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The Effect of Family Psychoeducation Therapy on Family Self-Esteem in Patients with Schizophrenia

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Abstract:
Schizophrenia is one of the most serious and most common mental disorders in Indonesia. More than half of the burden of families caring for people with schizophrenia is in the moderate category. Families feel anxious and sad about the condition of people with schizophrenia; negative assessments from society about schizophrenia also further burden the family's condition in adapting to the presence of schizophrenia patients in the family. The purpose of this study was to analyze the Effect of Family Psychoeducation Therapy on Family Self-Esteem in Patients with Schizophrenia. This type of research is pre-experimental with a one-group pretest-posttest approach. Data collection was carried out from August 1 to August 31, 2024. The study population was 37 families who had family members with schizophrenia, and the sample was 37 families who had family members with schizophrenia, using the total sampling technique. Family Psychoeducation Therapy consists of 6 sessions, each carried out per week, and the duration of psychoeducation therapy is 45 minutes. The measuring instrument used for family self-esteem is the self-esteem scale. The study results showed that 15 respondents had 40.5% moderate self-esteem before psychoeducational therapy, while 20 respondents had 54.1% high self-esteem after being given psychoeducational therapy. After the Wilcoxon test was carried out, it showed a p-value of 0.000, indicating the influence of family psychoeducational therapy on family self-esteem in patients with schizophrenia. This study shows that family psychoeducational therapy is vital in the process of families caring for their family members with schizophrenia. This also shows the importance of the role of the family in the healing process of sick family members.

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INTRODUCTION

One of the most serious mental disorders is schizophrenia. Schizophrenia is one of the most prevalent mental disorders in Indonesia. Schizophrenia is a chronic, severe, and disabling brain disorder characterized by disorganized thinking, delusions, hallucinations, and bizarre or catatonic behaviors (Arai et al., 2025; Saputri et al., 2024; Dewi et al., 2023). Schizophrenia is a common disorder in society. The core symptoms of schizophrenia can be categorized into five groups: positive symptoms, negative symptoms, cognitive symptoms, emotional symptoms, and social/occupational dysfunction. Patients often experience difficulties in socializing, which is defined as the ability to form cooperative and interdependent relationships with others. Maladaptive neurological responses to socialization can decrease quality of life and other adverse impacts (Cai et al., 2022; García-Carpintero et al., 2024; Aşık & Albayrak, 2022).

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According to the World Health Organization (WHO) data, in 2019, there are 20 million people worldwide who have schizophrenia. Based on the National Institute of Mental Health (NIMH), schizophrenia is one of the top 15 causes of disability worldwide, and individuals with schizophrenia have a higher tendency for increased suicide risk (Silviyana et al., 2024). Data from the American Psychiatric Association (APA) in 2018 reported that 1% of the world population suffers from schizophrenia. Meanwhile, the 2018 Basic Health Research (Riskesdas) conducted by the Indonesian Ministry of Health indicated that the proportion of households with family members suffering from schizophrenia in Indonesia is 7 per mille, meaning 7 out of 1,000 households have a family member with a severe mental disorder, amounting to an estimated 450,000 severe cases. The 2018 Riskesdas results showed that the prevalence of schizophrenia or psychosis in Indonesia is 6.7%, with distribution in urban areas at 6.4% and rural areas at 7.0%, while the treatment coverage for schizophrenia reached 85.0% (Buhar & Gobel, 2023; Widiyani et al., 2022).

Based on a preliminary study conducted on April 12, 2024, 90 patients were identified, of which 53 patients regularly attended check-ups at community health centers or hospitals within and outside the district for routine treatment. However, 37 patients did not attend check-ups regularly or at all. Among the 37 families who did not maintain regular check-ups, complaints included embarrassment about their family member's schizophrenia diagnosis being known by neighbors, as well as frustration over the lack of visible treatment results. As a result, these 37 families felt ashamed to be seen frequently visiting healthcare facilities.

Schizophrenia patients often experience hallucinations and delusions, making it difficult for them to perform social functions and impeding their ability to interact with their surroundings. Consequently, schizophrenia patients struggle to meet their daily needs (Li et al., 2025; Bere et al., 2024; Ciufalo et al., 2024). As the primary support system, families often bear the burden of caregiving, whether the patient is hospitalized or returns home. These burdens include financial costs for treatment, mental strain from managing patient behaviors, and social stress (Churchill et al., 2024; Kurniyawan et al., 2023; Afkarina et al., 2024).

These situations compel families to rely heavily on close relatives. Families are required to provide full attention, time, effort, and healthcare to schizophrenia patients. This often results in changes in family structure. Furthermore, negative societal perceptions about schizophrenia exacerbate the challenges families face in adapting to the presence of a schizophrenia patient. Consequently, families may experience a decline in self-esteem. Self-esteem is defined as an individual's evaluation of their achievements by analyzing how well their behavior aligns with their ideal self. Through this evaluation, individuals can develop either a positive or negative view of themselves, determining their sense of value and worth to others (Wang et al., 2024; Fiska et al., 2024; Deviantony et al., 2021).

METHOD

This study employs a pre-experimental design with a one-group pretest-posttest approach to examine the impact of psychoeducation on the self-esteem of families caring for members diagnosed with schizophrenia. The research subjects first underwent a pretest to assess their self-esteem before receiving psychoeducation interventions, followed by a posttest to evaluate any changes. The psychoeducation program consisted of six sessions covering family problem assessment, client care, stress management, burden management, family empowerment, and evaluation. The independent variable in this study is psychoeducation, while the dependent variable is family self-esteem, measured using the Rosenberg Self-Esteem Scale. Data analysis focused on determining whether psychoeducation effectively improved self-esteem among participants.

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The study population included 37 families with members diagnosed with schizophrenia residing in the UPT Puskesmas Kunir, Lumajang. A total sampling technique was applied due to the relatively small population size. Inclusion criteria specified families with low self-esteem scores and the ability to understand the intervention. In contrast, exclusion criteria ruled out families with moderate or high self-esteem and those who withdrew. Data collection took place from August 1 to August 31, 2024. Ethical approval was obtained under protocol number 338/KEPK-UNHASA/X/2024, ensuring compliance with research ethics and participant rights throughout the study.

RESULT

Table 1. Characteristics of Respondents (n=37)

Characteristics	Frequency	Percentage (%)
Age		
20 - 30 years	16	43.2
31 - 40 years	16	43.2
>40 years	5	13.5
Gender		
Male	8	21.6
Female	29	78.4
Education		
Elementary School	9	24.3
Junior High School	13	35.1
Senior High School	15	40.5
Occupation		
Farmer	11	29.7
Entrepreneur	8	21.6
Housewife	12	32.4
Private Employee	6	16.2

The data shows that most individuals are between 20-30 years and 31-40 years, each making up 43.2% of the group, with fewer individuals over 40 years (13.5%). The gender distribution is skewed towards females, who comprise 78.4%, while males account for only 21.6%. Senior High school graduates represent the largest group at 40.5%, followed by those with Junior High School (35.1%) and Elementary School (24.3%) education. Occupation-wise, homemakers make up the largest share (32.4%), followed by farmers (29.7%), with fewer participants working as entrepreneurs (21.6%) or private employees (16.2%).

Table 2. The Effect of Family Psychoeducation Therapy on Family Self-Esteem in Patients with Schizophrenia Public Health Center

Before		After			Total
		Low	Medium	High	
Family Self-Esteem	Low	0 (0%)	13 (35.1%)	1 (2.7%)	14 (37.8%)
	Medium	0 (0%)	4 (10.8%)	11 (29.7%)	15 (40.5%)
	High	0 (0%)	0 (0%)	8 (21.6%)	8 (21.6%)
	Total	0 (0%)	17 (45.9%)	20 (54.1%)	37 (100%)
Wilcoxon Test = 0.000					

The data shows significant changes in the distribution of levels (Low, Medium, High) before and after psychoeducation therapy. Before therapy, most participants were at the medium level

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(45.9%), followed by those at the high level (54.1%). After therapy, many participants improved to the medium level (35.1%) and High level (29.7%), while the Low level remained almost unchanged. The Wilcoxon test result of 0.000 indicates a statistically significant improvement in participants' levels following the psychoeducation therapy.

DISCUSSION

Self-Esteem of Families of Patients with Schizophrenia Before Psychoeducation Therapy

Based on Table 2, the self-esteem of families of patients with schizophrenia before psychoeducation therapy reveals that 15 respondents, accounting for 40.5%, had moderate self-esteem. Most respondents agreed strongly with the questionnaire statements, such as "I feel like there is nothing to be proud of when I have a family member with schizophrenia" and "I often feel useless when I have a family member with schizophrenia." According to Ghufron's theory, factors influencing self-esteem include gender, intelligence, physical condition, family environment, and social environment. From the respondents' characteristics table based on gender, it was found that 29 respondents (78.4%) were female. Women often feel their self-esteem is lower compared to men, experiencing feelings of inadequacy, lower self-confidence, and a need for protection. This could be due to differing societal roles and expectations for men and women (Smith et al., 2024; Hollett & Challis, 2023).

Looking at Table 1, which shows the respondent's employment status, 12 respondents (32.4%) were housewives. This aligns with Saraswati et al.'s (2022) theory, which states that work significantly affects self-esteem, as families must work to meet their needs. Families with working members may not understand how to care for a schizophrenic patient well due to spending more time at work. Caregivers who do not work can provide better care because they spend more time with the patient, thus increasing their understanding of the needs of the ill family member. This lack of understanding can lead to lower self-esteem due to a perceived inability to care for a sick relative. Additionally, gender plays a role, as women are often more emotionally sensitive than men and may feel less confident, leading to lower self-esteem when comparing themselves to others.

Based on Table 1, which shows the age of respondents, 16 respondents (43.2%) were between 20-30 and 31-40 years old. According to Setianingsih et al. (2023), the caregiver's age significantly affects the care provided to the client. Older caregivers may face difficulties in finances and transportation, and as people age, they are more likely to seek mental health services, with the likelihood decreasing as they grow older. As people age and gain more life experience, they become better equipped to handle challenges.

Table 1 shows the gender characteristics of the respondents; 29 respondents (78.4%) were female. This result is consistent with Setianingsih et al.'s (2023) theory, which emphasizes the important role of women, particularly mothers, as primary caregivers. Women tend to have more patience and nurturing instincts when caring for sick family members. Finally, Table 1 reveals the educational background of the respondents, where 15 respondents (40.5%) had moderate self-esteem. Education influences a person's ability to receive information, impacting their awareness of their rights and health service needs (Iacorossi et al., 2023; Wang et al., 2025).

In this study, the author assumes that education, age, and gender contribute to a family's ability to care for a sick member. Female caregivers, who are more emotionally sensitive, tend to provide better care. Additionally, higher education improves the ability to gain knowledge and make decisions. At the same time, younger individuals are more likely to have the cognitive abilities to make sound decisions when caring for a sick family member. This collective influence helps ease the caregiving process and may improve self-esteem.

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Self-Esteem of Families After Psychoeducation Therapy

Based on Table 2, after psychoeducation therapy, it was found that 20 respondents, accounting for 54.1%, had high self-esteem. The majority of respondents with high self-esteem after the psychoeducation therapy reported that they no longer felt embarrassed to have a family member with schizophrenia. They were willing to take their family member regularly to the health center for treatment. They no longer felt useless, as they were now able to help their family member with schizophrenia receive treatment. Respondents also felt more at ease after receiving psychoeducation therapy. They no longer worried or felt uncomfortable, as their family member with schizophrenia had fewer relapses due to regular medication.

However, four respondents still had moderate self-esteem after the therapy. These respondents shared reasons such as feeling tired of treatment due to years of treatment without significant results, having a schizophrenia patient who was still being restrained, and one respondent mentioned having more than one family member with schizophrenia, making it difficult to care for both patients while balancing work responsibilities.

The use of family psychoeducation therapy plays a significant role in improving self-esteem. This is consistent with the benefits of family psychoeducation, which include speeding up the recovery process through family involvement, improving interpersonal relationships between the patient and family members, and enhancing the rehabilitation process. The family's role influences the improvement in self-esteem by boosting the self-esteem of its members through their willingness, participation, and ability to provide support in solving problems, ensuring safety, and increasing self-worth. Individuals who receive this support feel loved, cared for, and valuable. When an individual is accepted and positively valued, they tend to develop a positive attitude toward themselves and are more likely to accept and appreciate themselves (Berkemeyer et al., 2025; Yıldırım et al., 2024).

From the author's perspective, external support factors impact a family's ability to care for a sick family member. This is because caregivers who are not working have more time to spend with the sick family member, leading to a better understanding of the patient's needs. Additionally, close relatives and local healthcare services are crucial for the family to provide optimal care for a patient with schizophrenia, helping them understand what needs to be done and what the family member with schizophrenia requires.

The Effect of Family Psychoeducation Therapy on the Self-Esteem of Families with Schizophrenia Patients

Based on Table 3, the P-value of 0.000 indicates that family psychoeducation therapy has a significant impact on the self-esteem of families with schizophrenia patients. The psychoeducation therapy proved highly effective, with most respondents demonstrating an understanding of the therapy provided. Prior to the psychoeducation therapy, as shown in Table 3, 14 respondents had low self-esteem, 15 had moderate self-esteem, and 8 had high self-esteem. However, after the therapy, as seen in Table 3, the number of respondents with low self-esteem decreased to 0, the number with moderate self-esteem increased to 17, and the number with high self-esteem rose to 20.

The psychoeducation therapy was conducted in 6 sessions, each of which had a significant impact on the respondents. Before the therapy, many respondents felt embarrassed, useless, and as though they had nothing to be proud of due to having a family member with schizophrenia. After undergoing psychoeducation, however, respondents gradually understood the importance of their role and no longer felt ashamed. Notably, 14 respondents with low self-esteem before the therapy had no respondents with low self-esteem after the therapy.

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For example, during Session 2: Caring for the Client's Issues, caring for a family member with schizophrenia is often much more challenging than caring for a patient with a common illness, which many respondents initially struggled with. Before psychoeducation, they felt embarrassed and unsure of how to care for a schizophrenic family member. After completing the session, however, many respondents felt confident in their ability to care for the patient without shame. Similarly, in Session 6: Evaluating the Benefits of Family Psychoeducation, a post-therapy evaluation showed that many respondents better understood psychoeducation therapy, which increased their self-esteem.

Family psychoeducation therapy plays a crucial role in improving self-esteem. This aligns with the various benefits of family psychoeducation, such as accelerating the recovery process through family involvement, improving interpersonal relationships between the patient and family members, and fostering the socialization required for rehabilitation (Amaresha et al., 2024; Herrera et al., 2023).

From the author's perspective, family psychoeducation therapy significantly influences the self-esteem of families with schizophrenia patients. This is evident from the marked increase in self-esteem observed after the therapy, allowing families to no longer feel demoralized or inferior because of their loved ones' schizophrenia. Instead, families are motivated to continue providing care and support with tremendous enthusiasm and commitment.

CONCLUSION

In conclusion, family psychoeducation therapy has a significant and positive impact on the self-esteem of families with schizophrenia patients. Before the therapy, many family members felt embarrassed, useless, and inadequate in caring for their loved ones with schizophrenia. However, after undergoing psychoeducation, most respondents experienced a substantial increase in self-esteem, with many feeling more confident, empowered, and capable of providing better care. The therapy helped families understand their roles, reduce feelings of shame, and improve their ability to care for the patient effectively. As a result, family members felt more supported and valued, contributing to a greater sense of self-worth and motivation to continue supporting their loved ones in their treatment and recovery.

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CONFLICT OF INTEREST

The author declares that there is no conflict of interest in conducting and publishing this research. All study aspects, including data collection, analysis, and interpretation, were carried out independently and without any external influence or financial support that could compromise the research's objectivity.

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