
Communication Resilience among Chronic Illness Patients: A Phenomenological Study of Hepatitis B Survivors Facing Social Stigma

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DOI : <https://doi.org/10.56480/jln.v6i2.78>

Received: May 05, 2026

Revised: May 26, 2026

Accepted: June 06, 2026

Abstract

This study aims to explore the communication resilience demonstrated by Hepatitis B survivors after overcoming the critical stages of their illness, particularly when dealing with social stigma. Chronic diseases not only affect physical health but also generate psychological and social challenges due to prejudice and limited public understanding. Employing a qualitative phenomenological approach, this research investigates the communication experiences of two female Hepatitis B survivors who have encountered stigmatizing attitudes within their social environment. Buzzanell's (2010) Communication Resilience Theory is used as the analytical framework to examine how individuals reconstruct their identities, maintain social relationships, and create new meanings in response to adversity. The findings reveal that both participants experienced substantial communication challenges, including social exclusion, negative remarks, and misunderstandings arising from inadequate health literacy among community members. Despite these difficulties, they exhibited communication resilience through several strategies, such as controlling the disclosure of personal information, relying on family support, and developing more constructive self-narratives. These findings suggest that resilience extends beyond mere survival; it represents an active communicative process through which survivors adapt, recover, and continue to build meaningful lives despite experiencing social stigma.

Keywords– Communication Resilience, Hepatitis B, Social Stigma, Phenomenology, Chronic Illness



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1. Introduction

Hepatitis B remains a critical public health concern in Indonesia. Data from the Ministry of Health of the Republic of Indonesia indicates that approximately 7.1% of the Indonesian population is infected with the Hepatitis B virus, positioning the country among those with the highest case numbers in Southeast Asia. This high prevalence demonstrates that Hepatitis B is not merely an individual medical issue but a broader public health challenge requiring comprehensive intervention.

Beyond medical hardships, Hepatitis B survivors frequently confront various social challenges driven by poor public literacy regarding the disease. In daily interactions, many survivors face discriminatory treatment and negative stereotypes. A segment of society mistakenly associates this illness with deviant or immoral behaviors. Furthermore, misconception persists that Hepatitis B can be transmitted through casual social contact, such as sharing meals, shaking hands, or occupying the same room. Medically, however, the Hepatitis B virus is transmitted only through exposure to infected blood, unprotected sexual contact, or perinatal transmission from mother to child during childbirth. This discrepancy between medical facts and public perception generates substantial barriers in the social interactions of survivors.

This phenomenon highlights how individuals navigate social pressure stemming from stigma. In this context, the framework of communication resilience provides a vital analytical lens. Buzzanell (2010) defines communication resilience as a series of communicative processes that enable individuals or groups to maintain social functionality and reconstruct meaningful lives during periods of difficulty, crisis, or disruption. Within this paradigm, resilience is not viewed as an inherent personality trait, but rather as an evolving process shaped by ongoing communicative practices.

According to Buzzanell (2010), five core processes constitute communication resilience:

1. **Crafting normalcy:** Efforts to recreate a sense of regularity through daily activities and routines.

2. Affirming identity anchors: The reinforcement of core identities that are deemed important and meaningful.
3. Maintaining and using communication networks: Retaining and utilizing communicative pathways that provide social support.
4. Putting alternative logics to work: Developing alternative perspectives or narratives to counter environmental pressures.
5. Downplaying negative feelings while foregrounding positive emotions: The ability to manage negative affect while highlighting positive experiences and feelings.

These five processes are interconnected and can occur simultaneously depending on the individual's situation. A communication resilience approach broadens our understanding of chronic illness survivors. An individual's endurance is determined not only by physical stamina against disease but also by their capacity to construct meaning, preserve social ties, and defend identity anchors through communication. When social stigma stands as a major barrier, communication serves as a crucial mechanism for adaptation and quality of life preservation.

While prior studies have widely explored resilience among chronic illness survivors through psychological and public health frameworks (Luthar et al., 2000; Southwick & Charney, 2012), research specifically detailing the communicative processes behind resilience remains scarce, particularly regarding Hepatitis B survivors in Indonesia. Yet, communicative decisions such as managing disease disclosure, choosing confidants, and formulating responses to stigma are fundamental to the resilience process.

This study aims to provide a deeper understanding of the communication experiences of Hepatitis B survivors facing social stigma. By exploring the lived experiences of two survivors, this study identifies the communicative challenges they face, the strategies they employ to overcome them, and the social support that fosters their resilience. The guiding research question is: How do Hepatitis B survivors undergo the process of communication resilience when confronting social stigma?

2. Method

This study adopted a qualitative phenomenological approach to uncover and understand the lived experiences of individuals as they perceive and meaningful interpret them (Husserl, 1913; Moustakas, 1994). Phenomenology allows researchers to gain deep insights into the communicative experiences of Hepatitis B survivors, including their emotional, cognitive, and social dynamics in everyday life.

Two female Hepatitis B survivors residing in East Java participated in this study. Participants were selected via purposive sampling based on the following criteria:

1. Diagnosed with Hepatitis B at least one year prior to the study.
2. Had personal experience encountering social stigma related to their diagnosis.
3. Consented to share their personal experiences openly.

This limited sample size aligns with phenomenological research standards, which privilege data depth and richness over large informant numbers (Creswell, 2013). To protect confidentiality, pseudonyms are used. The first participant, Aphrodid, is a 22-year-old communication science student who discovered her Hepatitis B status during a routine pre-operative health screening. The second participant, Ratih, is a 34-year-old housewife who learned of her status through routine prenatal screening. Their differing social backgrounds provide nuanced perspectives on the communication resilience phenomenon.

Data were gathered through semi-structured, in-depth interviews conducted across two to three sessions per participant, totaling approximately three to four hours of interview time per individual. The interviews focused on their communicative experiences from the moment of diagnosis through their encounters with social stigma. In addition, field notes and observations were utilized to capture non-verbal expressions, interview contexts, and environmental nuances. Data analysis followed Moustakas' (1994) phenomenological framework:

1. Epoché: The researchers suspended personal assumptions and biases to approach the participants' experiences objectively.
2. Horizontalization: Significant statements relevant to the phenomenon were isolated from the transcripts.
3. Clustering: Significant statements were grouped into overarching themes with shared meanings. Textural and Structural
4. Description: Comprehensive profiles were synthesized to describe what the participants experienced and how the experience occurred within their contexts.

Data credibility and trustworthiness were ensured through member checking, source triangulation, and the presentation of thick, rich descriptions.

3. Result and Discussion

3.1 Aphrodid's Experience: Adapting to Diagnosis and Social Stigma

Aphrodid discovered her Hepatitis B status unexpectedly during pre-operative medical clearances for a rhinoplasty procedure. At the time, she possessed inadequate knowledge regarding the disease. The reactive test results caught her off guard, provoking substantial anxiety about her health. Following the initial diagnosis, she underwent further evaluations across multiple hospitals. Throughout this period, her challenges extended beyond physical health, manifesting as deep concerns over potential public reactions. Due to widespread ignorance surrounding Hepatitis B, people around her wrongly assumed that the disease could spread through day-to-day interactions.

From the lens of Buzzanell's (2010) Communication Resilience Theory, Aphrodid's diagnosis disrupted her established sense of normalcy. The sudden medical uncertainty affected how she interacted with healthcare providers, family members, and her broader social environment. A particularly striking experience for Aphrodid was encountering excessive, patronizing pity from acquaintances. While not explicitly hostile or exclusionary, such reactions made her feel alienated and viewed as inherently "different". This underscores Goffman's (1963) notion that stigma does not always manifest as overt

rejection; it can present as patronizing treatment that reduces the individual to a weak or helpless state.

Aphrodid's communication resilience emerged as she actively sought accurate medical information regarding Hepatitis B. Detailed explanations from medical professionals regarding transmission modes and disease management mitigated her anxieties. This knowledge formed the foundation of a rational perspective toward her condition. This transition illustrates Buzzanell's (2010) dimension of putting alternative logics to work, wherein an individual utilizes fact-based narratives to counter social pressures and societal misconceptions.

Family support served as an essential pillar in Aphrodid's adaptation. Her family offered emotional reassurance and accompanied her to medical appointments. Open communication within the household allowed her to express vulnerabilities without fear of judgment. This dynamic exemplifies maintaining and using communication networks, where safe relationships are leveraged as sources of structural strength during crises. Over time, Aphrodid resumed her daily routines, continued her university education, and engaged socially. This step reflects crafting normalcy, the deliberate restoration of regular life patterns post-crisis. Concurrently, she demonstrated affirming identity anchors by reinforcing her identity as a student, a family member, and an individual with roles independent of her Hepatitis B status.

3.2 Ratih's Experience: Information Management Strategies and Communicative Fortitude

Ratih learned of her condition during routine prenatal health checks. Unlike Aphrodid, Ratih's diagnosis carried immediate distress regarding vertical transmission risks to her unborn child, compounding her emotional burden during pregnancy. Initially, Ratih tightly regulated information concerning her health, disclosing her status exclusively to her husband and healthcare professionals. This decision was driven by apprehension that public knowledge would distort how others treated her. Viewed through Communication Privacy Management (CPM) theory (Petronio, 2002), Ratih's

behavior represents a strategic management of privacy boundaries to shield herself from potential social stigma.

Despite her guarded disclosure strategy, Ratih actively gathered medical insights. She consulted specialists and adhered to protocols to prevent mother-to-child transmission. Delivering a healthy, uninfected child significantly reinforced her self-efficacy as a mother. This outcome showcases affirming identity anchors, where core life roles are fortified through successful outcomes.

Communicative friction arose when extended family members eventually discovered her health status. Ratih observed behavioral shifts, such as family members avoiding shared utensils or expressing exaggerated anxiety. Though subtle, these actions signaled to Ratih that she was being treated differently. In managing this friction, Ratih chose to focus on positive indicators, such as her child's good health, her husband's unwavering support, and her stable medical reports. This tactic aligns with Buzzanell's (2010) process of downplaying negative feelings while foregrounding positive emotions. Prioritizing positive experiences preserved her psychological equilibrium and softened the impact of the perceived stigma. Gradually, Ratih began educating her family members on the medical facts of Hepatitis B, correcting misconceptions without resorting to direct confrontation. Through this gentle approach, she managed social stigma while elevating health literacy within her immediate environment. This process reflects the creation of knowledge-based alternative narratives to counter negative societal perceptions.

3.3 Cross-Case Analysis

A comparative analysis of Aphrodid and Ratih reveals shared communication resilience patterns. First, the resilience process is dynamic and non-linear, involving phases of uncertainty, adaptation, and eventual meaning-making. This reinforces Buzzanell's (2010) view of resilience as a continuous process negotiated through social interaction and lived experiences. Second, the nuclear family acts as a critical anchor for communication resilience. Acceptance, emotional affirmation, and safe communicative spaces within the

family unit equipped both participants to endure broader societal pressures. Third, access to accurate health literacy serves as an indispensable resource for resilience. Information acquired from medical experts enabled participants to understand their health and provided the foundation required to debunk social misconceptions.

Communication resilience among these Hepatitis B survivors is built not merely on individual cognitive coping mechanisms, but through active communicative processes involving social support, boundary management, and proactive meaning-making. Given the Indonesian cultural context which places premium value on family cohesion, social harmony, and acute sensitivity to communal perceptions the communicative strategies deployed by both participants demonstrate highly adaptive behaviors tailored to their cultural milieu.

4. Conclusion

This study demonstrates that Hepatitis B survivors do not merely endure social stigma; they actively negotiate it through dynamic, ongoing communication resilience processes. The lived experiences of Aphrodid and Ratih demonstrate that communication resilience is formed via interconnected strategies outlined in Buzzanell's (2010) framework: crafting normalcy, affirming identity anchors, maintaining and using communication networks, putting alternative logics to work, and downplaying negative feelings while foregrounding positive emotions. These five processes operate in tandem to assist individuals in mitigating the pressures of social stigma.

The study indicates that stigma surrounding Hepatitis B remains deeply entrenched due to substandard public literacy. Misconceptions regarding transmission modes continue to fuel discriminatory behaviors and disrupt survivors' social networks. In such environments, the communicative competence of survivors is vital to maintaining social ties, protecting identity anchors, and correcting misinformation within their immediate circles. Consequently, mitigating stigma requires interventions that extend beyond broad public health

literacy campaigns. Interventions must also reinforce the communication capacities of survivors, empowering them to manage disclosures effectively, construct supportive networks, and adaptively navigate stigma.

This study has certain limitations. The small sample size of two female participants prevents broad generalization of the experiences of all Hepatitis B survivors. Additionally, the geographic focus on East Java leaves broader regional and cultural variations unexamined. Future research should engage larger, gender-diverse cohorts and explore how distinct socio-cultural factors across different regions of Indonesia shape communication resilience among Hepatitis B survivors.

Funding: This research received no external funding

Acknowledgments: The authors would like to express their gratitude to all parties who have contributed to the completion of this article, including colleagues who provided valuable input during the discussion process and the academic community at the respective institutions of the authors for their administrative and moral support.

Declaration of Conflicting Interests: The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

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