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Original Research/Review**The Relationship Between Personal Character and Stigma in The Acceptance Process in Families Caring for People with Mental Disorders****Dian Pitaloka Priasmoro^{1*}, Respati S.Dradjat², Lilik Zuhriyah², Yuni Asri¹**¹Faculty of Health Sciences, Institute of Technology Science and Health RS dr.Soepraoen Kesdam V/Brawijaya, Malang²Faculty of Medicine, Brawijaya University, Malang***Corresponding author:**

Dian Pitaloka Priasmoro

ITSK RS dr.Soepraoen

Jl.Sudanco Supriyadi No.22 Kecamatan Sukun Kota Malang, Telp: 0341-567888/Fax: 0341-557889

Email: dianpitaloka@itsk-soepraoen.ac.id

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Keywords:*Karakter**Pribadi**Stigma**Penerimaan**Skizofrenia***ABSTRACT**

Mental illness is one of the diseases that requires long-term care, which causes sufferers and their families to experience varying degrees of impact due to social pressures such as stigma. This is a form of psychological consequence due to the perception of rejection from the environment. So, it takes self-strengthening through personal character such as patience, empathy, and understanding to be a key factor in shaping acceptance. The purpose of this study was to determine the relationship between personal character and self-acceptance, the relationship between stigma and self-acceptance, and the sociodemographic factors that most dominantly affect acceptance. This study used a quantitative descriptive design and was analyzed using bivariate and regression analysis. The population in this study was all families who had family members with mental disorders, totaling 175 people, while the sample was taken purposively totaling 130 people. The results showed that personal character was related to acceptance (p-value <0.05), stigma was related to acceptance (p-value <0.05), while the most dominant demographic factor was the distance of the house to the health center with a value (p-value <0.005) and a value (Chi-Square 170.071). Looking at the results of the study, it is very important to strengthen the personal character of the family because it can eliminate the negative impact of stigma from the community. In addition, the provision of services to families through health centers needs to be improved.

Introduction

14 The process of accepting the condition of people with mental disorders is influenced by the personal character of family members who care for them and the stigma attached to the sufferers themselves (Levesque & Gendron, 2022). Personal characteristics, such as patience, empathy, and understanding, are critical factors in shaping the attitude of acceptance toward sufferers in the family (Lea et al., 2022).

However, the stigma attached to people with mental illness often complicates the family acceptance process as it creates shame, fear of negative social judgment, and lack of support from the surrounding environment or community (Alotaibi & Wald, 2013). In this context, it is vital to identify how personal characteristics and stigma interact and how appropriate interventions can help reduce stigma and increase acceptance of the condition within the family (Deckard et al., 2017).

This research is necessary because mental disorders not only affect the individual sufferer but also have an impact on the immediate social environment, especially the caring family (Corrigan & Watson, 2020). Understanding how family members' personal characteristics and stigma influence the acceptance of mental illness can help identify factors that influence the quality of care and support provided by families to sufferers (Chinman et al., 2014).

With a better understanding of the interaction between family personal characteristics and stigma, more effective interventions can be designed to reduce stigma and increase support and understanding within families towards members with mental illness. In addition, this research can also provide insight into how society at large can better support individuals with mental illness and their families and help reduce the stigma attached to the condition (Bruce & Phelan, 2014).

Based on the description above, researchers are interested in researching the correlation of family personal character and stigma with family acceptance of caring for people with mental disorders. Moreover, the hypotheses formulated in this study are (H1: There is a relationship between personal character and family acceptance, H2: There is a relationship between stigma and family

acceptance, and H3: There is a factor most related to family acceptance).

Method

The design used in this study is quantitative with a cross-sectional approach to collect data on personal character and stigma and the family acceptance process at one specific time. The population in this study was 175 families who cared for people with mental disorders. The sample was selected purposively with specific criteria, namely families who have taken total care of people with mental disorders for at least 5-6 hours per day and lived in the same house for at least the last six months with a total of 130 people. Independent variables are personal character and stigma towards mental disorders. The dependent variable is the process of family acceptance of the patient's mental illness condition. The research instruments are standard questionnaires such as the personal character questionnaire, extraversion personality questionnaire (Scaan et al., 2020), the Perceived Stigmatization Questionnaire (PSQ) stigma questionnaire (Lawrence et al., 2006), and The Mc Master Family Assessment Device Adaptation acceptance questionnaire (Epstein et al., 1984). The instruments were tested for validity using Pearson Product Moment, and reliability was tested using Cronbach Alpha.

Data was collected through questionnaires distributed directly to respondents. Respondents were asked to rate their character, level of stigma, and their acceptance process towards their family members who have mental illness. The collected data were analyzed using the ordinal regression statistical method to determine the relationship between the independent variables (personal character and stigma) and the dependent (acceptance process) variables. The Chi-Square test was used to assess the significance of the relationship between variables.

Results and Discussion

Of most of the respondents in this study, 36.8% were in the late elderly category (56-65) years; based on the distance of residence to the health care center, 29.3% were 1-4 kilometers away. Family economic status Most 56.4% earn 1-2 million rupiah. The

gender of the family caring for the patient was mainly female, with 59.4% of the patients being female. Family education level: Most 61.7% had primary school education. The length of time the family cared for the patient Most 36.1% were more than ten years. Moreover, the family relationship with the patient. Most of 30.8% are children.

Table 1. Distribution of Respondents' Characteristics (n=130)

Category	Frequency	Percentage (%)
Ages		
Early adulthood (26 - 35)	11	8.4%
Late adults (36 - 45)	13	10.0%
Early elderly (46 - 55)	43	33.1%
Late elderly (56 - 65)	49	37.7%
Elderly (> 65)	14	10.8%
Total	130	100%
Distance to health care center		
1 - 4 kilometers	39	30.0%
5 - 8 kilometers	25	19.2%
9 - 12 kilometers	27	20.8%
13 - 16 kilometers	25	19.2%
> 16 kilometers	13	10.8%
Total	130	100%
Income		
< 1 millions	53	40.8%
1 - 2 millions	72	55.4%
> 2 millions	5	3.8%
Total	130	100%
Gender		
Male	54	41.5%
Female	76	58.5%
Total	130	100%
Education		
Not In School	17	13.1%
Elementary	80	61.5%
Junior High School	26	20.0%
High School	6	4.6%
College	1	.8%
Total	130	100%
Duration of Care		
< 1 years	3	2.3%
1 - 3 years	18	13.8%
4 - 6 years	30	23.1%
7 - 10 years	32	24.6%
> 10 years	47	36.2%
Total	130	100%
Relationship with the patients		
Husband	8	6.2%
Wife	9	6.9%
Child	40	30.8%
Parents	27	20.8%
Siblings	46	35.4%
Total	130	100%

Table 2. The relationship between family's personal characters and stigma with family acceptance (n=130)

Variable	Category	Family acceptance				P Value
		Less	Moderate	Good	Very good	
family's personal character	Less	0	0	0	0	0.001
	Moderate	0	0	0	0	
	Good	1	5	45	21	
	Very good	0	2	19	37	
stigma	Less	0	1	3	15	0.000
	Moderate	1	6	61	25	
	High	0	0	0	18	
	Very high	0	0	0	0	

The results of the family character correlation test with family acceptance were found to be significantly related with a p-value of 0.001. While the correlation test of stigma with family acceptance is known, both are significantly related with a p-value of 0.000.

Table 3. Respondents' characteristic factors that influence family acceptance

Category	Chi-square	Sig/p-value	Description
Ages	97.935 ^a	0.899	not significant
Distance to health care center	170.071 ^a	0.000	significant
Income	64.620 ^a	0.525	not significant
Gender	7.786 ^a	0.051	not significant
Education	30.868 ^a	0.002	not significant
Duration of care	24.800 ^a	0.016	not significant
Relationship with the patients	10.481 ^a	0.574	not significant

The results showed one dominant factor affecting family acceptance: distance to the health care center with a p-value of 0.000 <0.005. The value of chi-square is where the more significant the chi-square value, the better (170.071), for other factors such as respondent age, income, gender, education,

length of care, and family relationship with the client did not significantly affect family acceptance.

The results of the study on the characteristics of respondents showed that the age of families caring for people with mental disorders was between 46-65 years or the elderly category. This shows that mental illness is a long illness. In addition, mental disorders tend to experience cycles of relapse and remission, where symptoms can worsen periodically (Tebala et al., 2020). However, elderly parents often have traditional experiences and roles as care providers in the family. They may feel a moral responsibility to care for family members with mental illness and have knowledge and experience that can be used to provide the necessary support (Haselden et al., 2018).

Personal character is related to family acceptance.

A high level of hope, confidence, and willingness to care for the sufferer can help family members be more sensitive to the process and struggles of the sufferer. This allows the family to understand the sufferer's perspective better, strengthening family bonds and increasing the sufferer's acceptance (Levesque & Gendron, 2022). Strong family bonds will create an excellent commitment to the sufferer's care. Family commitment to people with severe mental illness has an essential impact on acceptance and support. Lack of commitment or emotional attachment can affect the patient's family acceptance level. Lack of family commitment results in a lack of emotional support needed by the patient. Patients with severe mental illness need family support and understanding to help them overcome their challenges. This lack of commitment can decrease acceptance and relationship quality (Ong et al., 2021).

The stigma associated with family acceptance

Stigma has a significant impact on severe mental illness, not only for the individual but also for their social environment, including their family (Poustchi et al., 2022). In the context of the study, this statement implies that one of the outcomes of stigma is how families accept family members with severe mental illness. This stigma can affect how

families interact with their mentally ill family members, understand their impact, even how they perceive the sufferer's condition, and how much support they provide. Stigma can also add to the emotional burden for the family caring for the sufferer. Families may feel anxious, worried, or guilty and blame themselves or others. This emotional burden can cause additional stress for families, which in turn can affect their interactions with the sufferer and even lead to decreased levels of acceptance (Zhou et al., 2022). Family acceptance is essential in caring for sufferers (Priasmoro et al., 2023).

Dominant factors affecting acceptance

The distance between the patient's residence and health services is the dominant factor affecting family acceptance. This reason involves various practical factors, including the accessibility of health services. Neighborhoods close to community health centers (Puskesmas) or hospitals generally provide easy access for families who need routine or urgent medical care. This can be a significant factor considered by families caring for individuals with mental illness, especially in crises or when rapid response care is required. In addition, closer proximity can reduce travel time and transportation costs, which is an essential consideration for families who may experience financial limitations or accessibility to transportation (Coombs et al., 2021).

Conclusion

The conclusion shows that the personal character of the respondents is mainly in the sound and excellent categories. The stigma received by the family is still relatively high. Personal character and stigma affect family acceptance. The respondent's characteristic factor that most influences acceptance is the respondent's distance to health services. Personal character is the initial capital for families who care for patients to be able to develop values and commitments in caring for people with mental disorders.

Given that mental disorders are chronic diseases with an extended length of treatment. Thus, high confidence is needed in caring for sufferers. At the same time, stigma is related to acceptance. The results show that

families often receive stigma, but family acceptance is still good. This can undoubtedly be explained by the fact that families feel that caring for sick families is part of other family responsibilities. So that there is a sense of volunteerism in caring for them, which is also supported by good personal character.

Limitations of the study

Individual personal character factors within families can be highly variable and complex, making it difficult to measure or fully describe their impact on the acceptance process. In addition, this study is limited to a specific cultural or social context that only partially reflects the diversity of experiences in the broader community. Future research could be further developed on a more extensive and varied sample.

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Conflict of Interest

All authors have declared that no potential conflicts of interest may arise.

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