



## **MENTAL ILLNESS STIGMA IN FAMILIES AND THE REACH OF PRIVATE LAW PROTECTION**

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### **Abstract**

This article develops a normative account of mental illness stigma within family life and the reach of legal protection against private discrimination. It explains how social norms of shame, danger, and moral blame can reshape caregiving into control, silencing, and exclusion. Family authority over resources, mobility, and treatment decisions may produce unequal relations where the affected member is reduced to a label rather than recognized as a rights bearing subject. The paper distinguishes privacy from isolation and care from domination by using proportionality, necessity, and procedural fairness as guiding standards. It argues that law can address domestic discrimination when it identifies patterns of repeated humiliation, arbitrary restriction, and neglect, while still respecting legitimate safety measures. A two dimensional framework is proposed: substantive standards evaluate the content of treatment, and procedural standards evaluate how decisions are made, explained, and periodically reviewed. The discussion emphasizes meaningful consent, supported decision making, and safeguards that reduce retaliation risks for complainants. The central claim is that dignity based protection in the home requires clear minimum standards and accessible supportive mechanisms that treat both vulnerability and family burden with moral seriousness.

Keywords: mental illness stigma, family discrimination, private sphere, legal protection, dignity, consent, procedural fairness.

## Introduction

Mental health is increasingly understood as an inherent part of human well-being in daily life, yet social acceptance of mental disorders is still frequently hindered by disproportionate moral judgments. In many environments, mental illness is perceived as a weakness of character, a lack of faith, or the result of personal failings, causing the sufferer's experience to be read through a lens of reproach. Such judgments trigger emotional distance, reduce empathy, and encourage avoidance practices that close off spaces for open conversation. When discussions about symptoms, treatment, or support needs are considered shameful, individuals tend to hide their condition, delay seeking help, and accept degrading treatment as fate. At the community level, stigma attaches itself through derogatory everyday language, labeling that equates mental illness with danger, and the assumption that recovery is impossible. Consequently, social relationships that should serve as sources of support turn into sources of pressure. This condition is deeply regrettable because everyone has the right to feel happy and calm in living their daily lives without being shadowed by the fear of others' judgment (Irfan & Darmawan, 2021). This situation demonstrates that the issue of mental illness is not merely a medical matter, but a matter of norms, values, and the recognition of vulnerable human dignity.

The family becomes the first space where stigma operates most concretely because the family holds daily authority over caregiving, supervision, and decision-making. In many cases, families wish to protect their members, but that protection can turn into excessive control when the fear of social judgment outweighs respect for individual autonomy. Families may interpret symptoms as a disgrace that must be hidden, leading to closed communication and unilateral decision-making. In such situations, family members experiencing mental disorders face a double burden: the burden of symptoms and the burden of social denial within their own homes. Stigma in the family can manifest through labeling, exclusion from household activities, restriction of communication access, or decision-making that negates the sufferer's voice. It is important for us to realize that what happens inside the home significantly influences a person's mental health, especially if there is invisible violence or pressure (Issalillah & Khayru, 2021). At the same time, some families may

experience emotional and economic exhaustion, expressing it in the form of anger or rejection. Because the family is often viewed as a private sphere, these degrading practices frequently escape public attention. Yet, the quality of family treatment determines the direction of recovery, quality of life, and the psychological sense of security for family members with mental disorders (Larson & Corrigan, 2008).

Social norms attached to mental illness often demand that families maintain the family's reputation as a measure of honor. This measure of honor can shape a logic where disclosing a condition is seen as a threat to the family's good name, job opportunities, and even social relationships. Within this logic of reputation, families may feel compelled to hide members deemed embarrassing or restrict their access to social spaces so they do not become a topic of conversation. Such practices are often wrapped in the guise of protection, but for the sufferer, disproportionate restrictions can feel like detention (Hinshaw & Cicchetti, 2000). This shows how difficult it is to maintain togetherness in a living environment if social boundaries still exist that separate us (Wisnujati & Mardikaningsih, 2021). Reputation norms also influence how families understand treatment. When treatment is viewed as evidence of weakness, families may delay therapy, refuse consultations, or replace professional help with moral advice that oversimplifies the problem. Ultimately, reputation norms transform the home into a space that enforces compliance rather than a space that restores. This reading reveals that stigma does not function as a detached opinion, but as a social mechanism that regulates behavior and shapes family decisions. Therefore, the discussion of stigma within the family requires attention to power relations, fear, and the language of judgment that governs actions.

Alongside reputation norms, there are danger norms that position mental illness as a threat. These norms can cause families to view an ill member as a permanent source of risk, even though conditions are highly diverse and do not always relate to aggression. When danger norms dominate, families tend to prioritize physical control and strict supervision, while the needs for dialogue, emotional support, and continuous care become secondary (Link et al., 1999). This issue of differential treatment often leads to a sense of injustice that makes an individual feel alienated in their own environment (Pakpahan et al., 2022). Danger norms also shape responses that

are quick to judge, such as evaluating every expression of emotion as evidence of insanity. Consequently, sufferers lose the space to explain their inner experiences and lose the opportunity to be trusted in simple matters. Within the household, danger norms can legitimize restrictions on freedom of movement, restrictions on property ownership, or monitoring of communication. At a certain point, family actions can exceed the boundaries of propriety and enter the realm of treatment that degrades dignity. This situation shows that stigma is not just a negative feeling, but a structure of belief that produces action. Therefore, a normative reading needs to assess when family actions can still be justified as protection and when those actions turn into discrimination occurring within the private sphere.

The law exists as a mechanism that promises protection, yet protecting against discrimination within the private sphere possesses its own complexities. On one hand, the law affirms principles of equality, dignity, and the right to humane treatment. On the other hand, the household is often understood as a space difficult for the state to reach without the risk of violating privacy and ignoring the dynamics of caregiving. This tension creates questions regarding the limits of intervention (Szmukler & Kelly, 2012). Therefore, law enforcement officers must possess honesty and a fair attitude so that justice can truly be felt by everyone (Saktiawan et al., 2021). If the law intrudes too far, families may feel a loss of autonomy. If the law retreats too far, sufferers are left to face degrading treatment without real protection mechanisms. In cases of mental illness, the difficulty is magnified because decision-making capacity can fluctuate and because families are often the decision-makers regarding treatment. Here, legal protection needs to address two things simultaneously: the need for protection against violence and discrimination, and the need for support for families to enable them to provide proper care. This reading demands a framework that distinguishes proportional protective actions from restrictive actions that violate dignity. Without such a framework, the law is easily perceived as either a threat or an empty symbol that does not touch daily experience.

The primary problem in this topic is evident in the blurred lines between family care and discrimination occurring within the household. Many family actions can appear as acts of protection, such as limiting activities, managing medication, or monitoring social interactions.

However, actions that seem protective can contain elements of exclusion, belittlement, and the erasure of the sufferer's voice if not accompanied by respect for autonomy and proper consent (Phelan et al., 2000). In this regard, society needs to participate in providing support so that every individual receives appropriate attention (Zulkarnain et al., 2021). This blurring of boundaries makes it difficult for sufferers to voice objections, as objections can be interpreted as symptoms. In such situations, the family holds a dominant position in defining reality. That definition influences access to services, education, employment, and social relations. When families feel their actions are reasonable, they may view protest as disobedience. Meanwhile, outsiders are often hesitant to judge because the home is understood as a family matter. The result is a private space that allows discrimination to persist without correction. This issue demands a normative reading of standards for humane treatment, standards of consent, and standards for justifiable restriction, so that the distinction between care and the degradation of dignity can be sharply explained.

The next issue concerns the gap between the principles of legal protection and the reality of enforcement in the private sphere. The law may contain norms regarding the right to health, the right to be free from inhuman treatment, and the right to equality. However, the translation of these norms into real protection often clashes with issues of evidence, reporting, and access to assistance. The voice of the community is very important in determining how legal rules are implemented to remain biased toward the interests of the many (Rojak et al., 2021). Discrimination at home rarely appears as a single act, but rather as a series of repeated small actions, such as demeaning comments, restriction of opportunities, or unilateral decision-making (Thornicroft et al., 2009). These series of small actions are difficult to recognize as violations, especially when the family considers them as discipline. Furthermore, individuals experiencing mental disorders may face difficulties accessing help due to limited social support, economic dependence, or fear of facing social consequences if they report. This is where the private sphere becomes a vulnerable territory because protection principles can end up as mere statements without mechanisms sensitive to vulnerability. This problem demonstrates the need for a normative understanding of how the law should position the family, the

state, and the individual, and how protection against discrimination can be designed so as not to sacrifice dignity or increase fear.

Discussions about stigma often stop at public education, while legal discussions often stop at formal norms. In reality, the experiences of family members living with mental disorders occur within daily relationships shaped by judgmental language, fear, and power structures at home. This writing is necessary to formulate a conceptual framework explaining how stigma alters the way families treat their members, as well as how the law can provide reasonable protection against discriminatory treatment in the private sphere. We must also remember that good service from public organizations is very helpful in improving the welfare of society at large (Gautama et al., 2021). Urgency also arises because the home is often the first place where restrictions on freedom occur; thus, delayed protection will struggle to repair psychological damage. With a strong normative framework, the discussion can move from moral judgment toward the formulation of standards for humane treatment, proper standards of consent, and intervention standards that respect privacy without ignoring vulnerability. Ultimately, changes in rules and fairer policies are urgently needed so that community life becomes better for all groups (Halizah & Mardikaningsih, 2022). This framework is important for academics, health practitioners, and policymakers (Goffman, 1963).

The purpose of this writing is to develop a conceptual framework explaining the relationship between the stigmatization of mental illness within the family and the scope of legal protection against private discrimination. This writing describes how social norms shape labeling, restrictions, and family decision-making regarding ill members. Furthermore, this writing formulates normative criteria for humane treatment, proper consent, and proportional restriction. This framework is expected to clarify the spheres of responsibility for both the family and the state in protecting individual dignity. Theoretically, this writing enriches cross-disciplinary discussions. Practically, it provides direction for the preparation of protection guidelines and support services.

## Method

This study utilizes a qualitative literature study to develop a conceptual synthesis of the stigmatization of mental illness within the family and the

legal protection against discrimination in the private sphere. The focus of the synthesis is directed toward two clusters of ideas: how social norms produce exclusionary family actions, and how legal principles can assess and protect individuals when violations occur at home. Bryman (2016) emphasizes that social research demands an orderly design, particularly in the selection of sources and the construction of arguments, so that conclusions do not become detached opinions. Baronov (2015) highlights the conceptual foundations in social research methods, including the need to clarify the categories and assumptions used when interpreting social actions. In this writing, sources were selected based on the rigor of stigma definitions, explanations of domestic discrimination mechanisms, and discussions of human rights principles and legal protections relevant to family relations. The synthesis was conducted by grouping themes, examining coherence between concepts, and formulating normative propositions that can guide the reading of protection limits and intervention boundaries.

The processing of materials was carried out through repeated readings, the recording of key concepts, and the argumentative structuring of relationships between concepts. Crano et al. (2014) emphasize the importance of principles and methods in social research that maintain the traceability of thought processes, including clarity in the basis of inference and precision in distinguishing description from normative assessment. In this study, normative assessments were structured by differentiating between proportional family actions for the sake of safety and actions that erase autonomy, as well as by assessing the extent to which principles of equality and dignity can function in the private sphere. Consistency of terminology was maintained to ensure that discussions of stigma, discrimination, and protection did not blend into general moral terms. Since this study does not employ interviews or observation, the primary weight lies in the accuracy of conceptual categorization, the clarity of argumentation, and the coherence of the protection framework derived from legal and social ethical principles. The final result is structured as a thematic synthesis that addresses the research problem through orderly reasoning.

## Result and Discussion

The stigmatization of mental illness within the family can be understood as a social process that attaches negative meanings to psychological conditions, subsequently using them as a basis for justifying actions that diminish dignity. This process operates through language, assumptions, and habits that appear normal. Within the home, language such as "lazy," "crazy," or "insane" can become labels that replace an individual's identity. When a label replaces identity, families tend to view the ill member as a problem to be controlled rather than a person with rights (Link & Phelan, 2001). This demonstrates how vital it is to maintain the quality of service and attention so that everyone feels valued (Khayru & Issalillah, 2022). At this point, social norms intersect with family power structures. This power arises from the positions of parents, spouses, or siblings who manage resources, communication access, and healthcare decisions. Stigma influences how families evaluate complaints, how they assess needs, and how they interpret objections (Lefley, 1989). Objections that should be regarded as a voice are often interpreted as symptoms. This creates a cycle of denial that closes off the space for dialogue. Within a normative framework, the primary issue is not merely ignorance, but a failure to recognize the subject (Pescosolido, 2013). Recognizing the subject means accepting that individuals experiencing mental disorders still possess moral capacity, even if functional capacity may fluctuate. This attitude of mutual recognition is essential for building healthy relationships within our environment (Rejeki, 2021). This framework serves as the basis for evaluating family treatment and assessing whether the law has provided adequate protection (Kvaale et al., 2013).

Social norms that link mental illness with disgrace operate strongly through the demands of family reputation. Reputation is often treated as social capital that must be guarded, leading families to feel entitled to regulate information regarding an ill member's condition (Sanden et al., 2015). The regulation of information can be achieved by cutting off communication, limiting social encounters, or forbidding family members from discussing the condition. In many circumstances, these actions are framed as protection; however, at the level of experience, they can become social exclusion. Exclusion differs from privacy. Privacy protects an individual's choice to manage information. Exclusion erases individual

choice and bases decisions on family fear. This condition reminds us that every policy concerning the public must have a strong foundation for the sake of collective well-being (Rizky & Udjari, 2021). When reputation becomes the focus, families may reduce access to professional services for fear of being discovered by neighbors or relatives. Within a normative framework, restricting access to help can be read as a form of discrimination based on health status, as it places social judgment above the need for care. Therefore, good governance in providing services to the community is highly necessary (Rojak, 2021). Reputation norms also drive families to demand total compliance, as the behavior of the ill member is perceived to carry the risk of shame. This total compliance can sever the space for healthy negotiation, including negotiations regarding treatment and activities. Thus, stigma in the family is not just an attitude, but a system of valuation that produces control measures that are not always proportional.

Danger norms produce treatment patterns that prioritize physical control and the restriction of freedom (Yin et al., 2020). When a family perceives mental disorders as synonymous with threats, every expression of emotion can be interpreted as a sign of risk. This interpretation makes it difficult for the family to distinguish between symptoms, stress, and natural responses to oppressive treatment. Consequently, restrictive actions may escalate without moral evaluation. Within the household, restrictions can include strict supervision, confiscation of communication tools, prohibition from leaving the house, or limiting access to money. Security is indeed important, just as we ensure that what we consume daily must be safe for health (Issalillah et al., 2022). In a normative framework, such restrictions need to be tested by the principle of proportionality. Proportionality demands a reasonable relationship between safety objectives and the degree of restriction. If restrictions exceed safety needs, they transform into violations of dignity. Danger norms can also normalize the use of verbal, or even physical, violence under the guise of preventing something worse. Of course, all forms of rules must be enforced in the correct manner so that the environment remains protected (Nuraini et al., 2021). Uncontrolled preventive reasoning risks perpetuating violence. Therefore, discussions of stigma within the family need to highlight the difference between limited protective actions and dominative actions that

erase autonomy. This distinction is crucial so that protection is not used as a language to justify discrimination.

Stigma operates through the mechanism of silencing, which is the process of making individuals doubt their own experiences (Reong & Astuti, 2019). Silencing can occur when the family refuses to discuss symptoms, calling them dramatic, or accusing the individual of attention-seeking. Silencing can also happen when the family cuts off access to information, such as forbidding reading about mental health or prohibiting asking professionals. In a normative framework, silencing is a form of epistemic discrimination because it erases a person's right to be a source of knowledge about themselves. Often, traditional methods and local customs can provide valuable lessons if combined with modern knowledge (Nurmalasari & Nuraini, 2021). When silencing persists for a long time, individuals can lose the self-confidence to state their needs. The family then sees silence as a sign that the problem is resolved, whereas silence can actually mean despair. Silencing also creates dependency, as individuals are forced to depend on family decisions. Dependency can increase vulnerability to arbitrary treatment, especially if there are unresolved family conflicts. This is where the private sphere presents its own risks, as control can occur without external supervision. We need to care more about what happens around us so that justice can be felt by all (Rizky & Udjari, 2021; Rojak, 2021). Legal protection ideally should be sensitive to patterns of silencing, as silencing rarely appears as a single event. It is a pattern of relationship. A good normative discussion requires language to identify this pattern so that discrimination is not always understood merely as physical violence.

In families, stigma can also emerge as paternalism, which is the belief that the family always knows best. Paternalism can have good intentions, such as wanting to protect someone from impulsive decisions. However, paternalism becomes problematic when it negates consent and closes off space for participation. In a normative framework, proper consent requires sufficient information and the opportunity to deliberate. When a family makes treatment decisions without explanation, or when a family forces certain actions without room for questioning, consent turns into compliance. Compliance is not consent (Sjöstrand & Helgesson, 2008). We need to understand that the way we think and act in society today has greatly

evolved and differs from the past (Darmawan et al., 2021). Furthermore, paternalism can give rise to highly detailed life management, such as regulating sleep hours, social circles, and daily activities. Detailed regulation can diminish an individual's ability to build independence. In the long term, individuals can lose social skills and their sense of agency (Corrigan et al., 2009). The loss of a sense of agency reinforces internal stigma, which is the belief that one is not worthy of trust. Internal stigma worsens the situation because the individual accepts mistreatment as normal (Livingston & Boyd, 2010). Therefore, this discussion asserts that the family must be read as an arena of both love and power simultaneously. Legal protection must be able to distinguish reasonable caregiving from oppressive dominance, without ignoring the complexities of care (Wieser, 2011).

Discriminatory treatment within the family often takes the form of exclusion from social roles (Yin et al., 2020). Exclusion may manifest as a prohibition from participating in family meetings, a ban from involvement in economic decisions, or a restriction on managing personal affairs. Within a normative framework, such exclusion erases participation as a family citizen. Participation is not a luxury, but rather a part of dignity. When participation is removed, the individual is treated as an object of care rather than a subject of a relationship. Frequently, differences in economic conditions and places of residence make these social boundaries feel even more tangible in our environment (Fauzi, 2021). Exclusion can also occur through the restriction of access to education and employment, justified by reasons of tranquility or maintaining reputation. In fact, education and employment can be sources of recovery and identity. If the family imposes restrictions without proportional reasons, they narrow the individual's future. Exclusion is also linked to inheritance and economic decisions. In some families, members experiencing mental disorders are considered unfit to possess economic rights. Changes in increasingly modern urban environments sometimes cause marginalized communities to feel sidelined from their rights (Fauzi, 2022). Assessments of fitness are often conducted without careful evaluation of capacity and without fair protection mechanisms. This situation indicates that stigma has legal implications because it touches upon civil rights, economic rights, and family rights. Therefore, the discussion of legal protection in the private

sphere must include subtle forms of discrimination, as the damage can be significant even if it occurs through daily decisions.

The relationship between stigma and domestic violence must be read normatively through the principle of humane treatment (Adu et al., 2022). Violence does not always consist of physical blows. Violence can take the form of threats, repeated insults, confinement, or coercion that ignores basic needs. Within the family, such actions are often disguised as discipline. When discipline is used as a language of justification, the victim loses the ability to name the experience as a violation. Maintaining a healthy lifestyle, both physically and mentally, is an important initial step for today's younger generation (Aisyah & Issalillah, 2022). In a normative framework, naming is important because it opens the way for protection. If an action is not named, there is no basis to demand change. Mental disorders often make victims more vulnerable to denial because when a victim complains, the family may dismiss the complaint as a symptom. This creates an imbalanced position. The principle of legal protection against domestic violence should apply to everyone, including those with mental disorders. Moreover, in this current era, the use of technology and social media also significantly influences the mental state of us all (Aisyah & Issalillah, 2021). However, applying this principle in the private sphere requires mechanisms sensitive to vulnerability, including advocacy mechanisms, safe reporting mechanisms, and respectful examination mechanisms. This discussion asserts that the home must not become a rights-free zone. Family privacy is important, but privacy must not be an excuse to permit inhumane treatment.

Legal protection against private discrimination demands a clear definition of what constitutes discrimination within family relations (Yuan et al., 2017). Discrimination can take the form of detrimental differential treatment based on mental health conditions, including disproportionate restriction of rights, social exclusion, and the removal of participation. Within a normative framework, the definition of discrimination must be distinguished from truly necessary safety measures. In facing difficult situations, we must be able to adapt so that problems do not become even more severe (Arifin & Darmawan, 2022). This is where the principle of proportionality and the principle of necessity serve as distinguishing tools. Legitimate safety measures demand justifiable reasons and must be limited

in time and space. Discrimination tends to be comprehensive and permanent, often carried out without explanation. Legal protection also demands recognition that a person's capacity can fluctuate. Because capacity can change, a fair approach requires periodic evaluations and opportunities for participation when capacity is sufficient. If a family closes off participation forever, they turn protection into punishment. Within this framework, the law ideally provides guidance on consent, surrogate decision-making, and oversight of restrictions. Guidelines do not necessarily mean immediate criminalization, but they must provide standards that can assess the reasonableness of family actions.

The private sphere is often a difficult area to reach because the state is cautious about family intervention. However, caution must not turn into negligence. Within a normative framework, the state has an obligation to protect individuals from treatment that degrades their dignity, including when such treatment occurs at home. This obligation can be understood through the principle of protecting vulnerable groups and the principle of equality before the law (Gostin, 2000). A major challenge we face today is how to remain united despite many differences in the midst of the city (Mardikaningsih, 2021). At the same time, intervention must respect privacy and caregiving relationships. Therefore, effective legal protection needs to balance two values: protection and respect. This balance can be achieved through gradual mechanisms. Gradual mechanisms mean providing consultation paths, safe mediation, social advocacy, and enforcement actions when serious violations occur (Duffy & Kelly, 2017). This discussion asserts that legal protection in the private sphere should not be understood as the state entering to control the family, but rather as the presence of non-negotiable minimum standards for humane treatment. These minimum standards include the prohibition of violence, the prohibition of unlawful confinement, and the obligation to respect basic rights (Kelly, 2011). Thus, the law and the family do not have to be in an adversarial position, but need to exist in a relationship that upholds dignity (Munro, 2007).

Questions regarding evidence and proof also become an important dimension in protection against private discrimination (Szmukler & Bach, 2015). Discrimination within the family often takes the form of subtle, repetitive actions, such as mockery, minor restrictions, and the neglect of needs. Subtle actions are difficult to prove if the law only recognizes visible

violations. In a normative framework, protection should be sensitive to patterns, not just incidents. Patterns can be seen from the consistency of silencing voices, the consistency of denying service access, and the consistency of restricting participation. Even though the times are modern, we must not forget old values that are still very important in social life (Amri & Khayru, 2022). Sensitivity to patterns demands the role of supporting institutions, such as social services, psychologists, and legal aid agencies, which can map the victim's experience in a safe and dignified manner. This discussion does not demand the presentation of technical procedures, but asserts the conceptual need that proof within the private sphere must respect vulnerability. Victims should not be burdened with providing perfect proof when their access to support is restricted by the family. The principle of justice requires mechanisms that are non-intimidating and do not trigger domestic retaliation. Thus, legal protection against private discrimination requires normative language regarding a fair burden of proof, as well as indicators that allow for assessment without increasing the victim's suffering.

Families are often positioned as surrogate decision-makers when a member experiences a decline in capacity (Minkowitz, 2017). Within a normative framework, surrogate decision-making must be guided by the best interests and must respect the individual's will as far as possible. Best interests must not be interpreted as the interests of the family's reputation. Best interests must be linked to health, safety, and dignity. Respecting the will means the family needs to hear individual preferences, even if those preferences cannot always be fulfilled. When a family ignores preferences, they turn care into dominance. All these efforts are made so that our lives in the future become more peaceful and protected (Aisyah & Issalillah, 2022; Darmawan et al., 2021). Here, the law can provide standards on how surrogate decisions are made, for example, through the obligation of professional consultation, the obligation to document reasons, and the obligation of periodic evaluation. These standards are important because family decisions touch upon the right to freedom of movement, the right to communicate, and the right to treatment. Without standards, decisions are easily driven by emotion, conflict, or social fear. This discussion emphasizes that legal protection does not always have to take the form of sanctions, but can take the form of decision-making governance that minimizes the abuse

of power. Good governance protects the individual while also protecting the family from mistakes born out of confusion and pressure.

Stigma also affects an individual's access to social relations outside the home, including access to friendships and community support. Families who fear social judgment can drastically reduce this access. In a normative framework, restricting social access without clear safety reasons can be considered isolation. Isolation increases vulnerability because the individual loses alternative sources of help. Losing alternative help makes the individual increasingly dependent on a family that may be a source of discrimination. This situation creates a relational trap. In a relational trap, individuals find it difficult to seek help because their access is restricted, while the family uses the restriction as proof that the individual is incapable. We need to realize that negative views from the surrounding environment are often a major inhibitor for someone to be able to bounce back (Aisyah & Issalillah, 2022). Relevant legal protection needs to understand this trap as a pattern. This pattern demands an assessment of whether restrictions are truly necessary or whether they are a form of control. This discussion affirms the value of freedom of association and the value of social support as part of recovery. Social support is not an extra; it is an element that maintains the quality of life. Therefore, when a family removes social access, they turn the home into a space that closes off the possibility of recovery. In a normative framework, protection against private discrimination needs to recognize that isolation can be a form of violation of dignity (Yanos et al., 2008; Gronholm et al., 2017).

The discussion of stigma also needs to include internalized stigma that forms when individuals accept negative labels as truth. Internalized stigma arises when someone feels like a burden, feels unworthy of love, or feels unfit to make decisions. Within the family, internalized stigma is often triggered by repeated comments, the denial of needs, and unilateral decision-making. Internalized stigma exacerbates vulnerability because individuals become hesitant to ask for help and passive in defending their rights. Moreover, in today's digital era, the pressure from what we see on the internet can also worsen a person's condition of anxiety and sadness (Khayru & Issalillah, 2022). In a normative framework, legal protection against private discrimination needs to view internalized stigma as a relevant consequence, as this consequence affects the victim's ability to report and to persevere. If the

law demands that victims always be firm and consistent, the law ignores the psychological reality shaped by oppression. Therefore, this discussion affirms the importance of protection mechanisms that do not rely solely on individual courage. Protection mechanisms need to recognize that courage can be broken by oppressive relationships. This is similar to how structural injustice often makes it difficult for certain groups to voice their rights (Gani, 2022). Thus, a dignified protection framework must be sensitive to psychological conditions without using them as a reason to reduce rights. Protection should be understood as a way to restore the voice, not a way to replace the voice with institutional decisions (Watson et al., 2007; Jacks & Repper, 2014).

Within the private sphere, discrimination often manifests as neglect rather than active actions (Adu et al., 2022). Neglect can include refusing to purchase medication, refusing to provide transport for therapy, or allowing an individual to live in unworthy conditions. Neglect can also involve ignoring complaints of physical pain because they are considered part of the mental disorder. Issues like this often occur in disadvantaged communities, where they must face a heavier burden of life (Evans-Lacko et al., 2012; Issalillah & Mardikaningsih, 2022). In a normative framework, neglect is a violation of basic care obligations when an individual is dependent on the family. However, this reading must be careful not to oversimplify the family's burden. Families may experience economic limitations and exhaustion, but limitations do not automatically justify neglect that degrades dignity. This is where legal protection meets social support policy. Therefore, every public policy must be balanced so that it can support the economy as well as social welfare (Mardikaningsih & Hariani, 2021). If the state demands family compliance without providing support, protection becomes an unrealistic burden. However, if the state provides support without standards of treatment, support can be misused. Normative discussion demands balance: minimum standards of humane treatment must remain, while social support must strengthen the family's ability to meet those standards. Thus, protection against private discrimination is not enough to be understood as a prohibition, but also as an arrangement of obligations aligned with support.

Legal language often employs general terms such as dignity and equality, but translating them into the family sphere requires more operational normative indicators. Operational indicators can include the

right to communicate, the right to know the reasons for limitations, the right to treatment without humiliation, and the right to access assistance. These indicators do not depend on data, but rather on accountable principles. Education and public awareness are essential so that we all become more concerned with the rights of others (Gautama & Mardikaningsih, 2022). Within a normative framework, indicators also need to include procedural principles, such as the obligation to hear an individual's opinion, the obligation to review restrictions periodically, and the obligation to consider less restrictive alternatives (Bartlett, 2011). These procedural principles are important because many violations arise from unilateral decisions. Unilateral decisions stifle dialogue and reinforce dominance. Self-awareness to protect the environment and others is the primary key to creating better change (Nuraini et al., 2022). When normative indicators are available, families can understand boundaries, and institutions can have a basis for assessment without acting arbitrarily. This discussion shows that legal protection in the private sphere requires a conceptual bridge between grand values and small practices. Without a bridge, grand values remain abstract. With a bridge, grand values can be present in family encounters, for example, in the way people speak, the way decisions are made, and the way space for participation is provided (Fennell, 2008).

The resolution of family disputes related to stigma requires attention to psychological safety (Dawson, 2015). Psychological safety means individuals can state their experiences without fear of retaliation. Within a normative framework, protection mechanisms that encourage reporting must ensure that reporting does not place the individual at a higher risk of isolation. This demands the design of safe mechanisms, such as access to accompaniment, access to counseling, and access to a safe place if needed. However, this discussion does not propose technical procedures, but rather asserts the principle that protection must minimize secondary risks. Secondary risks are risks that arise as a result of seeking justice, such as eviction from home or the termination of economic support. If secondary risks are not taken into account, protection becomes a dangerous slogan. Psychological safety is also relevant for families, as families may fear public stigma if a dispute becomes open. This fear can trigger rejection. Therefore, a normative approach demands mechanisms that allow for resolutions that maintain privacy as much as possible while

still safeguarding the rights of the victim. Thus, legal protection in the private sphere must balance the openness necessary for accountability and the confidentiality necessary for safety.

The relationship between stigma and human rights can be formulated through the principles of non-discrimination and humane treatment. Non-discrimination demands that mental health conditions must not be a reason to abolish basic rights. Humane treatment demands that families must not use humiliation, confinement, or violence as a means of management. Within a normative framework, both principles demand a re-reading of family practices that are considered normal. Social normality is not always moral. Many practices are inherited through traditions that place family honor above the individual. This discussion affirms that law, ethics, and mental health must meet at one point: the protection of dignity. Protecting dignity means recognizing the individual's voice, providing reasons for decisions, and limiting restrictions. This principle also demands an interpretation of graduated autonomy. Graduated autonomy means the ability to make decisions can be supported, not erased. Support can take the form of explanations, accompaniment, and the arrangement of safe options. If a family erases autonomy, the family erases the opportunity to learn. Thus, stigmatization and legal protection need to be understood in relation to one another, as stigma produces actions, and the law assesses actions through principles that uphold dignity (Arstein-Kerslake & Flynn, 2016).

A conceptual framework for assessing the extent to which the law protects against private discrimination needs to combine substantive and procedural dimensions. The substantive dimension assesses the content of treatment, for example, whether there is humiliation, exclusion, neglect, or disproportionate restrictions on freedom. The procedural dimension assesses the way decisions are made, for example, whether the individual was heard, whether there were clear reasons, and whether there is periodic review. Within a normative framework, strong protection is protection that regulates both dimensions, because violations often occur through ways that appear subtle yet repetitive. This framework also helps assess the position of the family. The family can be a protector, but can also be a perpetrator of discrimination. Therefore, protection needs to be able to recognize this duality without falling into new stigmas against the family.

This discussion affirms that the goal of protection is not to punish the family broadly, but to ensure that minimum standards of treatment are met. Minimum standards include the prohibition of violence, respect for communication, and access to assistance. Thus, the answer to the problem formulation shows that social norms shape family treatment through labeling and fear, while legal protection needs to reach the private sphere through operational standards of dignity that are balanced and sensitive to vulnerability (Series, 2015).

The stigmatization of mental illness within the family and legal protection are not two separate topics, but rather a single chain of cause and effect that shapes the human experience at home. Social norms give birth to labels, labels give birth to control, and control gives birth to the silencing of voices. When this silencing occurs, private discrimination becomes difficult to see and difficult to correct. The law can provide protection if it is capable of naming subtle forms of discrimination, assessing the proportionality of restrictions, and providing safe mechanisms. However, the law must also avoid approaches that oversimplify care as a violation. Therefore, a balanced normative approach demands clear standards regarding humane treatment, proper consent, and supervised substitute decision-making. These standards provide direction for families and direction for supporting institutions. Thus, this discussion affirms that dignified protection requires two things: a change in social norms that normalize empathy, and a legal system capable of being present in the private sphere without turning the home into a space of fear. This framework allows the conversation to move from shame toward recognition, from control toward support, and from neglect toward fair responsibility (Perlin, 2013).

## Conclusion

The stigmatization of mental illness within the family operates through norms of reputation, norms of danger, and paternalistic beliefs that transform care into control. Stigma produces labeling, silencing, exclusion, and restrictions on participation that can diminish dignity and erase autonomy. In the private sphere, discrimination often manifests as a series of small, repetitive actions, including the neglect of needs, the removal of social access, and unilateral decision-making. Legal protection against

private discrimination requires a normative framework that distinguishes proportional safety measures from dominative actions that violate dignity. Such a framework demands a substantive dimension to assess the content of treatment and a procedural dimension to assess how decisions are made. Thus, the answer to the problem formulation shows that social norms directly shape family treatment, while the law can provide protection if it is capable of reaching domestic relationship patterns through standards of humane treatment, proper consent, and periodic reviews of restrictions.

The implications and suggestions emphasize the need to develop conceptual guidelines for families, social services, and legal institutions regarding the minimum standards of humane treatment for family members experiencing mental disorders. These guidelines should include practical indicators regarding the right to communication, the right to reasons for restrictions, the right to participate in decisions, and the right to access assistance, so that subtle discrimination can be recognized without waiting for overt violence. The next suggestion is the arrangement of safe protection mechanisms for victims in the private sphere, with accompaniment that respects dignity and minimizes secondary risks. At the level of legal reasoning, it is necessary to affirm the use of the principles of proportionality and necessity when assessing restrictions imposed by families, accompanied by the principle of periodic review so that restrictions do not become permanent. At the social level, there is a need to strengthen public language that does not automatically attach shame and danger to mental disorders, so that families are not driven to turn the home into a space of exclusion. With these conceptual steps, protection can move from symbolism toward standards that can guide action.

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