall success of mental health efforts.

The importance of this study is also driven by a paradigm shift in the approach to mental health, moving from a model focused on symptoms and treatment toward a model that emphasizes recovery and empowerment. The recovery model recognizes that the primary goal of mental health interventions is not merely to eliminate symptoms, but to help individuals lead meaningful lives according to their own choices, regardless of the presence or absence of symptoms. In this model, stigma becomes a central focus because it is a primary barrier to recovery. While the freedom of every person to determine their own life is important, we must also remember the social responsibility to help one another (Saputra & Darmawan, 2021). Stigma robs individuals of opportunities to work, have satisfying relationships, and participate fully in community life. Even when symptoms are under control, stigma can continue to haunt, limiting life choices and damaging self-esteem. Understanding how stigma operates and its impact on recovery is key to developing interventions that not only address symptoms but also support individuals in building meaningful lives. Without this understanding, recovery efforts will be narrowly focused on clinical aspects, ignoring the social dimensions that are often just as important, if not more so, for the well-being of individuals with mental disorders.

This research aims to systematically analyze the phenomenon of social stigma toward mental illness, focusing on two main dimensions: the manifestation of stigma in the form of views, treatment, and exclusion by society, as well as the impact of stigma on the recovery process of individuals with mental disorders. The theoretical contribution of this research is to formulate a conceptual framework that maps the mechanisms of stigma formation, the way stigma is manifested in social interactions, and the process of stigma internalization that inhibits recovery, as well as identifying factors that strengthen or weaken the impact of stigma on individuals. Practically, the results of this study are expected

to provide a better understanding for health professionals, policymakers, educators, and the wider community regarding the importance of addressing stigma as an integral part of mental health efforts, as well as strategies that can be developed to reduce stigma and support the recovery of individuals with mental disorders. This research is also expected to serve as a foundation for the development of evidence-based anti-stigma interventions that are sensitive to diverse socio-cultural contexts.

Method

This research utilizes a library research design with a qualitative approach aimed at exploring and synthesizing various theoretical perspectives and empirical findings regarding the social stigma toward mental illness. The selection of this method is based on the characteristics of the topic, which requires an in-depth investigation of concepts that have evolved within social psychology, health sociology, and public policy studies. As explained by Neuman (2011), qualitative research in the form of a literature study allows researchers to understand social phenomena through the interpretation of existing texts without having to conduct primary data collection. In this study, the primary data sources are academic books, peer-reviewed journal articles, and research reports discussing stigma, mental illness, discrimination, and recovery. The data collection process was carried out through systematic searches of academic databases using a combination of relevant keywords. Each identified source was then evaluated for credibility through an assessment of the publisher's reputation, the methodology used, and the consistency of arguments with findings from other reputable sources. This systematic approach follows the principles outlined by Booth et al. (2012), stating that a quality literature study requires careful planning, comprehensive searching, and critical evaluation of every source used.

Data analysis in this study employs a thematic analysis approach, which allows researchers to identify recurring patterns in the literature and organize them into meaningful themes. The analysis process was conducted by following the procedures described by Miles et al. (2014), which include three streams of activity: data reduction, data display, and conclusion drawing. The data reduction stage began with open coding of all collected bibliographic materials, followed by grouping codes with

similar meanings into more abstract categories. The data display stage was carried out in the form of matrices and narratives that organize findings based on the main themes identified. The conclusion drawing stage was performed through repeated verification of the findings obtained, by comparing and contrasting various perspectives from different literatures. This approach allows the researcher not only to summarize what other authors have written but also to perform a critical synthesis that generates new understanding of the dynamics of stigma toward mental illness. To maintain the validity of the findings, this study applies a source triangulation strategy by comparing findings from literature with diverse disciplinary backgrounds, theoretical traditions, and geographical contexts. Additionally, the researcher conducted searches for literature with different or conflicting perspectives to ensure that the resulting conclusions were not biased due to an overly narrow selection of sources. The entire analysis process was systematically documented so that every step can be traced back by other researchers wishing to conduct verification or replication.

Result and Discussion

Manifestations of Social Stigma Toward Mental Illness in Society

Social stigma toward mental illness manifests primarily in the form of negative stereotypes deeply rooted in the collective consciousness of society. These stereotypes encompass beliefs that individuals with mental disorders are dangerous and unpredictable, that they are incompetent to make their own decisions, that they are morally or characteristically weak, and that mental illness is a punishment for sin or personal failure. In a world full of various potential natural resources that could actually provide benefits to our lives, it is very unfortunate if our perspective toward fellow human beings is still limited to negative labels (Darmawan et al., 2021). In daily experience, these stereotypes appear in various forms: informal conversations using the word "crazy" as a slur, news reports linking violence to mental illness, or films portraying characters with mental disorders as psychopathic killers. Although not everyone consciously believes these stereotypes, their constant presence in popular culture and public discourse creates a background that influences how people react when faced directly with an individual who has a mental disorder diagnosis. A

person with schizophrenia, for example, may be treated with unwarranted fear by neighbors who know the diagnosis, even if they have never exhibited any violent behavior (Holley et al., 2012). Someone with severe depression may be considered lazy or ungrateful by their family, who assume that they should be able to "snap out of it" if they truly wanted to. These stereotypes function as labels affixed to individuals, reducing them from complex, whole human beings to a mere category of "crazy people" that is seen as homogenous and dangerous.

The manifestation of stigma is also visible in the form of prejudice, namely the negative attitudes and emotional responses that arise as a result of stereotypes (Herek, 2015). Prejudice toward individuals with mental disorders includes feelings of fear, disgust, anger, or condescension. Furthermore, we also need to realize that the use of current communication technology often influences feelings of anxiety or restlessness within an individual (Aisyah & Issalillah, 2021). In social interactions, this prejudice is manifested in the form of avoidance: people crossing to the opposite side of the street when they see someone who appears to have a mental disorder, parents forbidding their children from playing with friends whose families have a member with a mental disorder, or companies rejecting job applications from candidates who list a mental health history on application forms. Prejudice also appears in the form of condescending paternalistic attitudes, where people treat individuals with mental disorders as if they are children incapable of making their own decisions, ignoring their right to determine their own lives. The experience of many people with mental disorders is that they are constantly faced with the assumption that they do not know what is best for themselves, that their decisions cannot be trusted, and that others know better what they should do. This prejudice is not only emotionally painful but also strips away the autonomy and dignity that is the right of every human being.

The most tangible manifestation of stigma is discrimination, which refers to behaviors that actively disadvantage individuals based on existing stereotypes and prejudices (Mohtashami, 2018). Discrimination against individuals with mental disorders occurs in various spheres of life. In the workplace, discrimination manifests as the rejection of job applications, termination of employment once a diagnosis is known, or the denial of promotions even when performance meets the requirements. Therefore,

every organization or institution urgently needs appropriate ways to face difficult times to ensure they continue to function well (Arifin & Darmawan, 2022). Many competent and productive individuals with mental disorders choose not to disclose their conditions for fear of losing their jobs, which in turn forces them to hide important aspects of their identity and lose access to accommodations that might help them work more effectively. In the realm of housing, discrimination occurs when landlords refuse to rent to individuals with mental disorders, or when communities oppose the construction of mental health facilities in their neighborhoods on the grounds that it will lower property values or threaten security. In fact, every layer of society, especially those who are marginalized, has the same right to live in a clean and healthy environment (Issalillah & Mardikaningsih, 2022). In the healthcare sector, discrimination happens when health workers provide different treatment to patients with mental disorders compared to patients with other medical conditions, or when patients with mental disorders do not receive adequate care due to the assumption that their physical symptoms are "only in their minds." The accumulation of discrimination across these various domains creates systemic barriers that make it difficult for individuals with mental disorders to participate fully in society.

The manifestation of stigma also occurs in the form of social exclusion, where individuals with mental disorders are systematically excluded from participation in normal social life (Liamputtong & Rice, 2021). This exclusion can happen explicitly, such as when someone is not invited to family events or community meetings because of their diagnosis, or implicitly, such as when people subtly avoid contact, do not initiate conversation, or show discomfort that makes the individual with a mental disorder feel unwanted. This certainly demands the role of the government or public service providers to be able to provide sincere services that side with the interests of the general public (Rojak, 2021). In the experience of many people with mental disorders, this exclusion is often more painful than explicit discrimination because it robs them of the basic human need for connection and a sense of belonging. They may still have family and friends, but those relationships become cold and shallow because others do not know how to behave. They may still go to work or school but feel isolated because no one truly wants to

interact with them. This exclusion creates a vicious cycle: social isolation worsens the symptoms of the mental disorder, and worsening symptoms make people move further away, leaving the individual increasingly trapped in loneliness and despair. In this context, exclusion is not merely a consequence of stigma but is the primary mechanism through which stigma causes the most profound damage.

Stigma is also manifested in the form of internalization, where individuals with mental disorders begin to accept negative stereotypes about themselves and apply them to their own lives (Rüsch et al., 2011). The process of internalization begins when a person repeatedly hears messages that they are dangerous, incompetent, or worthless, and lacks enough alternative experiences to counterbalance those messages. Furthermore, the views of people around regarding domestic violence issues also often have a major impact on the mental health of the victims (Issalillah & Khayru, 2021). Gradually, they begin to believe that there is indeed something wrong with them, that they truly deserve to be treated poorly, and that they are not worthy of being loved or respected. In the experience of many people with mental disorders, this internalized stigma becomes the greatest barrier to recovery. They may not want to seek help because they feel they are not worthy of being helped. They may reject job opportunities because they feel they will not be able to perform well. They may withdraw from relationships because they feel they will only be a burden to others. In fact, joining a group or community with similar interests can be a good way to build social networks in urban areas (Rejeki, 2021). Internalized stigma also leads to what is called "secret stigma," where individuals hide their diagnosis from others out of deep shame, living in fear that their identity will be exposed and losing the chance to get the support they need. This internalization process shows that stigma does not only come from the outside but has seeped in to become part of how individuals view themselves, creating a wound that is very deep and difficult to heal.

The manifestation of stigma within the healthcare system is a highly problematic dimension because it occurs in the very place that should serve as a sanctuary and a site for recovery (Stangl et al., 2019). In many health systems, mental health services are physically and administratively separated from general health services, creating a symbolic message that

mental illness is something different, something that cannot be handled alongside other physical illnesses. The involvement of local communities in protecting the environment and natural wealth can also serve as an example of how good cooperation is greatly needed (Nurmalasari & Nuraini, 2021). In interactions with healthcare professionals, patients with mental disorders often experience what is known as "structural stigma": they are treated differently, listened to with less seriousness, and provided with less information compared to patients with other medical conditions. Research shows that even among health professionals, stigmatizing attitudes toward patients with mental disorders exist, including assumptions that they are more difficult to work with, more manipulative, or merely attention-seeking. In the experience of many patients, they feel that their physical complaints are often ignored and dismissed as "just symptoms of anxiety," resulting in them not receiving adequate treatment for actual medical conditions. Healthcare workers may also exhibit condescending attitudes, speaking to patients as if they are children, or talking about patients in front of them as if they are not there. This is certainly related to how a rule is created to ensure welfare for the entire community (Rizky & Udjari, 2021). The manifestation of stigma within the healthcare system is deeply damaging because it destroys the trust that should be the foundation of a therapeutic relationship and makes individuals reluctant to seek help again when they need it.

Stigma toward mental illness is also manifested in public policy and the legal system, often in ways that are unrecognized by policymakers (Pescosolido, 2013). Regulations designed to "protect" society from the dangers posed by individuals with mental disorders are often based on erroneous assumptions about the link between mental illness and violence. Therefore, it is very important for us to continue upholding the principles of justice and ethics in providing legal aid to anyone (Saktiawan et al., 2021). Policies that mandate the reporting of diagnoses to certain authorities, restrictions on civil rights such as the right to vote or the right to hold a driver's license, or forced placement in institutions without adequate legal process send a message that individuals with mental disorders are second-class citizens who cannot be trusted. In a democratic life, every citizen should have the same opportunity to participate in determining the future of their nation (Rojak et al., 2021).

Within the criminal justice system, individuals with mental disorders are often treated in a vastly different manner: they are more likely to be detained than to receive treatment, more likely to be imprisoned than to receive interventions appropriate to their condition, and more likely to experience violence within the correctional system. The manifestation of stigma in public policy not only violates human rights but also reinforces the message that individuals with mental disorders are threats to be controlled, rather than citizens in need of support to recover. In the experience of many individuals, the system that should protect them instead becomes a source of additional trauma, creating wounds that further worsen their condition.

Mass media and digital technology have become significant new arenas for the manifestation of stigma toward mental illness (Rüsch & Xu, 2017). Portrayals of mental illness in films, television shows, and news are often highly sensationalized and inaccurate, creating strong associations between mental disorders and violence, malice, or incompetence. In many horror films, for example, villains are depicted as having a history of mental disorders that serves as the cause of their cruel behavior. In the news, when violence occurs, the perpetrator's mental health background is often highlighted excessively, creating a false correlation even though statistics show that individuals with mental disorders are far more likely to be victims of violence than the perpetrators. Social media exacerbates this dynamic by providing a platform where stigma can be spread rapidly and without filters. Memes mocking people with mental disorders, demeaning comments on mental health posts, and discussions that generalize about "crazy people" become everyday public consumption. Digital platform algorithms can also amplify sensationalized and stigmatizing content because such content tends to garner more engagement. In the life experience of the digital era, individuals with mental disorders must face not only stigma in direct interactions but also constant symbolic attacks from the screens they see every day. Many choose not to follow the news or social media because of trauma-triggering content, or they isolate themselves from a digital world that should be a space to connect with others.

Stigma toward mental illness is also manifested in the form of different stereotypes based on the type of diagnosis, creating a hierarchy of

stigma among various mental disorders (Hazell et al., 2022). Disorders such as depression and anxiety may be more "accepted" because they are considered more common and less "frightening," while disorders such as schizophrenia, bipolar disorder, or personality disorders face a much heavier stigma due to associations with violence and instability. In the experience of individuals with more stigmatized diagnoses, they often choose not to disclose their specific diagnosis, merely stating they have "mental health issues" without elaborating. Even among survivors of mental disorders themselves, there is an internalization of this hierarchy, where those with diagnoses considered "milder" may feel superior to those with diagnoses considered "heavier." This hierarchy of stigma also influences the allocation of resources: disorders that are more "accepted" tend to receive more attention and funding, while more stigmatized disorders are often neglected. This manifestation shows that stigma is not monolithic; it has complex gradations and nuances, and understanding these nuances is important for developing targeted interventions. Individuals with the most stigmatized diagnoses face a double burden: not only must they fight against symptoms that may be more severe, but they also face more intense stigma from society and even from the mental health community itself.

The Influence of Social Stigma on the Recovery Process of Individuals with Mental Disorders

Social stigma has a very significant impact on the recovery process of individuals with mental disorders, starting with the inhibition of access to mental health services (Avdibegović & Hasanović, 2017). The fear of the label that will be attached to them once a diagnosis is known causes many people to choose not to seek help at all. Someone experiencing symptoms of severe depression may suffer in silence for years, refusing to visit a psychiatrist or psychologist for fear of being called "crazy" by neighbors or coworkers. This is actually related to how a rule or policy should be able to balance economic, social, and environmental needs so that everyone feels protected (Mardikaningsih & Hariani, 2021). When help is finally sought, it is often already in a very severe condition, worsening the prognosis and complicating recovery. Even after someone decides to seek help, stigma can hinder the continuity of treatment. Many individuals who

start treatment stop after some time because they do not want others to see them carrying medication, or because they fear that dependency on medication will reinforce the stereotype that they are weak. In the experience of many patients, they live in tension between the need to undergo consistent treatment and the desire to hide their condition from others. This internal conflict drains energy that should be used for recovery and often leads to the decision to stop treatment, which in turn causes relapse and deeper despair.

Stigma also damages the therapeutic relationship between patients and health professionals, which is a vital foundation for recovery (Gunasekaran et al., 2022). When patients feel that healthcare workers view them with a condescending attitude or do not trust them, the trust necessary for the therapeutic process becomes difficult to build. In fact, the quality of good service greatly determines whether a patient feels satisfied and comfortable while seeking treatment at a health facility (Khayru & Issalillah, 2022). The experience of many patients is that they are treated differently from patients with other medical conditions: their complaints are not listened to seriously, decisions about treatment are made without involving them, and they are spoken to as if they lack the capacity to understand their own condition. This treatment is not only emotionally painful but also undermines the effectiveness of interventions. Patients who do not feel respected tend to be less compliant with treatment, less open in disclosing the symptoms they experience, and less motivated to be actively involved in the recovery process. Furthermore, when patients experience stigma from the healthcare workers who should be their primary source of support, the message received is that there is indeed something very wrong and shameful about them, reinforcing existing internalized stigma. In this condition, the health system that should be a place of recovery instead becomes a source of additional trauma, creating wounds that worsen the patient's condition and make them reluctant to seek help again in the future.

The most damaging impact of stigma on recovery is the internalization of stigma, where individuals begin to accept negative stereotypes about themselves as truth (Oexle et al., 2018). This process begins when someone repeatedly hears messages that they are dangerous, incompetent, or worthless. Without strong enough alternative

experiences to counterbalance these messages, they gradually begin to believe that there is indeed something wrong with them, that they truly deserve to be treated poorly, and that they are not worthy of being loved or respected. Awareness from within oneself to do good things is also very important, just as it is important for us to maintain the preservation of nature around us (Nuraini et al., 2022). This internalization of stigma destroys the self-esteem and self-confidence that are urgently needed in the recovery process. Someone who feels they are worthless will not be motivated to strive for recovery because they feel they do not deserve to get better. They may reject job opportunities because they feel they will not be able to perform well, withdraw from relationships because they feel they will only be a burden to others, and neglect self-care because they feel they do not deserve to be cared for. In the experience of many survivors, the internalization of stigma becomes a barrier far more difficult to overcome than the symptoms of the illness itself. Symptoms may be manageable with medication and therapy, but the wounds left by the internalization of stigma require a very long time to heal and often necessitate intensive and consistent support.

Stigma also hinders recovery by damaging the social support networks that are vital to the healing process (Bjørlykhaug et al., 2022). Support from family, friends, and the community is one of the strongest protective factors in recovering from mental disorders. However, stigma causes many people with mental disorders to lose these support networks. Families may distance themselves out of shame or because they do not know how to behave. Friends may disappear because they feel uncomfortable or for fear of the stigma that might "rub off" on them. Communities may ostracize them, creating an environment where individuals with mental disorders feel unwanted and unaccepted. In this regard, the enforcement of rules and good environmental management are necessary so that all citizens feel safe and obtain their rights fairly (Nuraini et al., 2021). The loss of these support networks is deeply damaging because recovery requires not only medical intervention but also the basic human needs for connection, acceptance, and a sense of belonging. Without social support, individuals are more vulnerable to relapse, find it harder to maintain the motivation to undergo treatment, and are more likely to experience isolation that worsens symptoms. Furthermore, when

individuals lose support from those closest to them, the message received is that they are indeed unworthy of love, reinforcing existing internalized stigma. In this condition, the vicious cycle of stigma continues to rotate: stigma causes isolation, isolation worsens the condition, and the worsening condition reinforces the stigma.

The impact of stigma on recovery is also visible in the realms of employment and economics (Flanagan et al., 2017). The ability to work and be financially independent is a crucial component of recovery, providing a sense of meaning, purpose, and self-esteem. However, stigma leads to discrimination in employment that is very difficult to overcome. Many competent and productive individuals with mental disorders lose their jobs when their diagnosis becomes known, or never obtain jobs suited to their qualifications due to erroneous assumptions about their abilities. This certainly demands better policies so that health and justice for everyone can truly be prioritized (Issalillah, 2021). For those who manage to keep their jobs, they often have to live in constant fear that their identity will be uncovered, hiding an important aspect of themselves and being unable to access accommodations that might help them work more effectively. Losing a job or facing difficulty finding one not only causes financial hardship but also robs an individual of a source of meaning and identity that is vital for recovery. Someone who cannot work may feel they are useless, that they are merely a burden to their family and society, which in turn reinforces internalized stigma. In the long run, the inability to be financially independent also leads to prolonged dependence on family or welfare systems, which can reinforce feelings of helplessness and an inability to control one's own life. Thus, discrimination in employment is not just an issue of economic justice but also a fundamental mental health issue.

Stigma also affects recovery through its impact on identity and self-narrative (Kerr et al., 2020). Every individual builds a narrative about who they are—about the past, the present, and a possible future. Stigma damages this narrative by offering a very negative story: that mental illness is a disgrace that must be hidden, that individuals with mental disorders cannot achieve great things, and that the future will only be filled with suffering and limitations. To change such negative views, education and public awareness must continue to be increased so that more positive

behavioral changes occur (Gautama & Mardikaningsih, 2022). The narrative offered by stigma is very powerful because it is supported by constant messages from society, the media, and often even from those closest to the individual. To recover, individuals must fight this narrative and build an alternative, more empowering narrative about themselves. They must learn to see mental illness not as an identity that defines who they are, but as one aspect of their lives that can be managed. They must learn to see recovery not as returning to the state before the illness, but as a journey of finding new meaning and purpose. They must learn to see themselves not as helpless victims, but as warriors who have gone through difficult experiences and become stronger because of them. This process of rebuilding identity narratives is very difficult and takes time, but it is the heart of true recovery.

The impact of stigma also extends to the realm of policies and systems, affecting the allocation of resources for mental health services (Hampson et al., 2020). Because stigma causes mental illness to often not be considered a priority, funding for mental health services is frequently much lower compared to physical health services. Injustice issues like this often arise due to social structures that do not yet side with certain groups (Gani, 2022). In many countries, mental health systems lack adequate staff, facilities, and resources, so those seeking help must face long waiting lists, limited access, and inadequate quality of care (Thomas, 2017). Stigma also influences research priorities, with funding for mental health research often being far less than for research into physical illnesses with a comparable disease burden. In the experience of many people with mental disorders, they must fight not only against symptoms and stigma but also against a system that does not provide adequate resources for their recovery. These resource limitations exacerbate the impact of stigma, as individuals may be unable to access the interventions they need or may only access less effective ones. Furthermore, when the system fails to provide adequate services, the message received is that mental illness is indeed unimportant and that those experiencing it do not deserve serious attention, thereby reinforcing existing stigma.

The influence of stigma on recovery is also heavily influenced by the factor of intersectionality, where the stigma against mental illness intersects with other forms of discrimination, creating unique and often

heavier experiences (Corrigan et al., 2014). A woman with a mental disorder may face a double stigma from sexism and ableism, where she is deemed incompetent not only because of her mental illness but also because of her gender. This bitter reality is often experienced by low-income communities who feel increasingly marginalized amidst changes in the urban environment (Fauzi, 2022). Someone from an ethnic minority group might face the assumption that their mental disorder is a "white person's disease," leading them to be considered weak or unworthy of help, compounded by a mistrust of a healthcare system that may have a history of discrimination against their group. Someone from a lower economic class may face not only stigma but also an inability to access quality mental health services, added to the stigma of poverty that blames them for their condition. In the experience of individuals at the intersection of various forms of oppression, the burden to be borne is much heavier, while the resources to combat stigma are often much fewer. An understanding of this intersectionality is vital to avoid overly homogenous anti-stigma approaches, which may only be relevant to dominant groups while ignoring the experiences of those most marginalized. Effective interventions must consider how stigma toward mental illness is linked to other forms of discrimination and how to support individuals at the crossroads of various stigmatized identities.

The role of the family in the recovery process is very significant; however, stigma can also influence how a family responds to a member experiencing a mental disorder (Avdibegović & Hasanović, 2017). Families stigmatized because they have a member with a mental disorder may experience what is known as "stigma by association," where they also become targets of negative societal views. Shame and fear of this stigma can lead families to hide their members, refuse to acknowledge the existence of the illness, or even evict the member experiencing the mental disorder from the home. In many cases, the family that should be the primary source of support instead becomes a source of additional trauma. On the other hand, families capable of resisting stigma and providing consistent support can become a very powerful protective factor. They can help their members access services, maintain treatment, and rebuild self-esteem. They can also become advocates fighting for their members' rights in the midst of a discriminatory system. Experience shows that positive

family involvement is one of the strongest predictors of recovery success. However, to provide effective support, families themselves require support, whether in the form of education about mental illness, counseling to overcome the stigma they experience, or practical support in accessing services. Thus, anti-stigma interventions cannot focus solely on the individual with the mental disorder but must include the family and their support system.

The influence of stigma on recovery is largely determined by whether an individual has access to a community that accepts and empowers them. A supportive community can become a safe space where individuals with mental disorders can share experiences, obtain emotional support, and rebuild a positive identity (Bradshaw et al., 2007). Within these communities, they can learn from others who have gone through similar journeys, see that recovery is possible, and gain much-needed hope. Peer support groups, advocacy organizations, and inclusive faith-based communities can be immense sources of strength. In the experience of many survivors, finding a community that accepts them as they are is the turning point in their recovery journey. Here, they do not need to hide their identity, do not need to fear rejection, and can begin to rebuild trust in themselves and others. These communities can also serve as a basis for collective advocacy, where stigmatized individuals unite to challenge discriminatory policies, change public narratives, and fight for their rights. Thus, recovery is not just an individual journey but also a collective one, where support from an accepting community can make a very large difference. Conversely, without a supportive community, individuals with mental disorders will continue to be trapped in isolation and despair, reinforcing the negative impact of stigma on their recovery.

Conclusion

Social stigma toward mental illness is a complex and multidimensional phenomenon, manifested in various interconnected forms ranging from stereotypes, prejudice, discrimination, and social exclusion to internalization, as well as manifestations within healthcare systems, public policy, and the media. Stigma is not merely an individual attitude but a social system operating at various levels, from interpersonal interactions to institutional structures and cultural representations. The

impact of stigma on the recovery process of individuals with mental disorders is highly significant and destructive. Stigma hinders access to mental health services, damages therapeutic relationships, causes negative internalization that destroys self-esteem, undermines social support networks, leads to employment discrimination that robs individuals of financial independence, damages identity narratives that serve as the foundation for recovery, and influences policy and resource allocation, leaving mental health systems lacking capacity. Intersectionality exacerbates the impact of stigma, where individuals at the crossroads of various forms of oppression face a heavier burden. Conversely, the presence of an accepting and empowering community serves as a vital protective factor. Thus, addressing stigma is not an auxiliary issue in mental health efforts, but a fundamental prerequisite for the successful recovery of individuals with mental disorders.

Theoretically, these findings confirm that stigma toward mental disorders is a social system structured at various levels; therefore, it cannot be understood merely as an individual problem but is closely linked to policies, service practices, and cultural representations. Practically, this demands integrated interventions through the improvement of inclusive health systems, the strengthening of anti-discrimination regulations, the enhancement of healthcare worker competence, and changes in how the media represents mental health in a more accurate and humane manner, accompanied by the strengthening of social spaces that allow survivors to build solidarity. Moving forward, cross-cultural and participatory research needs to be developed to generate a more diverse understanding, while policymakers, professionals, educators, the media, and society are expected to take an active part in eradicating stigma through systematic and sustainable approaches to create a fairer social life for individuals with mental disorders.

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