

# The Effectiveness of Family Supportive Therapy toward Family Rejection and Attitude to Patient with Schizophrenia

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*Abstract— Family negative attitudes and family rejection against family members with mental illness increased the incidence of recurrence in patients with a mental disorder. The study aimed to determine the effect of supportive therapy on family attitudes and family rejection of family members with mental disorder schizophrenia. This study used a pre-post design quasi-experiment with a control group with sampling using cluster sampling. The numbers of the sample in this study were 51 families with mental illness family member for the intervention group and 45 families with mental illness family member to the control group. This research used the instrument family attitude scale and acceptance and rejection scale. The results showed there were significant changes in attitudes and rejection after being given supportive therapy group ( $p\text{-value} < \alpha = 0.05$ ). There is a significant difference in the change in the intervention group and the control ( $p\text{-value} < \alpha = 0.05$ ). The suggestion of this research is to apply supportive group therapy and family communities.*

**Keywords— family attitude, family rejection, family with mental illness, and Supportive Therapy**

## Introduction

There are 450 million people suffered a mental illness in the world and 150 million people living in a developing country [1]. There are eight from ten people with mental illness did not get any caring. While a conflict period in Afghanistan, people lost their one of a family member [1]. The inhabitant who are over 15 years old, half of them suffered mental illness such as depression, anxiety, or Pasca Trauma Stress Disorder [2]. Indonesia, which often has a natural disaster, the citizen who did not have a suitable coping mechanism and did not have a good adaptation skill are potential to suffering mental illness.

In Indonesia, the prevalence of mental disorder or schizophrenia on all of the age is about 0,17% citizen [3]. There are 0.6% patient with the mental-emotional disorder who over 15 years old and the highest prevalence are in Yogyakarta 1,16%. There is 0.27% citizen in Yogyakarta had the highest prevalence of mental disorder [3]. The data is the evidence if the inhabitant in Yogyakarta had a mental

disorder, and all of them does not get a medical therapy or good caring. The most of mental disorder that happened are mild mental-emotional disorder and heavy mental disorder or schizophrenia.

World Health Organization ranking state that schizophrenia is one from ten diseases which contributes as a world burden and the incidence of schizophrenia is 1.5 per 10.000 people although schizophrenia disorder is getting faster diagnosed in men than in women [4]. Globally, schizophrenia suffered 1% or 1.5 million population in the world, and about 1.2% or 3.2 million people in Amerika [5]. The data show that the number of schizophrenia is the burden in the world.

The family was showed several attitudes when they know one of their family members attach mental disorder. The family will show grief feeling when they know that their family member connects mental disorder because they lost their lovely, they also felt guilt, anger, fear, and hopeless on the other hand, the family felt disturbed with the attitude of the schizophrenic client [6]. The family showed defensive posture, humiliate, and vigilant toward the family member with schizophrenia disorder because the family thought that they also have a risk to get mental disorder [7]. The family has shown a negative attitude toward family member with schizophrenia caused client relapse and get worse.

The negative attitude of the family will arise when they knew their family member had a mental disorder. Family who had a family member with schizophrenia have a burden and they feel scared, shame, with the sign and symptom which arise when relapse, feel uncertainty with their treatment, low social support, and public stigma, so that the parents or family will be a precipitating the relapse and cause the first psychotic episode [8]. The researcher concludes that recurrent in schizophrenia patient also caused by negative family attitudes such as ignoring, indifferent, and deficit self-care.

Family rejection is the treatment of parents who no longer provide warmth or distance themselves from the child. There are three components of rejection 1) Aggression, 2) Carelessness and neglected 3) undifferentiated rejection Rohner,1975 [9]. The family does denial to clients with

schizophrenia is the occurrence of ignorance or neglect. Family rejection will also reduce self-esteem [10].

The family who does the rejection can aggravate the condition of schizophrenic clients. Family rejection can significantly cause depression, anxiety, and hopelessness [11]. So that if this rejection continues to be carried out by the family to schizophrenic clients, it can further aggravate the client's condition.

Efforts made for mental health as reflected in Law No. 36 of 2009 concerning health which describes health efforts are a series of activities carried out in an integrated, integrated and sustainable manner to maintain and improve public health degrees in the form of disease prevention, health improvement, treatment of diseases, and recovery of health by the government and or the community. Efforts were made to overcome negative attitudes and rejection, namely Family Psychoeducation and Social Skill training where once performed on mothers of caregivers of schizophrenic patients, mothers who attended social training skills showed a change of attitude towards positivity, while mothers who received family psychoeducation interventions showed the decrease in negative attitudes and rejection and their scores continued to increase gradually in subsequent follow-up assessments and for mothers who received social group skills training showed a decrease in negative attitudes. The family can make various efforts for schizophrenia patients such as Self Help Group, and Family Psychoeducation

*Supportive therapy is a psychotherapy that aims to prepare patients to be able to maintain or enhance their personal functions and social functions through collaboration and mutual understanding of life's challenges* [12]. Supportive therapy can also be performed on families who have chronic diseases such as diabetes, kidney failure, and can also be done on clients with mental disorders.

The Effect of Supportive Therapy on Family Ability in Caring for Children with Disabilities in SLB C in Cianjur Regency with the results of family abilities of mentally retarded children who get supportive group therapy is higher than families who do not receive supportive therapy [13]. The Influence of Family Supportive Therapy on Family Ability to Care for Mental Disorder Clients in Bubulak Village, Bogor also showed the results of an increase in family cognitive, affective, and psychomotor abilities in caring for clients with mental disorders significantly in family groups receiving family supportive therapy [14].

Central statistical data (BPS) in the Yogyakarta area has about 32,033 people who have mental health problems, consisting of 1,357 people experiencing severe mental disorders. Grhasia Mental Hospital Yogyakarta, one of the mental hospitals in Yogyakarta, only found 568 people or 41.86% of the total. So that there are still 789 people or 58.14 per cent who are not yet known [15]. Bantul Regency is one of the districts in DIY, which also has a high incidence of mental disorders. Bantul Regency Office found that the number of psychotic mental disorders sufferers had increased in the last five years, in 2007 there were 94 patients, 2008 there were 126 patients, 2009 there were 133 patients, 2010 there were 159 patients and

2011 there were 172 [16]. Bantul Regency is divided into several sub-districts, one of which is the Kasihan I sub-district which has 45 people with mental disorders who are schizophrenic, the number was taken based on patient visits to the Kasihan I.

The working area of Kasihan II Health Center is divided into two villages, namely Tirtonirmolo and Ngestiharjo Villages, the number of patients with schizophrenic mental disorders in Tirtonirmolo Village in 2007-2014 was found in 102 patients where 41 patients never went to Puskesmas and 61 patients routinely treated meeting at the Puskesmas. In Ngestiharjo village there were 120 patients with severe mental illness or schizophrenia where 28 patients were not routinely treated and 92 patients were routinely treated. The data was obtained from the results of the screening of severe mental disorders in 2007-2014 at the Kasihan II Health Center.

This disobedience is caused by the presence of an attitude of rejection in the family so that it does not support the treatment and family attitudes that limit themselves to the patient. The working area of Sedayu II Health Center is divided into two villages, Argorejo and Argodadi Villages. In Argorejo Village there were 39 patients with mental illness schizophrenia where 11 patients did not routinely undergo treatment, and 28 patients routinely underwent treatment. In Argodadi Village there were 47 psychiatric patients with schizophrenia where 14 patients were not routinely treated and 33 patients routinely underwent therapy and treatment. The data was obtained from the screening of mental health nurses at Sedayu II Health Center in 2013-2014

### **Method**

The research used Quasy Experiment pre-post with control group design. The sample used cluster sampling with 51 families for intervention and 45 families for control. The research used questionnaire and demographic data to collect the data which contain age, gender, job, marital status, income, and study. The research has had 22 questions for family rejection, and 17 questions for family attitude. The Validity and reliability used Alpha Cronbach with mean score 0,896 and  $r > 0,361$ .

### **Result**

The results of this study are presented in several forms of analysis data, namely family characteristics with family members of schizophrenia, characteristics of mental patients, differences in attitudes and family rejection with family members of mental disorder.

**Table 1**  
**Distribution Frequency about Family such as gender, study, Job, marital status, and the correlation Family rejection**

	Variable	Intervention		Kontrol	
		n	%	n	%
1	Gender				
	Men	13	25,5	12	26,7
	Woman	38	74,5	33	73,3
2	Education				
	1. Elementary	15	29,4	14	27,5
	2. Junior High School	18	35,3	14	27,5
	3. Senior High School	15	29,4	12	23,5
	4. University	3	5,9	5	9,8
3	Job				
	1. Unemployee	33	64,7	30	58,8
	2. Employee	18	35,3	15	29,4
4	Marital Status				
	1. Not Yet Married	2	3,9	2	3,9
	2. Married	43	84,3	39	76,5
	3. Widow	6	11,8	4	7,8
5	Health Insurance				
	1. Have Health Insurance	37	72,5	36	<b>80</b>
	2. Don't Have Health Insurance	14	27,5	9	<b>20</b>
6	Family Income				
	1. <1.250.000	35	31,4	31	35,6
	2. >1.250.000	16	68,6	14	64,4
7	Drug Addeherence				
	1. Drug Obidien	26	51	22	48,9
	2. No Compliant Taking Drug	25	49	23	51,9

N<sub>1</sub>= Intervention Group  
N<sub>2</sub>= Control Group

**Table 2**

**Analysis of Differences in Attitudes and Rejection in the Intervention and Control Group after the Intervention Group received Supportive Therapy in the Kasihan II, Sedayu II, and Imogiri II Health Center Work Areas**

variable	Posttest	Me an	SD	SE	t	Mean differe nce	p
Attitude	Intervention	12,45	3,25	0,455	-9,29	-6,90	0.00
	Control	19,36	4,01	0,599			
Rejection	Intervetion	11,25	4,68	0,685	-10,17	-17,34	0.00
	Control	28,60	10,46	1,560			

The difference in average attitudes after supportive group therapy between groups who received supportive therapy and the

control group was -6.91, which meant that attitudes that received supportive therapy were lower than those who did not receive supportive therapy, with a p-value of 0,000. The difference in the average rejection after supportive group therapy between the groups receiving supportive therapy and the group that did not receive supportive therapy was -17.345,

which meant that rejection in the group receiving supportive therapy decreased significantly than the group that did not receive supportive therapy with p-value 0.000

**Discussion**

Negative family attitudes toward family members of mental disorders after getting supportive therapy declined. Supportive therapy is therapy carried out in groups that aims to provide support for families or patients. Supportive group therapy has the function of providing information and learning to group members; this will be revealed [12]. Supportive therapy that is full of information and knowledge were given to families who have family members with mental disorders who show negative attitudes to family members who are expected to be able to encourage families to be more positive towards sick family members.

The negative attitude of families with family members with mental disorders after getting supportive therapy has decreased, which means that the family attitude after getting supportive therapy becomes more positive. This is in line with research that supportive therapy can improve the ability of families to care for family members with mental disorders [14]. Supportive therapy given to families with mental disorders will have a positive influence on the family's attitude in accepting family members with mental disorders, because supportive therapy is to provide support to families and patients with mental disorders. Increasing the family's ability to care for family members with mental disorders is an indication that family attitudes towards family members who have family members with mental disorders are more positive.

Family rejection decreased after being given supportive therapy intervention in this study. Declining family rejection is seen from the reduced attitudes of parents who do not show that children are unwanted in the family, and do not consider children as a troublesome mother. Rejection in the family is something negative that must be eliminated, as well as signs and symptoms in clients of mental disorders.

The results of this study indicate that supportive therapy can reduce rejection by the family which is in line with the final scientific research that Supportive Therapy given to a group of chronic low self-esteem (HDR) patients can reduce chronic low self-esteem signs and symptoms of HDR patients [17].

**Conclusion**

Based on the research that has been done, general conclusions can be taken as follows:

1. Negative family attitudes in family members with mental disorders decreased significantly after receiving supportive therapy.
2. Negative family attitudes in family members of mental disorders given supportive therapy decreased significantly compared with families with mental family members who did not receive supportive therapy.

3. Family rejection of family members with mental disorders has decreased significantly after receiving supportive therapy

4. Family rejection of family members with mental disorders given supportive therapy decreased significantly compared to families with mental family members who did not receive supportive therapy.

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