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Coping with Stigma and Social Exclusion of Terror-Convicts' Wives in Indonesia: An Interpretative Phenomenological Analysis

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Abstract

This research aims to: (1) understand the various forms of stigma and social exclusion toward the wives of those convicted of terrorism, (2) understand the psychological impact of stigma and social exclusion toward the wives, (3) understand the coping mechanism of the wives toward stigma and social exclusion. The all Muslim participants were 24 wives of terror convicts or former convicts who lived in East Java, Central Java, and West Java. The data were collected through interviews and Focus Group Discussion (FGD), whereas interpretative psychological analysis were used to explore the participants' experience. Results of the study show that participants were stigmatized as "terrorist," and "ISIS." As a result, they received verbal abuse both directly and indirectly as well as threats of physical violence. The psychological impact felt by participants were a deep sense of shame and trauma. Three participants often still regret the situation although their husbands' arrest happened 3 to 12 years ago. The way participants deal with the stigma is through ignorance, hiding the real condition, and resettling at a different place.

Keywords

Social Exclusion, Stigma, Terrorism, Phenomenology

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4 Coping with Stigma and Social Exclusion of Terror-Convicts' Wives in Indonesia: An Interpretative Phenomenological Analysis

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1 *This research aims to: (1) understand the various forms of stigma and social exclusion toward the wives of those convicted of terrorism, (2) understand the psychological impact of stigma and social exclusion toward the wives, (3) understand the coping mechanism of the wives toward stigma and social exclusion. The all Muslim participants were 24 wives of terror convicts or former convicts who lived in East Java, Central Java, and West Java. The data were collected through interviews and Focus Group Discussion (FGD), whereas interpretative psychological analysis were used to explore the participants' experience. Results of the study show that participants were stigmatized as "terrorist," and "ISIS." As a result, they received verbal abuse both directly and indirectly as well as threats of physical violence. The psychological impact felt by participants were a deep sense of shame and trauma. Three participants often still regret the situation although their husbands' arrest happened 3 to 12 years ago. The way participants deal with the stigma is through ignorance, hiding the real condition, and resettling at a different place. Keywords: Social Exclusion, Stigma, Terrorism, Phenomenology*

6 Social psychology research has found that stigma influences psychological conditions such as happiness, self-esteem, self-perception, group identification, motivation, task performance, social interaction, and social exclusion (Clapham, 2007; Hick, Visser, & MacNab, 2007; Houston, 2007; Mason-Whitehead & Mason, 2007; van Laar & Levin, 2006). As Islamist terrorism rises along with Islamophobia, wives of terror convicts are one group who faces stigma and social exclusion (e.g., Ahmad & Ula, 2013). What are the various forms, impacts, and how to do they cope with it? Is there a different attempt by wives of terror convicts as compared to another stigmatized group? The current study 3 focused on examining the impact of public stigmatization toward the wives of terror convicts in Indonesia, and how they deal with the stigmatization of terrorism.

What Is Stigma?

Goffman defined social stigma as an attribute that extensively discredits individuals, belittles them from the whole and generally, for the purpose of defamation, abandons an individual (Goffman, 1963, as cited in Major & O'Brien, 2005, p. 394).

Stigma labeling can refer to characteristic, physical, and group identity (Goffman, 1963, as cited in Jalaluddin, 2011). A characteristic of stigma, for instance, is considering others as weak, slow, or dominating. Physical stigma refers to physical handicap, such as being visually

impaired, limping, being short, or being dark-skinned. Group identity stigma refers to race, nationality, and religion. Misguided stigma toward religious groups is included in group identity stigma.

How a person or group is stigmatized is contextual (Putra & Pitaloka, 2012). Groups or individuals can get stigmatized in certain communities but not in others. In Indonesia, for example, communism is stigmatized as “atheist, ruthless, and dangerous” (Putra, Danamasi, Rufaedah, Arimbi, & Priyanto, 2017), but in other countries it is viewed just like any other ideology. It depends on the socio-culture, history, religious majority, and other factors.

At least, social psychology identified three functions of stigma. First, exploitation and domination (keeping people down). Second, to build a social norm so that others who strayed remain obedient to the norm (keeping people in). Third, avoiding a disease (keep people away) (Phelan, Link, & Dovidio, 2008). Stigma can be caused by stereotype or prejudice, and can lead to social exclusion. Stereotype is a categorical assumption given to all specific group members that can either be positive or negative, simple or diverse; sometimes we believe it and other times not (Smith & Bond, 1993, as cited in Shiraev & Levy, 2012, p. 384). More often, negative stereotyping imposes stigmatization, such that because of negative labeling the existence of the group is devalued. For an example, because group A is labeled as “stupid,” group A is then considered as a scumbag.

Nonetheless, negative stereotype is not always directed toward other people. We can view our group as negative as compared to others. Marjoribanks and Jordan’s (1986) study (as cited in Shiraev & Levy, 2012) found that Australian Aborigines give positive stereotypes to Anglo-Australians and only minimum positive stereotypes toward their own group. Examples such as that also happen to other groups. For example, members of party A viewed party B as better, or university A viewed university B as better. A viewed other similar organizations as better, tribe A viewed tribe B as better, and so on. However, this symptom is rarely found in religious groups because it involves individual belief.

The other one, stigma can also be caused by prejudice. For instance, prejudice is beliefs or judgment of the negative qualities of others (Putra, 2014; Putra & Wagner, 2017). The definition of prejudice keeps changing, but the general understanding of it can be represented by the above definition. The key point in understanding prejudice is passing judgment without any proven facts. A characteristic of prejudice is judging others using invalid information as fact.

Due to the close connection with prejudice, research on stigma and prejudice are often overlapped. However, stigma and prejudice can be differentiated from the reactions that arise. Stigma is a reaction to perceived negative deviations, while prejudice does not necessarily connote reactions to deviations (Bos, Pryor, Reeder, & Stutterheim, 2013).

More often, stigmatization to minority groups can end with social exclusion. Millar (2007) summarizes the definitions of social exclusion as follows: “These definitions are all relating social exclusion to the inability of people to participate in the society in which they live and arguing that this applies across several dimensions, including the material but also the social and political” (Millar, 2007, p. 3). Stigmatized people lose many rights on their lives.

They lose access to their job, economic resources, political rights, education, and social interaction. Prior to the anti-discrimination movement, Black Americans faced difficulty in getting jobs due to the stigmas of being brutal and having low academic ability. Families and descendants of the Communist Party of Indonesia (PKI) and ethnic Chinese face similar issues of social exclusion (Sukanta, 2011; Putra, 2016). Families and descendants of PKI cannot be part of Indonesian National Armed Forces and become civil servants due to the stigma of being “atheist, ruthless, and dangerous.” Whereas ethnic Chinese face difficulty entering the government sector due to perception of being a “non-native.”

The Influence of Stigma

¹² Major and O'Brien (2005) mentioned four mechanisms in the spread of stigma: (1) negative treatment and direct discrimination, (2) confirmation process, (3) confirmation of hope, (4) activation of automatic stereotype, (5) the process of identity threat. Negative treatment and direct discrimination, for example, is differentiating treatment between Javanese and ethnic Chinese students (Pitra, 2016).

The second mechanism is expecting what should be done by stigmatized groups. For an example, you expect stigmatized groups to do something that will change what make them stigmatized such as belief, behavior, or physicality. The third mechanism is automatic activation due to situation factors. Your stigma will activate automatically when the stigmatized groups are in situations related to stigma. For example, test results of Papuan people are lower as compared to Javanese people. Stigma toward Papuan people of being "less educated" is automatically active because of that situation (low test scores).

The fourth mechanism is a threat to social identity. The consequence of this threat occurs in the personal and collective realm. Stigmatized people can cause low self-esteem and threats of the loss of social identity (Crocker & Major, 1989; Crocker et al., 1998, as cited in Major & O'Brien, 2005).

The impact of stigma: Social exclusion studies

⁷ Stigma can cause a great impact. Mason-Whitehead and Mason (2007) mentioned that the impact of stigma varies in its form and intensity. On the individual level, stigma and social exclusion affect low self-esteem, social relation, isolation, depression, and self-harm.

In addition, social psychologists have conducted many studies on how social exclusions are experienced by stigmatized groups. Houston (2007) studied social exclusion on women in England. The study found a difference of access for women due to social exclusion in participation on consumption, production, political involvement, and social (interaction) integration.

Stigma also occurs in the health sector. We probably only recognize the stigma directed to HIV/AIDS patients, but beyond that there are many other stigmas related to health. A study by Wiemann in 2005 (Mason-Whitehead & Mason, 2007) found 2 out of 5 youths in the United States who are pregnant felt stigmatized. They often think of abortion because their parents and teachers consider pregnancy in adolescence as a big mistake. The lack of support from people closest to them creates an even bigger pressure.

The other impact occurs in education. Pregnant adolescent women will potentially not continue their education because of the lack of support from the school and environment. Not many schools are willing to accept students who are pregnant. They consider it better to stop going to school (Bonnell et al., 2003 as cited in Mason-Whitehead & Mason, 2007). As a result, many youths are isolated from their community and require a long time to be reaccepted.

The exclusion study also took homeless participants. Clapham (2007) states that those who are excluded have more potential of becoming homeless, although it is undeniable that there are homeless people who have not experience prior exclusion. Homelessness is divided into two categories, namely sleeping on the streets and living in government-assisted hostels. People experiencing homelessness in the first category find it difficult to be registered as a voter or find a job and economic access due to the lack of a clear address.

In school surrounding data in England found 9.400 students (from all students in England) are excluded from school, 8.070 of which are elementary students (DfES, 2006, as cited in Hick, Visser, & MacNab, 2007). The link between exclusion with stigma is more apparent in England DfES study in 2005 (Hick, Visser, & MacNab, 2007). The study found a

greater exclusion level on Irish, Gypsy/Roman, Black Caribbean, other Blacks, and White/Black Caribbean students. Second, Black Caribbean and other Black boys are categorized as having behavioral, emotional, and social issues that are twice as high as White English boys.

Studies also show Pakistani students having impaired vision and hearing up to 2 to 5 times greater than White English students. In addition, Gypsy/Roman and Irish students have a very low achievement based on Key Stage assessment and have a greater Special Education Need (SEN) probability for students who do not use English as their main language to be identified with Special Education Need (SEN) and having learning difficulty is small. However, they most likely need specific lecture, language, or communication.

Another study from SEU (1998) as cited by Hick, Visser, and MacNab (2007) found various reasons for exclusion, namely: (1) weak basic skill ability, (2) limited student participation, (3) social and family risk factor, (4) weak student-teacher relation, (5) school pressure to increase academic standards, (6) publishing school performance table, (7) inappropriate curriculum for students who failed class, (8) lack of training for teachers to overcome behavioral difficulties.

Stigma toward wives of terror convicts and former terror convicts

This study explores the stigmas the wives may face after the terrorist convictions of their husbands. Ahmad and Ula (2013) reported women hearing comments regarding ill health because they wore socks often, accusations of discussing bombs in their lectures, and rejoicing at the arrest of their husbands. The participants coped by ignoring such statements and withdrawing from social interactions.

Mubarak's (2012) study shows the existence of stigmatization from Kompas, a national mass media, toward terrorists. In reporting about terrorism, Kompas' labelization was based on physical attributes such as a beard (abomination of the body), deviant character such as being good mannered but still conducting acts of terror (blemishes of individual character), and territory and family of perpetrators (tribal stigma). For tribal stigma, the families inevitably are stigmatized by the mass media.

Similar findings are exhibited in Jayanti and Indrawati's (2013) study. Local residents passed a social judgment toward the participants calling them wives of a terrorist and a bomb nest. Other participants faced social rejection from their new community where the majority are members of Indonesian Military Army (Tentara Nasional Indonesia/TNI). This experience caused confusion on their purpose of life and decision making, feelings of helplessness, sadness, and inferiority. On a behavioral level, participants avoided matters that made them uncomfortable and stressed.

The present study

In this study, we tried to understand the stigma faced by wives of convicts and former convicts of terrorism cases, and how they cope. Our team has been conducting intervention research on wives of convicts and former convicts of terrorism since 2015. We managed to communicate with 39 wives. Of these, many were unaware about their husbands' involvement in a terrorism network. But they still have to face the stigma as terrorist's wives. In our view, this issue is very important to examine, to understand other psychological dimensions faced by the wives of convicts and former convicts of terrorism cases. This study, then, explores the experiences of the wives of terror convicts when they were stigmatized.

Method

Participants

¹ Participants were 24 Muslim wives of terror convicts and former terror convicts who lived in West Java, Central Java, and East Java, Indonesia. Husbands of participants were detained in Jakarta, Cibinong, Semarang, Nusakambangan, and Porong with different prison sentences ranging from 4 years to life in prison. The participants are mentioned based on the initials of their first name.

Procedure

This study is part of Countering ISIS Ideology for Terror convicts and Families study (2016) headed by Professor Sarlito W. Sarwono under the Research Center of Police Science, Post Graduate School Universitas Indonesia. Stigma is one of the topics explored in the research. We collected data in two stages. The first stage was done on January-April 2016 using interview method. The second stage was done using Focused Group Discussion (FGD) on September-October 2016. Twenty-two participants were interviewed in their home and two participants in prison at the same time as their husband's visitation schedule. Before we asked the wife's permission, we visited the husbands of participants in prison to get permission to visit his wife before conducting the interview. We did so because in Islamic "radical" views, all decisions of the wives must get approval from the husband, including the decision to receive guests.

We interviewed the wives three times with different themes of discussion. At the first meeting, we only asked about personal background, family background, children's education, daily activities, and economic activities. At the second meeting, we asked the participants' views on jihad, non-Muslims, and terror acts. At the third meeting, we asked about their social interactions, the responses about them from people in their surroundings, the stigma they face, how to deal with the stigma, forgiveness for the husband's condition, and future plans. We recorded all interviews with the participants' permission. In this study, we limit the report to only analyze the data interview from third meeting.

The second step was focus group discussion. We invited all participants di FGD. From 24 invited participants, 15 showed up. The reasons some did not come were because their husbands did not allow them to get out of the house, they were busy, they could not leave the children behind, or the far distance to the FGD place. In the FGD there were three discussion sessions, namely introduction and self-empowerment, mental revolution, and entrepreneurship. Stigma was a part of the introduction and self-empowerment session. We asked participants to introduce themselves and share their experience as terror-convicts' wives, the stigma they faced, and how they overcome it. We gave the participants the chance to ask, respond, add information, and discuss.

Analysis

¹⁰ The present study used Interpretative Phenomenological Analysis (IPA) approach (Smith, Flowers, & Larkin, 2009). IPA is an approach widely used to explore one's subjective experience (Biggerstaff & Thompson, 2008). With this approach, we looked at how participants give meanings to their experience as a stigmatized person, and how they deal with it. As the interviews reached beyond the discussion of stigmatization, we limited the study to analyze statements which implied stigmatized experience and asked how participants coped. All interviews and FGD results were transcribed verbatim and then categorized in themes.

Results

In this section, three identified themes are presented: *stereotyping and stigmatization of terrorist members; threats, exclusions, and trauma from the past; coping with stigmatization.*

Stereotyping and stigmatization of terrorist members

It was found that participants were labeled as ISIS and terrorists. The label appeared because of the appearance of participants who wore all covered clothings and niqab. The participants themselves were also aware of being labeled terrorists because of their appearance.

Like when they ask where are you going, Mi, visiting your husband? Yes. They already knew that we dress this way, they knew that this is a terrorist.” (Interview with participant F, 2016)

Q: So for instance when your husband is free, you start to interact again. Is there any concern?

A: No there is not. I don't need to respond to their comments. In the village there are people who agree, who don't agree.

Q: Avoiding you?

A: Not sure if they are avoiding. Terrorist, terrorist likes? (Interview with participant U, 2016)

Another label attached to participants was ISIS. The label was also associated with the niqab worn by participants (Interview with participant R, 2016). In Indonesia and other countries, ISIS is considered as a dangerous group. Calling wives “ISIS” wives is a justification that the wives are also considered as part of that which the community cannot accept and so call a dangerous group.

The labeling of “having a lot of money” also came up in the explanation by participants. According to their view, local residents consider terrorists having flow of funds from their group. That assumption was faced by E after her husband was arrested. At that time E was buying sandals at a store near her house. A local resident who was shopping commented that E had a lot of money. It was supported by the fact that E was still able to shop for sandals although her husband was already arrested.

Went to the stall once. I went to the stall to buy sandal for (name of a child) to go to school. It's not possible—wearing sandal. Well, it was on the side of that stall: “There the wife of a terrorist, with paper money. She's got it easy. Just yesterday her husband was arrested and now she is shopping for sandal.” They said it right in front of my face. (FGD, participant E, 2016)

The effect of “terrorist wife” stigma for example caused unwillingness for others to help. Like what participant N experienced:

After my husband was arrested, alhamdulillah there are PKK administrators there who saw that I have three children, left by my husband I did not work, only as a housewife, some invited me to be active in PKK. But I was also sneered, “Why do you need to help her?” she said. I don't look at the parents,

I look at her three children. So I became active, because in the PKK there is a PAUD, that's how I started to teach. (Interview with participant N, 2016)

The statement above implied that local people viewed the participants in relation to her husbands' case. Although, in reality, the participants do not know their husbands' terrorism activity, others assumed they knew. They find it hard to believe that the wives do not know about their husbands' daily activity. Whereas the norm in an extremist group does not allow its members to divulge the activity—even to the wives. Hence participants in this study were shocked when their husbands were arrested. What they know is that their husbands were preaching or working. In a terrorist group, the activities are usually called “preaching” making it sound like good connotation. Recruitment process is also called “preaching.”

Threats, exclusions, and trauma from the past

Unpleasant remarks from local people are usually passed around behind the back of a participant. Of all participants, only three participants (E, R, and Z) had been sneered directly. Other participants found out about the stigma from neighbor information and questions that cornered their husbands.

In addition to the verbal comments above, participant E had experienced a threat of house burning. After the arrest of her husband, local residents came to her house and threatened to burn her house. The incident forced her to move to her parents' home in the West Jakarta area. Even there the participant and her children were evidently still subject to verbal abuse.

The arrest of their husbands was a heavy blow for all participants. The psychological impact was felt for years. Among the participants there are those who chose not to go back to their village for approximately 3 years.

I was afraid to go home. I was with my aunt in Surabaya, “Well no need to go home, it'll be chaotic.” Eventually I stayed there for two or three years. When things cooled down I went home. I went home and my mother is no longer there (passed away). So yeah it was a burden mentally at that time, my mother was consistently worried. (Interview with participant B, 2016)

Participant N admitted still being hysterical (in the sense of weeping profusely) even though the arrest of her husband happened 12 years ago. She blamed her husband for his recklessness to commit acts of terror. To the researcher, participant N revealed:

Q: Pardon, Umi. Have you ever protested to your husband? Why does it have to be like that?

A: I have. The thing is, I was hysterical.

Q: In the beginning?

A: Not really, even now (not just in the beginning). We have a burden so we were hysterical. I was upset. (Interview with participant N, 2016)

Participant S also experienced a similar issue. The arrest of her husband was a heavy blow. She admitted imagining her husband coming home even though she knew that he is sentenced for life. The psychological burden of S is still felt up to now. When she told her life story to the researcher, S cried three times.

The psychological impact experienced by the participants influences the way they respond to objects associated with the arrest of their husbands. B still experienced this issue now. At the time of the interview she said:

Sometime when I ride the motorbike, I get jumpy (trembling) when a bus passes by. I get jumpy you know, so when someone is knocking (knock on the door) I get startled. (Interview with participant B, 2016)

Coping with the stigmatization

Although there are differences in how the wives coped with the stigmatization, all participants choose to cover up their condition. They will only be frank when they are forced by the situation. This issue is recognized by N in the following statement:

Only the teachers know. Once someone called me, how come your husband is not around. When the situation is detailed like so I just tell the truth. (Interview with participant N, 2016)

Similar action was committed by participant A. When her husband has been detained for 4 years, A told her husband's status to her children. She did not even tell the status of her husband to her family including her mother to cover up the information from her children. She was extremely worried that her children will be stigmatized and excluded at school and the surrounding environment.

Even my mother does not know. She only know that he works abroad. Up to now. (Interview with participant A, 2016)

Participants B and E even decided to move away to avoid the stigma. Participant B lived at her aunt's house for almost 3 years and participant E moved to her parents' house outside the city for 1 year. Both participants only went back to their home after the condition has cooled down. The intention of moving away was also mentioned by participant A although she has not moved yet because she was not allowed by her husband.

Unpleasant statements have a big impact in socialization with neighbors. Participant U did not know her neighbors around the rented house to avoid questions that may offend her. She only goes out of the house to pick up her child from school and to visit her husband in the prison. She only interacts with the community of her congregation, namely those with the same ideology. Whereas she does not attend lectures in the community where she lives.

The study result shows that wives of terror convicts admitted that being imprisoned is a disgrace. They do not view being imprisoned as part of the jihad process. No participant states that "it is okay" if their husbands are imprisoned. This is in contrast to a study by Rufaedah, Sarwono, and Putra (2017) which found one respondent stating that the imprisonment of her husband is part of jihad. The husband is still rewarded because the cause of his imprisonment is jihad. A wife who is patient in waiting and accompanying her husband while in prison also receives a reward. The participant does not regret the circumstances. There is no problem even if her husband conducts another act of terror because, according to her belief, jihad is an obligation of every Muslim. In this study, none of the nine participants think so. From these findings, it can be concluded that the assumption of the wives of terror convicts concerning people in prison and terrorists is the same as the general public. They see it as something bad and shameful.

The impact that they feel is no different than other stigmatized groups in general. All participants feel sad, traumatic, regretful, and they do not want this incident to reoccur. One participant experienced change in her response to loud noises and door knocks at night due to

excessive fear as a result of the incident of her husband's arrest. There is no participant who said "no problem" if their children would follow the footsteps of their fathers.

Discussion

Previous studies have found that the wives of convicts and former convicts of terrorism cases faced stigma from the community. Among them, there were those who have been shouted at as a terrorist because they wore veil/niqab and mocked for "having a fever" because they always wore socks (Ahmad & Ula, 2013). In the present study, it was also found that there were stigmas faced by participants, but the label given was different from the findings of previous studies. None of the previous studies mentioned the stigma of ISIS labeled wives of convicts and former convicts of terrorism (Ahmad & Ula, 2013), but in the present study, ISIS stigma was found. That could be an indicator of a shift in identifying the association of a group of people with veil/niqab. Previously, people wearing the niqab were said to be connected to terrorists, now it is more specifically linked to ISIS.

In the present study, we also have revealed how the wives of convicted terrorists deal with the stigma of terrorists. First, they try to ignore the stigmatization; that is how they think others see them are not affecting their life. We assumed this is something that they want to expose related to terrorist labeling. They want people to see them unaffected by the stigmatization. Nonetheless, when we see their activities in the neighborhood, they do not socialize: they do not communicate and interact with neighbors. In this matter, what we want to emphasize is that what they think others think about them does matter (Putra, 2014; Putra & Wagner, 2017).

Second, in order to avoid the effect of stigmatization, the wives of convicted terrorists may attempt to hide their status or condition as such. The findings even reveal that some children do not know that their fathers are currently in prison. They only know that their fathers work in other places.

Third, they move to a different place. The decision to move correlates with the burden of being stigmatized and unpleasant action endured by each participant. Van Laar and Levin (2006) said the difference of response to stigma occurred due to purpose, environment, and individual characteristics factors. Environmental factors may possibly be the cause of the magnitude of stigma faced by participants. Participants who decided to move originate from villages which are densely populated. There are many unpleasant remarks that can directly be heard by participants. The decision to move may not be taken by participants if they live in an area where the locals are supportive.

There are ways to cope or deal with stigma (Abrams, Hogg, & Marques, 2005; Miller & Keiser, 2001). It can be (1) performing a counterattack, (2) defending by taking sympathy to the stigmatizing group, so they can enforce limits to those who exclude, (3) trying to rebuild control of the relationship, (4) questioning the reason or legitimacy of the exclusion, (5) withdrawing from some interactions and building external relationships (Abrams, Hogg, & Marques, 2005 as cited in Putra & Pitaloka, 2012). What is interesting, none of the wives who were interviewed responded to stigmatization in an aggressive way, or responded with a mounting anger. Instead, they tend to ignore or avoid stigmatization. We argue that this is so because in Indonesian and Muslim cultures, women are viewed as inferior physically, spiritually, and intellectually, and this is considered as a source of evil (Fauzia, Burhanuddin, & Fathurahman, 2004). That view causes Muslim women in Indonesia to be more passive and feel inferior.

We also found that there is no participant who counters stigma by providing a positive meaning of terror. Terror acts are often called jihad, which has positive connotation for terrorist

groups. However, in this study none of the participants viewed their husbands' terror acts as jihad. They did not show any denial that terror acts are destructive.

The findings of these three coping strategies shows that how people from other group think (Putra & Wagner, 2017) about terrorism and the perception of wives of husbands accused of terrorist activity. It strengthens the previous studies showing that what we think other people think really does matter. The majority of participants tend to respond to the stigma in term of ignorance or avoidance, which in the end prevents them from socializing. Obviously, this is not good, they are considered susceptible to connect to those who care about their conditions, who are usually radicals. Taking into account Putra's findings (Putra, 2014, 2016) where it shows that people are highly influenced by how their in-group members think about others, as the participants are considered to highly identify with their religion, we can use this model of thinking to prevent radicalization in the wives. It can start by spreading the idea that (moderate) Muslims do care about their condition. Or, for example, Intergroup contact, where for instance by way of frequent visitation, strengthening, inviting for activities, and by not viewing them differently are ways that can be done. They need to be convinced that the community still accepts them as they are. Thus, an evil view of society is more likely to be eliminated.

In this case, it should be underlined that the wives of terror convicts have various differences from their husbands. The participants in this study often do not know of their husband's involvement in acts of terror. Within a terrorist network, there is a code of ethics for covering up secrets even to the wives. There are those who know, but they do not agree and even refuse their husbands' invitation to accompany their "jihad."

Stigma toward the wives should actually be minimized because it can start hatred toward other people or groups. In the long term, it can shift their ideology from moderate to radical. The potential shift is greater because the wives of terror convicts have been exposed to the ideology of their husbands which is mostly radical. They may also view that society is no different from the *thaghut* government who is fond of doing evil; society has no sense of solidarity and is unable to do anything for their neighbors who are afflicted by disaster. With such view, the wives are susceptible to justify intolerant action even acts of terror (Putra, Danamasi, Rufaedah, Arimbi, & Priyanto, 2017).

The conclusions of this study are as follows: (1) The coping strategies of the wives of terrorists are not damaging and do not counter with an attack—they would rather avoid or ignore and (2) Many of the wives disagree with their husbands. These results are in contrast to the study by Ahmad and Ula (2013), where the wives viewed the real terrorists are those who cried "fight terrorism", namely America and its allies and also the government. The convicts of terrorism were the ones accused as terrorists, but not the real terrorists. This explains that preventing the children of terrorists from becoming radical or awakening the husbands from a deviant path can be done through the wives.

The present study found different results from previous studies. Nevertheless, this study still has limitations. First, there were not many participants. Second, data was limited to Indonesia, so the results cannot be generalized worldwide. Third, results are still limited to exploratory findings, so it cannot be used to see the relation or the strong factors between stigmatization and the coping model toward stigma.

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