SELF-ESTEEM, SOCIAL SUPPORT, AND SELF-ACCEPTANCE IN FAMILIES OF SCHIZOPHRENIA

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Abstract

Self-acceptance is something that is very important in life, even a person's level of self-acceptance can determine how he assesses or respects himself. A person's self-acceptance can also be determined by the presence or absence of social support they have received so far. In this regard, the aim to be achieved in this research is to scientifically prove the influence of self-esteem and social support on families of schizophrenia sufferers. The method in this research applies a quantitative approach with multiple regression analysis techniques. The research sample obtained was 43 respondents. Sampling was carried out using random sampling technique. The results of this study prove that there is a positive influence of self-esteem and social support on self-acceptance, although the influence of social support is not significant, and there is a joint positive influence of self-esteem and social support on self-acceptance.

Keywords: self-acceptance, self-esteem, social support

Introduction

People with schizophrenia physiologically and psychologically, individuals with this condition show higher attention demands compared to the overall population of individuals with similar conditions. According to Huurre and Arro (in Augestad, 2017), the difficulties in establishing friendships and the resulting social isolation have a significant influence on the development of emotional and communication problems , that of an unsupportive social environment and inadequate treatment facilities

In people with schizophrenia, it makes the patient's condition worse, frustration, feeling unattractive, and causing problems in actions and feelings. Schizophrenia patients struggle to develop as well as possible, so they depend on their social environment for support. In this context, the companion family or family is the microsystem (the smallest system) in the social environment (Ettekal & Mahoney, 2017).

Support provided by family members of people with schizophrenia, in addition to medical treatment, can be facilitated through self-acceptance. Kumar and Rajesh (2016)

explained that when family members accept and adapt to the presence of a schizophrenic, they can help the sufferer adapt to his condition. Conversely, if the patient is rejected by his or her family, it will hinder his growth, social interaction, and conceptual development (Begum, 2003).

Regarding the welcome of traveling families who have schizophrenics at the Oeipoi Kupang Health Center, it was revealed that the condition of schizophrenics causes disappointment, feelings of sadness and shame in the accompanying family, and even makes the victim afraid for his future. As expressed by Maulina (2019), these feelings are the main source of stress for the family concerned. This condition of self-acceptance of the accompanying family will certainly not be able to help accelerate the recovery of the condition of schizophrenic sufferers. Therefore, self-acceptance of the accompanying family of a schizophrenic person must include self-evaluation materials to help the accompanying family accept the fact that the person is a person with limitations. Self-esteem (self-systemem), as defined by Rosenberg (1965) as an evaluation, both positive and negative, of oneself, is what is meant by the attempt of self-assessment . Self-assessment of the companion family of a schizophrenic person is a tangible result of the knowledge and awareness of the companion family about their strengths and weaknesses objectively and realistically, which in essence is an expression of acceptance of themselves as they are.

A person's ability to recognize potential in their strengths and weaknesses will shape a framework of thinking and feelings about their worth, and this framework will largely be determined by how the person evaluates themselves, or in other words, by their sense of self-esteem. This is where the interaction between each family member's self-esteem and self-acceptance as a family member facing and caring for their mental health problems comes into play. Ellis (in Bernard, 2014) states that a person's evaluation of their self-esteem or self-esteem influences their feelings and behaviors, allowing them to consistently value themselves. This happens because they are constantly accepting and appreciating who they are, regardless of their achievements or interpersonal skills.

According to James (in Khalek, 2016), those with high self-esteem have a greater sense of pleasure, optimism, and motivation, which allows them to accept good times, face bad circumstances, successfully overcome obstacles, build strong relationships, and increase their strength. In contrast, poor self-esteem is associated with feelings of sadness, anxiety, and negativity. Low self-esteem, emotional instability, and a sense of worthlessness cause them to be unhappy with life.

In addition, the rate of acceptance of social support by individuals of interpersonal relationships involving emotional intimacy, social integration, positive reinforcement, opportunities for help, direction, and reliable support also had a significant impact on the individual's ability to accept himself or herself (Sarafino & Smith, 2012). When a person feels this social support, by a family companion of a person with hebrephonic schizophrenia, then the joy of being able to recognize and accept their status as a patient with physical visual impairment is triggered by this social support. This is affirmed by Huiracocha et al. (2017), who state that positive emotional support from others can help women with Down Syndrome feel better about themselves and accept their condition.

Recent research by Yanuvianti and Kania (2018) found a strong relationship between self-acceptance and social support. In particular, helping families with knowledge, appreciation, instrumental and emotional assistance accompanying individuals with special needs has been shown to make a significant contribution to their self-acceptance. From the perspective of social support, emotional social support is one of the elements of social support that affects emotional stability is emotional social support. According to Utami (2013), people who get social-emotional support tend not to experience emotional difficulties in their environment allowing them to accept themselves.

The purpose of this study was to determine how self-esteem and social support affect family members' approval of themselves with schizophrenia at the Oeipoi Kupang Health Center. The hypotheses proposed are: (1) Self-acceptance is influenced by self-esteem in families caring for individuals with schizophrenia. (2) In these households, self-acceptance is also influenced by social support. (3) In families helping individuals with schizophrenia, self-acceptance is influenced by social support and self-esteem.

Methods

The methodology of this study, which examines a specific population or sample, is quantitative. Here, the research is focused on family members of schizophrenia patients at the Oeipoi Kupang Health Center. The main goal is to test the hypothesis formulated.

Participants in this study consisted of the family population of schizophrenia patients at the Oeipoi Kupang Health Center which amounted to 43 patient families. Sampling was determined using a side random technique which was carried out by randomly taking half of the number of population members, so that some families of schizophrenia patients at the Oeipoi Kupang Health Center became participants in this study as a response. The variable of self-acceptance of the companion family (Y) is a dependent variable in this study. The subjects studied were concerned with the rate of acceptance, both high and low, of accompanying families of schizophrenic patients to unpleasant experiences, avoiding frustration, and in facing and living each event that occurred. The dimensions of self-acceptance Williams and Lynn (2010) are not bound, not avoidant, non-judgmental, tolerant, and willing are the basis for the preparation of measuring instruments. There are a total of 19 items in the Likert scale-style questionnaire. Five groups were used to classify the data assessments: very high, high, medium, low, and very low. The threshold for each category is determined based on the mean (μ) and standard deviation (σ) of the data. The very high category includes a score greater than $\mu + 1.5\,\sigma$. The high category includes a value greater than $\mu + 0.5\,\sigma$ but less than or equal to $\mu + 1.5\,\sigma$. The medium category includes a value greater than $\mu - 0.5\,\sigma$ but less than or equal to $\mu + 0.5\,\sigma$. The low category includes a value greater than $\mu - 1.5\,\sigma$ but less than or equal to $\mu - 0.5\,\sigma$. The very low category includes a score of less than $\mu - 1.5\,\sigma$. The self-acceptance variable instrument in this study is considered to have a satisfactory level of reliability, as shown by the Guilford reliability coefficient. The first independent variable in the study (X1) was associated with a measure of the self-esteem of the families that accompanied it. The subjects studied were related to the

accompanying family's self-assessment of their assessment level determined by their own judgment as well as the opinions of others. This framework of the measuring tool is based on Deci and Ryan's (1995) proposal on the aspect of self-esteem. Especially authentic self-esteem and contingent self-esteem. This instrument is in the form of a Likert scale questionnaire consisting of 11 items. The data assessment was categorized into five groups: $X < \mu + 1.5 \sigma$, $X \leq \mu + 0.5 \sigma$, medium ($\mu - 0.5 \sigma < X \leq \mu + 0.5 \sigma$), low ($\mu - 1.5 \sigma < X \leq \mu - 0.5 \sigma$), and very low ($X < \mu - 1.5 \sigma$). The price dependent variable used in this study has a high reliability threshold, as determined by Guilford's reliability coefficient. In this study, the social environment variable is a dependent variable ($X2$). Subjects who are observed familiar with the ways in which the advice of others is given to individuals suffering from schizophrenia. The measurement instruments used are based on the definition of social circles by Sarafino and Smith (2011), which include emotional circles or self-esteem, informational support, concrete or instrumental support, and friendship support. These dimensions were assessed using a Likert scale questionnaire consisting of a total of 21 items. The data assessment was categorized into five groups: Low ($\mu - 1.5 \sigma < X \leq \mu - 0.5 \sigma$), medium ($\mu - 0.5 \sigma < X \leq \mu + 0.5 \sigma$), very high ($X > \mu + 1.5 \sigma$), high ($\mu + 0.5 \sigma < X \leq \mu + 1.5 \sigma$), and very low ($X < \mu - 1.5 \sigma$). Guilford's reliability coefficient shows that the self-esteem variable instrument used in this study has a good level of reliability. The multiple regression analysis approach was used to test the relationship between the dependent variable, self-acceptance (Y), and two independent variables, social support ($X2$) and self-esteem ($X1$). The idea, conception, implementation, and preparation of the results of this research are all carried out by paying attention to the originality of the work and adhering to relevant scientific ethics. To verify the authenticity of this research, plagiarism testing is carried out by utilizing Turnitin's web service.

Results and Discussion

At the Oeipoi Kupang Health Center, most of the families who accompany schizophrenia patients have a moderate level of self-esteem (43.24%). This shows that respondents are able to judge themselves both positively and negatively by considering their own opinions and the opinions of others.

Tabel 1.

Gambaran Umum Harga Diri pada Keluarga pendamping Penderita Skizofrenia Hebrefenik di Puskesmas Oepoi Kupang

Score Range	Self-Esteem Level	Frequency	Presented
X > 40	Very High	8	21.62%
33.33 < x ≤ 40	Tall	11	29.72%
26.66 < x ≤ 33.33	Keep	21	43.24%
20 < x ≤ 26.66	Low	1	2.70%
X < 20	Very Low	1	2.70%

Table 2.

Overview of Social Support for Families Accompanying Hebrephenic Schizophrenia Patients at the Oepoi Kupang Health Center

Score Range	Self-Acceptance Level	Frequency	Percentage
X > 56	Very High	4	10.81%
46.66 < X ≤ 56	High	8	21.62%
37.33 < X ≤ 46.66	Medium	27	59.45%
28 < X ≤ 37.33	Low	3	8.10%
X < 28	Very Low	0	0%

The remaining respondents were spread across various groups, indicating that 21.62% were in the very high self-esteem category, 29.72% were in the high self-esteem category, 2.70% were in the low self-esteem category, and 2.70% were in the very low self-esteem category.

According to the information presented in Table 1, it appears that families accompanying individuals with schizophrenia at the Kupang Oeipoi Health Center have moderate levels of self-esteem. This indicates that respondents are quite adept at evaluating themselves, both positively and negatively, based on their own assessments and the assessments of others. The percentage of respondents in the very high social support group was 32.43%, while the percentage of respondents in the moderate social support category was 27.02%. In addition, the percentage of respondents in the low social support category was 2.70%, and the percentage of respondents in the very low category was also 2.70%.

Based on the information presented in Table 2, it appears that the social assistance provided to families accompanying hebephrenic schizophrenia sufferers at the Oeipoi Kupang Health Center is mainly characterized by a fairly high level of support. This shows that sufferers often receive assistance from others in the form of empathy, attention, attention, triggers, and encouragement, provision of funds and services, offering guidance or instructions, or feedback on how to behave, and also the availability of others. This fact shows that companion families often get social support from the health center. This is in line with According to Sarafino and Smith (2012) one form of social support is the availability of others to spend time and provide a sense of membership in a group of people who have the same interests and social events, such as in this example the health center that provides facilities for carrying out social activities. The description of self-acceptance in companion families of hebrefenic schizophrenia sufferers at the Oeipoi Kupang Health Center is dominated by a self-acceptance score of 59.45%, which is classified as moderate. This shows that people can tolerate unpleasant situations quite well. pleasant, avoiding frustration, understanding the category of right or wrong experiences, facing and experiencing any events that occur, and choosing to participate in activities that will be carried out even though they are not in accordance with their wishes. The rest shows respondents with a very high self-acceptance category of 10.81% of respondents are in the high self-acceptance category of 21.62%. Meanwhile, respondents with a low self-acceptance category were 8.10%,

The data in Table 3 shows that self-acceptance in the family companions of hebrefenic schizophrenia sufferers at the Oeipoi Kupang Health Center is dominated by

a moderate level of self-acceptance, this shows something that can be tolerated quite well by respondents unpleasant experiences, avoiding frustration, understanding the category of good or bad meetings, dealing with experiencing whatever events occur, and choosing to participate in activities that will be carried out even though they are not in accordance with their wishes.

This condition shows that the family companions of schizophrenics are quite able to accept the existence of their family who have mental health problems to always pay attention to this. This is consistent with Rogers' opinion (in Hoffman, Lopez, & (Moats, 2013) that when an individual has the ability to accept his own experiences, then he also moves to accept

Table 4.
Regression Value between Self-Esteem (X1) and Social Support (X2) on Self-Acceptance (Y)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.686ᵃ	.470	.439	5.54228

a. Predictors: (Constant), X2, X1

In this study, the term "others" refers specifically to individuals with mental illness. The findings of the study indicate that when these individuals are accepted by their family members, the family members tend to also accept their loved one's condition, despite their mental illness. Self-acceptance of family members of individuals with schizophrenia is closely related to their own self-esteem and the level of social support they receive. The concurrent impact of social support and self-esteem on self-acceptance of family members of individuals with schizophrenia has been demonstrated by multiple regression analysis, which confirmed a significant and beneficial effect. Having external social support and self-esteem, especially from family members of individuals with schizophrenia, can foster feelings of acceptance of their presence. This is evident from the concurrent impact of the self-esteem variable and the social support variable on the self-acceptance variable. The multiple regression test yielded a result of $R2 = 0.470$, indicating that the self-esteem variable and the social support variable collectively provide a significant effect based on self-acceptance, amounting to 47% ($p < .05$). This indicates a direct relationship between the self-acceptance and social support variables, as well as the self-esteem measure. Therefore, the Ho hypothesis (which states that social support and self-esteem do not have a significant influence on self-acceptance) is proven to be incorrect. The level of self-acceptance in families who accompany individuals with schizophrenia at the Oeipoi Kupang Health Center is largely determined by the self-esteem and social support they receive.

The correlation between self-esteem, social support, and self-acceptance in families who support individuals with schizophrenia is in line with Dewi's research (2011). Dewi's research specifically examined families who support individuals with

mental disorders and found a good correlation between self-acceptance and self-esteem. However, research completed by Yanuvianti and Kania (2018) and Huiracocha et al. (2017) showed that there is a beneficial correlation between social support and self-acceptance. This is indicated by the hypothesis test which confirms the strong and meaningful impact of self-esteem and social support on self-acceptance in families who support individuals with schizophrenia at the Oeipoi Kupang Health Center.

When looking at the impact of the self-esteem variable (X1) on self-acceptance (Y), it is seen that there is a difference compared to the influence of the social support variable (X2) on self-acceptance (Y). Specifically, a one standard deviation increase in the self-esteem variable is estimated to result in a significant increase of 0.634 standard deviations in self-acceptance ($p < .05$).

Table 5.

The partial influence of self-esteem (X1) and social support (X2) on self-acceptance (Y)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	14.891	5.896		2.525	.016
X1	.816	.197	.634	4.131	.000
X2	.043	.080	.083	.543	.590

a.   Dependent Variable: Y

Self-esteem in the family of a schizophrenic can have an impact on self-acceptance. An optimistic and positive attitude in a person is one of the characteristics of high self-esteem in that individual will have an impact on the mindset of self-acceptance. This is in accordance with Dewi's statement (2011) that someone who has high self-esteem will have a good mindset of self-acceptance, mothers who have mentally retarded people are able to behave optimistically and positively, by feeling this, the mother will show a mindset of self-acceptance. Here, self-esteem is defined as a person's opinion of themselves, both positive and negative self (self). by assessing themselves and feeling valuable (Rosenberg, 1965). Self-esteem has a high and low range. Self-esteem People who score high tend to be happier, more optimistic, and more motivated (James in Khalek, 2016). while low self-esteem is characterized by people who feel worthless, inferior, and emotionally unstable (Ha in Khalek, 2016). Theoretically, self-acceptance can be influenced by social support. Self-acceptance is facilitated by support that comes in the form of informational, practical, emotional, and supportive feedback. This is consistent with the findings of Huiracocha et al. (2017) and Kania and Yanuvianti (2018) that social support provided to families with special needs sufferers in the form of emotional support, instrumental support, appreciation support, and information support helps families to accept themselves even though they have special needs sufferers. The social support in question is comfort, attention, self-esteem, or assistance presented to members of a group or individual (Uchino in Sarafino & Smith, 2011). However, based on the results of the hypothesis test, it was proven that an increase

in one standard deviation of the social support variable was estimated to only increase the standard deviation of self-acceptance by 0.083, which indicated that this did not need to be considered, the effect of the social support variable on self-acceptance (p>0.05).

The minimal impact of social support from others on the self-acceptance of family members accompanying schizophrenia sufferers is mainly due to assistance that is not in accordance with the special needs of family members. Regarding Horowitz in this case (Sarafino & Smith, 2012) emphasizes the importance of individuals receiving support. If they receive emotional support in addition to direct support (material or instrumental), the assistance is useless.

Conclusion

The findings of this study show that self-esteem has a real and meaningful impact on the self-acceptance of family members with schizophrenia. People with schizophrenia who have high self-esteem are able to maintain an optimistic and positive outlook, which allows them to accept their condition. Along with that, providing social support to family members of people with schizophrenia often has a positive impact on their self-acceptance. However, this impact is not statistically significant in contrast to the impact of self-esteem. One of the reasons is that the expectations of the family members involved are not met by the social assistance offered. The cumulative effects of self-esteem and social support on self-acceptance were found to be substantial. Therefore, the findings of this study confirm the acceptance of the alternative hypothesis (H1) and the rejection of the null hypothesis (Ho). A person's acceptance of attendance may be influenced by their social support and self-esteem. Future researchers are expected to have the capacity to include a larger number of study participants. This task must be completed to improve the generalization of the data and incorporate additional variables that can affect self-acceptance among individual family members with schizophrenia, in addition to self-esteem and social support.

References

[1]. L. B. Augestad, "Self-Concept and Self-Esteem Among Children and Young Adults With Visual Impairment: A Systematic Review," Cogent Psychology, vol. 4, no. 1, pp. 1-31, 2017. doi: 10.1080/23311908.2017.1319652.

[2]. S. Begum, Cognitive Development in Blind Children. New Delhi, India: Discovery Publishing House, 2003.

[3]. M. E. Bernard, The Strength of Self-Acceptance: Theory, Practice and Research. Melbourne, Australia: Springer Science & Business Media, 2014.

[4]. E. L. Deci and R. M. Ryan, "Human Autonomy: The Basis for True Self-Esteem," in Efficacy, Agency, and Self-Esteem, M. H. Kernish, Ed., New York, NY: Springer Science + Business Media, 1995.

[5]. N. A. Dewi, Hubungan Self-Esteem dan Penerimaan Keluarga Pendamping yang Memiliki Penderita Tunagrahita (Studi Korelasional pada Ibu yang Memiliki Penderita Tunagrahita di SLBC-YPLB Bandung). Skripsi (unpublished), Bandung, Indonesia: Universitas Pendidikan Indonesia, 2011.

[6]. V. Ettekal and J. L. Mahoney, "Ecological Systems Theory," in The Sage Encyclopedia of Out-of-School Learning, K. Peppler, Ed., California, USA: SAGE, 2017.

[7]. L. Hoffman, A. J. Lopez, and M. Moats, "Humanistic Psychology and Self-Acceptance," in The Strength of Self-Acceptance: Theory, Practice, and Research, M. E. Bernard, Ed., New York, NY: Springer Science & Business Media, 2013.

[8]. L. Huiracocha, C. Almeida, K. Huiracocha, J. Arteaga, A. Arteaga, and S. Blume, "Parenting Children With Down Syndrome: Societal Influences," Journal of Child Health Care, vol. 21, no. 4, pp. 488-497, 2017. doi: 10.1177/1367493517727131.

[9]. P. Z. Kania and M. Yanuvianti, "Hubungan Dukungan Sosial Dengan Penerimaan Diri pada Ibu yang Memiliki Penderita Berkebutuhan Khusus di SLB X Bandung," Prosiding Psikologi, vol. 4, no. 1, pp. 103-107, 2018.

[10]. M. Khalek, "Introduction to the Psychology of Self-Esteem," in Self-Esteem: Perspectives, Influences, and Improvement Strategies, F. Halloway, Ed., Alexandria, Egypt: Nova Science Publishers, Inc., 2016.

[11]. V. Kumar, E. Rajesh, and B. Sathia, "Parent-Child Relationship in Families With Visually Impaired Schooling Child," International Journal of Applied Research, vol. 2, no. 3, pp. 146-149, 2016.

[12]. M. Rosenberg, Society and the Adolescent Self-Image. Princeton, NJ: Princeton University Press, 1965.

[13]. E. Sarafino and T. W. Smith, Health Psychology: Biopsychosocial Interactions, 7th ed. New York, NY: John Wiley & Sons, 2012.

[14]. N. M. S. N. Utami, "Hubungan Antara Dukungan Sosial Keluarga Dengan Penerimaan Diri Individu yang Mengalami Asma," Jurnal Psikologi Udayana, vol. 1, no. 1, pp. 12-21, 2013.

[15]. J. C. Williams and S. J. Lynn, "Acceptance: An Historical and Conceptual Review," Imagination, Cognition and Personality, vol. 30, pp. 5-7, 2010. doi: 10.2190/IC.30.1.