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A Qualitative Analysis of the Experiences of Drug Rehabilitation Clients in Facing Social Stigma

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Abstract: This study aims to explore and understand the experiences of drug rehabilitation clients in confronting social stigma in the city of Pekanbaru, Indonesia. Using a qualitative approach with a phenomenological design, the research involved 10 participants selected through purposive sampling. Data were collected via semi-structured in-depth interviews and analyzed thematically. Results identified five major themes: (1) external stigma manifested as labeling, discrimination, and social rejection; (2) self-stigma as the internalization of negative societal views; (3) active coping strategies including self-proving, spirituality, and cognitive reframing; (4) the dual impact of stigma on the recovery process; and (5) the protective role of social support. These findings affirm that the success of drug rehabilitation is not solely determined by clinical intervention, but also by the conditions of social acceptance and environmental support surrounding the individual.

Keywords: social stigma, drug rehabilitation, self-stigma, coping strategies, phenomenology.

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INTRODUCTION

Drug abuse represents a persistent global challenge that continues to escalate and demands serious attention across nations. International reports indicate that millions of individuals worldwide are involved in the use of addictive substances, with consequences extending well beyond the medical domain into social and psychological dimensions. In the Indonesian context, drug abuse also exhibits alarming trends, both in terms of the number of users and the complexity of the problems generated. This positions narcotics as one of the most serious threats to the quality of human capital and the social stability of communities.

In response to this challenge, the Indonesian government, through the National Narcotics Board (Badan Narkotika Nasional/BNN), has developed various intervention strategies, including rehabilitation approaches aimed at holistically recovering individuals from drug dependency. At the regional level, Pekanbaru as part of Riau Province actively implements rehabilitation programs as part of the broader effort to prevent and eradicate narcotics abuse and illicit trafficking (P4GN). Official reports confirm that rehabilitation has become a central approach in addressing drug abuse,

with the goal of restoring individuals' social functioning so they may resume active roles in society (Badan Narkotika Nasional Kota Pekanbaru, 2024).

However, the success of rehabilitation is not determined solely by medical and psychological aspects; it is also profoundly influenced by the social conditions individuals encounter upon returning to their communities. One of the most prominent phenomena is the emergence of social stigma directed at former drug users. This stigma manifests in multiple forms negative labeling, social discrimination, and outright rejection and often results in individuals being perceived as dangerous, untrustworthy, or prone to relapse. In sociological scholarship, stigma is understood as a process of social labeling that leads to marginalization and the loss of access to social opportunities (Clair, 2018; Andersen et al., 2022).

This stigmatizing process does not remain confined to the level of social interaction; it exerts a profound impact on individuals' psychological well-being. Persistent external stigma can evolve into self-stigma the internalization of society's negative views into the individual's own self-concept. This internalization implies declining self-esteem, heightened anxiety, and the emergence of feelings of worthlessness and despair (Earnshaw et al., 2022; Thornicroft et al., 2022). Over time, social stigma becomes one of the most significant factors impeding the recovery process, even increasing the risk of relapse, as individuals feel rejected by their social environment (Luo et al., 2024; Bhullar & Gupta, 2023).

A substantial body of research shows that individuals who have completed rehabilitation continue to face challenges in social reintegration, including limited access to employment, social exclusion, and a lack of community support (Cazalis et al., 2023; Xiao et al., 2026). In the context of Pekanbaru, this phenomenon gains additional relevance given the gap between existing rehabilitation programs and the social reality of communities that still stigmatize former drug users demonstrating that the success of rehabilitation depends not only on clinical intervention but also on social acceptance and a supportive environment.

Although research on stigma and addiction has been conducted extensively, much of the existing literature relies on quantitative approaches or focuses primarily on general medical and psychological dimensions. Studies that specifically examine the subjective experiences of rehabilitation clients in confronting social stigma remain limited, particularly in local contexts and within frameworks that integrate psychosocial and spiritual dimensions. Yet a nuanced understanding of individual experience is essential for developing more effective and contextually grounded interventions (Yasin et al., 2024; Uddin et al., 2025).

This gap underscores the urgency of research capable of revealing, in depth, how drug rehabilitation clients experience, make sense of, and navigate social stigma in their daily lives. The present study offers a novel contribution through its qualitative, phenomenological approach, centering the subjective experience of the individual while opening space for integrating psychological, social, and spiritual dimensions in understanding the recovery process. The study specifically seeks to explore the forms of stigma experienced, the meanings attributed to those experiences, and the strategies employed in managing stigma within the social context of Pekanbaru.

METHOD

This study employs a qualitative approach with a phenomenological design, chosen for its capacity to capture the subjective experiences of drug rehabilitation clients as they confront social stigma. This approach was selected to explore the lived meanings of experiences as directly felt and interpreted by participants a stance in which reality is understood as it is experienced and made sense of by the individual. Within the phenomenological perspective, the lived experience of the

individual constitutes the primary source for understanding any given phenomenon, as meaning does not exist independently but is formed through consciousness and the individual's interaction with their environment (Zahavi, 2025). The approach further emphasizes that human experience cannot be separated from the social context in which it is embedded, requiring that the understanding of a phenomenon account for the relationship between the individual and their social world (Langdridge, 2025). Additionally, the study draws on critical phenomenology, which views individual experience as the product of interaction between personal lived experience and social structures including the stigma that develops within communities (Magrì & McQueen, 2022).

The qualitative approach was adopted because it enables the researcher to understand phenomena in depth and contextually through direct engagement with participants. This method does not seek to measure or test relationships between variables; rather, it aims to explore the meanings, perceptions, and individual experiences interpretively, making it particularly relevant for examining the dynamics of social stigma in the lives of rehabilitation clients (Dewi, 2022; Adiwijaya et al., 2024).

The study was conducted in Pekanbaru and involved participants who were clients of drug rehabilitation programs both those currently undergoing and those who had completed the rehabilitation process. Participant selection was carried out purposively, based on alignment with the research objectives: specifically, individuals with direct experience of social stigma who were able to reflect on those experiences openly. The total number of participants was 10. In phenomenological research, a relatively small sample is considered appropriate, as the emphasis is placed on the depth of experiential exploration rather than numerical representation. This number was deemed sufficient given that the data collected had reached saturation a point at which information gathered began to recur without generating new findings. In qualitative research, saturation serves as the primary indicator of adequate participant numbers (Riasnugrahani & Analya, 2023; Adiwijaya et al., 2024).

Data were collected through in-depth interviews using a semi-structured approach, allowing the researcher to explore participants' experiences flexibly and thoroughly while maintaining focus on the research objectives. Through these interviews, the researcher examined how participants experienced social stigma, how they made sense of those experiences, and how they responded to stigma in daily life (Adiwijaya et al., 2024). Data analysis proceeded thematically through several interrelated stages: transcription, close reading, coding, grouping codes into themes, and interpreting the meaning of participants' experiences (Zahavi, 2025; Langdridge, 2025). To ensure the validity and trustworthiness of the data, the study employed triangulation, member checking, and peer debriefing (Riasnugrahani & Analya, 2023). The study also adhered to ethical standards, including informed consent, confidentiality of participants' identities, and the creation of a safe and comfortable environment for disclosure.

RESULTS AND DISCUSSION

Thematic analysis of the in-depth interview data from 10 participants yielded five major themes that are interconnected and mutually informing. The analytical process proceeded through systematic stages of transforming verbatim excerpts into initial codes, grouping codes into subcategories, and crystallizing overarching themes that reflect the core of participants' lived experiences. The conceptual map below illustrates the key terms and their relative thematic weight across the dataset.

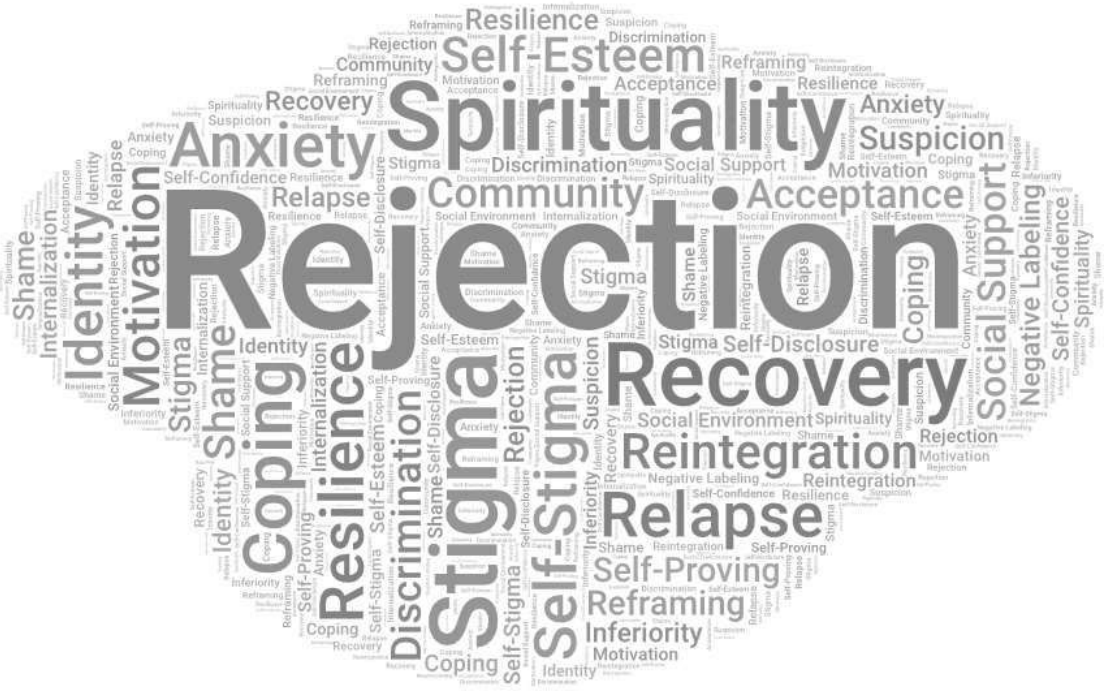

Figure 1. Key Concepts in the Study of Social Stigma in Drug Rehabilitation

The transformation process from verbatim excerpts to codes and themes is presented in the following tables:

Table 1. Coding Process: Verbatim, Code, Theme

No.	Verbatim	Code	Theme
1	People still see me the same way as before... I felt like a stranger in my own place.	Negative perception from social environment	External Stigma
2	Someone openly called me an 'ex-addict' in front of others. I felt cornered, as if all my efforts meant nothing.	Public labeling as former addict	External Stigma
3	If something went missing or a small problem arose, I would immediately be suspected, even without any evidence.	Discrimination and baseless suspicion	External Stigma
4	After they found out about my background, their attitude changed immediately. I was never called back.	Denial of employment access	External Stigma
5	There was a distance I could feel... from the way they spoke or behaved, I knew they still saw me differently.	Social distance from surrounding community	External Stigma

6	I felt like I had no value in their eyes. Sometimes I started thinking negatively about myself, feeling unworthy of a second chance.	Internalization of negative views	Self-Stigma
7	I often blamed myself... there was a part of me that felt guilty and not fully trustworthy.	Guilt and sense of unworthiness	Self-Stigma
8	Even before others said anything, I already felt judged. My own mind made me feel increasingly pressured.	Anticipated stigma and negative self-evaluation	Self-Stigma
9	I felt I didn't deserve a second chance.	Low self-esteem and sense of unworthiness	Self-Stigma
10	I focus on myself how I can keep improving and not go back to the past.	Focus on self-recovery	Active Coping Strategies
11	I try to prove my change through actions. I don't talk much, but I show it through daily behavior.	Self-proving through consistent behavior	Active Coping Strategies
12	I started getting closer to religious activities. That helped me stay calm the most.	Spiritual approach as coping mechanism	Active Coping Strategies
13	I prefer being close to people who support me. From that I feel I have strength.	Seeking positive social support	Active Coping Strategies
14	Every time someone doubted me, I turned it into motivation to prove I can change.	Transforming stigma into motivation	Active Coping Strategies
15	The impact is two-directional it can weaken me but it can also strengthen me.	Ambiguous impact of stigma on recovery	Impact of Stigma on Recovery
16	If not mentally strong, experiences like that can make me go back to old habits.	Relapse risk due to stigma pressure	Impact of Stigma on Recovery
17	That experience almost made me relapse. The pressure from outside and inside was quite large.	Stigma pressure driving near-relapse	Impact of Stigma on Recovery
18	Recovery is not just about stopping drug use it's also about facing the environment.	Recovery as a social process	Impact of Stigma on Recovery

19	If there's support from certain people, the impact is not too heavy... the environment greatly determines the recovery process.	Social support as protective factor	Role of Social Support
20	I prefer to be in an environment that can accept me.	Selecting supportive environments	Role of Social Support

Table 2. Summary of Themes, Supporting Codes, and Descriptions

Theme	Supporting Codes	Description
Theme 1: External Stigma	Public labeling; Negative social perception; Discrimination & suspicion; Employment denial; Social distance	Negative treatment from society, both overt and covert, encompassing direct labeling, excessive suspicion, and restriction of social and economic access.
Theme 2: Self-Stigma	Internalization of negative views; Sense of unworthiness; Negative self-evaluation; Low self-esteem	The process by which individuals adopt and internalize society's negative views into their own self-narrative, resulting in self-blame, anticipated stigma, and diminished sense of worth.
Theme 3: Active Coping Strategies	Focus on self-recovery; Self-proving behavior; Spiritual approach; Social support seeking; Reframing stigma as motivation	Active efforts undertaken by individuals to face stigma, including behavioral change, spirituality, social environment selection, and cognitive reframing.
Theme 4: Impact of Stigma on Recovery	Ambiguous stigma impact; Relapse risk; Recovery as social process; Internal and external pressure	The dual influence of stigma on the recovery process serving simultaneously as a barrier that can hinder progress and, in certain conditions, as a driver of personal change.
Theme 5: Role of Social Support	Social support as protective factor; Selecting supportive environments	The significance of accepting and supportive individuals in balancing the negative impacts of social stigma and facilitating sustained recovery.

Theme 1 External Stigma: Labeling, Discrimination, and Social Rejection

The first theme to emerge prominently across all participants' narratives was the experience of external stigma negative treatment originating from the social environment outside the individual. External stigma appeared in varied forms: explicit verbal labeling, heightened vigilance and unwarranted suspicion, and the denial of social and economic access. This finding is consistent with the conceptualization of stigma as a process of social labeling that leads to marginalization (Clair, 2018; Andersen et al., 2022).

> "Someone openly called me an 'ex-addict' in front of others. I felt cornered, as if all my efforts meant nothing. That label keeps sticking, even though I've tried so hard to change. (Participant 5)"

This excerpt illustrates how public labeling functions as the most injurious mechanism of stigmatization not only generating social harm but also delegitimizing the recovery efforts the individual has made. As Cazalis et al. (2023) document in their scoping review, stigmatization by members of the general community constitutes a primary barrier to social reintegration following rehabilitation.

Beyond verbal labeling, external stigma also materialized in employment discrimination. Several participants reported dramatic shifts in interviewers' attitudes once their background became known, reflecting the systemic discrimination that former drug users face in the labor market (Xiao et al., 2026; Rezapour-Mirsaleh & Soltani, n.d.).

> "At first everything went smoothly, but once they found out about my background, their attitude changed immediately. There was no clear rejection, but I was never called back. (Participant 2)"

A more subtle yet equally damaging form of stigma is social distance a perceptible shift in how those in the participant's immediate environment interact, communicated not through explicit statements but through gestures, expressions, and reduced engagement. This is consistent with Luo et al.'s (2024) distinction between public stigma, which is overt, and perceived stigma, which individuals experience in the texture of everyday interaction.

Theme 2 Self-Stigma: The Internalization of Negative Views

The second identified theme is self-stigma: the process by which individuals adopt and internalize society's negative views into their own self-narratives. This internalization represents one of the most significant psychological consequences of sustained external stigma (Earnshaw et al., 2022; Thornicroft et al., 2022).

> "I felt like I had no value in their eyes. Sometimes I started thinking negatively about myself, like I didn't deserve a second chance. (Participant 2)"

The self-stigma reported by participants encompassed several dimensions: a sense of unworthiness, self-blame, and anticipated stigma. Anticipated stigma was evident in narratives where participants described already feeling negatively evaluated even before others had said or done anything a preemptive internalization of judgment.

> "Even before others said anything, I already felt judged. My own mind made me feel increasingly pressured as if I had already condemned myself before anyone else did. (Participant 8)"

This dynamic illustrates the internalization mechanism theorized within Goffman's framework and elaborated by Hannem (2022), wherein individuals come to identify with the label society assigns them. Self-stigma that develops into self-blame wherein participants understood harsh treatment as a deserved consequence of their past is particularly concerning, as it erodes the motivational foundation of recovery (Bhullar & Gupta, 2023).

Theme 3 Active Coping Strategies: Responding to Stigma Through Action

Despite the significant pressures generated by external stigma and self-stigma, all participants demonstrated the capacity to develop coping strategies that enabled them to continue their recovery journey. This third theme reflects the resilience and personal agency of individuals in navigating social stigma.

The most dominant coping strategy was self-proving through concrete, sustained action. Rather than engaging in verbal contestation of the stigma they faced, participants chose to demonstrate their change through the consistency of their daily behavior. This approach is aligned with the concept of behavioral coping as emphasized within cognitive-behavioral frameworks of addiction recovery (Younas et al., 2025).

> "I try to prove my change through actions. I don't talk much, but I show it through daily behavior. I believe that if people consistently see that change, eventually they will trust me. (Participant 4)"

Spiritual coping emerged as another prominent strategy. This finding is consistent with the work of Yasin et al. (2024) and Laksana et al. (2023), who emphasize the role of spirituality as a source of strength in facing social pressure during recovery. Spirituality functions not only as an emotion-regulation mechanism but also provides a meaning-making framework that enables individuals to reinterpret the experience of stigma.

> "I started getting closer to religious activities. That helped me stay calm and not be swept away by my feelings. I feel stronger when I have a spiritual foundation. (Participant 5)"

Several participants also demonstrated cognitive reframing the ability to transform the meaning of stigma from a source of suffering into a catalyst for self-improvement. This capacity reflects psychological resilience, identified as an important protective factor in long-term recovery (Yasin et al., 2024).

> "Every time someone doubted me, I turned it into motivation to prove that I can change. It isn't easy, but that is what keeps me going. (Participant 10)"

Theme 4 Impact of Stigma on Recovery: A Bidirectional Dynamic

The fourth theme reveals the complex and bidirectional relationship between social stigma and the recovery process. Challenging the linear assumption that stigma invariably produces negative outcomes, the data demonstrate that stigma's influence is ambiguous and multidirectional: at once impeding recovery and, in certain conditions, motivating transformation.

> "The impact is quite significant for me. On one hand, people's behavior sometimes makes me feel down and doubt myself. But on the other hand, it also reminds me that I must not go back to the past. So the impact really is two-directional it can weaken me, but it can also strengthen me. (Participant 1)"

The risk of relapse induced by stigmatic pressure emerged as one of the study's critical findings. Several participants explicitly stated that the intensity of stigma they experienced brought them close to returning to addictive behavior. This reinforces the arguments of Adem et al. (2025) and Kiago et al. (2025), who situate social stigma as a significant risk factor for relapse.

> "That experience almost made me relapse. The pressure from outside, and from within myself, was quite large. But fortunately I was still able to control myself and seek help. (Participant 8)"

These findings also affirm participants' understanding that recovery is not merely a medical-psychological process but a social one involving identity negotiation and community acceptance. This aligns with Flora's (2023) conceptualization of social reintegration as a therapeutic stage inseparable from addiction recovery.

Theme 5 Role of Social Support: A Protective Factor

The fifth theme identifies social support as a highly influential protective factor in moderating the impact of stigma on the recovery process. Participants who had access to supportive social networks reported substantially better coping capacity than those who navigated recovery with limited social support.

> "If there's support from certain people, the impact isn't too heavy. But if there's no support, the experience can greatly affect my condition. So in my view, the environment really does determine the recovery process. (Participant 9)"

The buffering role of social support against the impact of stigma is consistent with the findings of Ehsan and Shiri (2025), who identify closeness to a positive social network as one of the strongest predictors of successful social reintegration. Participants were also active in selecting their social environments, choosing to engage primarily with individuals who accepted and supported their recovery journey.

The implications of these findings point to the need for rehabilitation programs that extend beyond individual clinical intervention to actively cultivate supportive social networks. Programs that meaningfully involve families, communities, and peer support groups should be strengthened as integral components of comprehensive rehabilitation (Phogat & Verma, 2023; Alketbi & Al-Gharaibeh, 2023).

The findings of this study portray the experience of drug rehabilitation clients as a complex, non-linear process profoundly shaped by social context. The five identified themes are mutually interactive: external stigma triggers the development of self-stigma, which is then navigated through active coping strategies bolstered by available social support, and the entirety of this dynamic bears directly on the quality of the recovery process. The finding that stigma's impact is ambiguous simultaneously hindering and motivating recovery represents a theoretically significant contribution. It challenges a singular narrative of stigma as an absolute barrier, and opens conceptual space for understanding how individuals with high resilience can convert stigmatic pressure into a force for change. This process can be understood through the lens of post-traumatic growth (PTG), in which adversity paradoxically drives psychological development and identity strengthening (Charlesworth & Hatzenbuehler, 2025). In the local context of Pekanbaru, these findings highlight the importance of socioculturally informed rehabilitation approaches ones that not only equip individuals with personal coping skills but also work proactively to reduce stigma at the community level. Engaging community leaders, religious figures, and educational institutions in destigmatization programs represents a step that policy makers should seriously consider (Uddin et al., 2025; Laksana et al., 2023).

Several limitations should be considered when interpreting these findings. First, the study was conducted at a single locale in Pekanbaru with ten purposively selected participants; consistent with the logic of phenomenological inquiry, the aim is analytical depth and transferability rather than statistical generalization, so readers should weigh the resonance of these accounts against their own contexts. Second, the data rest on participants' retrospective self-reports, which are open to recall bias and social-desirability effects, particularly given the sensitivity of disclosing a history of substance use and stigma. Third, the cross-sectional design captures experience at a single point in the recovery trajectory and cannot trace how the meaning of stigma shifts over time. Finally, as is intrinsic to qualitative work, the researchers' interpretive lens inevitably shaped the construction of themes; triangulation, member checking, and peer debriefing were employed to strengthen the trustworthiness of the analysis, even as they do not remove interpretation altogether. Building on these boundaries, future studies could adopt longitudinal designs, compare experiences across

gender or substance type, and evaluate the effectiveness of specific community-level destigmatization interventions in the Indonesian context.

CONCLUSIONS

This study successfully identified five major themes reflecting the comprehensive experiences of drug rehabilitation clients in confronting social stigma: (1) external stigma in the form of labeling, discrimination, and social rejection; (2) self-stigma as a process of internalizing negative societal views; (3) diverse active coping strategies; (4) the ambiguous dual impact of stigma on the recovery process; and (5) the protective role of social support. These findings affirm that the success of drug rehabilitation cannot be separated from the social context surrounding the individual. Persistent social stigma is not merely a practical obstacle to reintegration; it is a psychological burden that can erode motivation and increase the risk of relapse. Conversely, strong social support and adaptive coping strategies have been demonstrated to serve as significant protective factors. On the basis of these findings, several recommendations are proposed: first, rehabilitation programs should be integrated with community-level destigmatization interventions; second, the empowerment of families and peer support networks should be strengthened as components of post-rehabilitation services; third, spiritual approaches should be formally recognized and integrated as a legitimate element of recovery programs; and fourth, more concrete anti-discrimination policies are needed to protect the rights of former drug users in accessing employment and social services. Future research could explore longitudinal dimensions of the stigma-recovery relationship, examine differences based on gender or type of substance use, or evaluate the effectiveness of specific destigmatization interventions in the Indonesian context.

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