

# Literature Review: The Family Therapy and Non-Family Therapy in Schizophrenia Patients

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**Abstract:** *Family therapy is a type of therapy used to treat schizophrenia patients and proven to help many patients. Family therapy can ease the burden of families who have family members with mental disorders. The mental health world requires more therapeutic methods to deal with individuals with mental disorders. Various development methods have been carried out to reduce the problems experienced by schizophrenia patients. This article discusses the comparison of the effectiveness of family therapy and non-family therapy in treating schizophrenic patients with various positive and negative symptoms. By using the literature review technique, the study focused on agreement and inequality in several previous studies conducted on schizophrenia patients, both outpatients or patients with acute symptoms. Both family therapy and non-family therapy show similar results on treatment towards Psychotherapy sufferers, and both are effectively applied to schizophrenia patients.*

**Keywords:** *family therapy, non-family therapy, schizophrenia*

## Introduction

Schizophrenia is one of the most severe mental disorders. Schizophrenia in Greek can be explained as a separation between thoughts, feelings, and behavior of individuals that can lead to hallucinations (Fausiah & Widury, 2008). Schizophrenia is a mental disorder that has very strange symptoms characterized by behavior, emotions, thoughts, and speech that can destroy their condition and the environment (Dewi, 2016). Mental disorder or called schizophrenia is a chronic and progressive disease that is dynamic and can worsen at any time by being influenced by factors of life of patients (Jones & Hayward, 2004).

Schizophrenia is generally experienced by people in developing countries with a ratio of 8 out of 10 people are suffering from this mental disorder. With the symptoms of depression and anxiety, approximately 400,000 Indonesian adolescents aged 15 years suffer from mental disorders (depkes.go.id, 2016). Mental disorders are also a significant problem in the world. WHO (2018) reveals that people with schizophrenia have reached 21 million people due to numerous factors and have an impact on the increase in the burden of each country. This phenomenon has inspired a number of researchers to conduct research and apply therapy to deal with schizophrenia patients to help them function normally in their lives, including living together with their family members.

There are two points to underline, that having family members who have schizophrenia can put tremendous pressure on other family members. On the other hand, the family members can also be the cause of stress experienced by the schizophrenia patients from the way they behave, which can cause the psychotic symptoms are getting worse, and the patients are re-admitted to a mental hospital (Jones & Hayward, 2004).

Family therapy is a psychological intervention to help families solve problems or misunderstandings that occur among their family members. Much research on family therapy in the last 40 years discuss the specific problems of families with schizophrenic family members. The research aim at reducing emotional levels among the family members without blaming one another and helping families to discover problem-solving (Jones & Hayward, 2004). In many cases, it is explained that schizophrenics and families meet regularly with therapists.

Family therapy aims to deal with problems that occur in a family by applying healthy interactions among the family members and managing good family life patterns so that they can solve problems that arise in the family (Conoley & Conoley, 2009). Family therapy enables collaboration between family members and people with schizophrenia to work together finding solutions and reducing difficulties faced by the patients and the caregivers.

Supports from family members are important for individuals suffering from mental disorders, aiming at fulfilling the patients' independence, adaptation to the environment around the patients, the smooth process of treatment, and social interaction. The results showed that there was a significant relationship between the role of family members and the increase of social interaction in social conditions among psychiatric patients (Maghfiroh & Khamida, 2015). For this reason, researchers suggest that there is a need for family involvement in treating patients and the need to apply family therapy to each schizophrenic patient.

This study aims to look at the effectiveness of family therapy and non-family therapy so that it can properly provide good care to patients with mental disorders. Researchers, through this literature review technique, want to develop a framework for solving problems in symptoms experienced by schizophrenia

so that they could get an overview related to the treatment and appropriate therapeutic methods in schizophrenia by looking at the results of previous studies.

### **Family Therapy**

Family therapy from developing system theory is widely applied in various types of organizations and organizational structures. Given this, many experts then link the system theory with family therapy to see the interactions of each individual in their family (Conoley & Conoley, 2009). Family therapy can be applied by integrating with other approaches such as spiritual approaches to increase mental health beliefs in the family about healing patients (Yusuf, 2013). The belief that will be instilled in the family is to assume that the patient's illness is a destiny from God but not helplessness or despair, then expect the patient's condition to be better, and schizophrenia can live like other individuals.

The family approach is mostly performed by providing psychoeducation to the families of psychotic patients (Burbach, 2018). Family interventions include psychoeducation, stress reduction, emotional processing, cognitive reappraisal, and decision-making structures (Caqueo-Urizar, Rus-Calafell, Urzua, Escudero, & Gutierrez-Maldonado, 2015). Many clinical professionals recommend interventions with family approaches for schizophrenic patients (Caqueo-Urizar, etc., 2015).

Intervention by providing psychoeducation to the families of psychotic patients is considered the most effective approach to improving the psychosocial of these patients (Mayoral, Berrozpe, Higuera, Martinez-Jambrina, Luna, & Torres-Gonzalez, 2013; McFarlane, Dixon, Lukens, & Lucksted, 2003). The efficacy of family interventions with psychoeducation is that it can have an impact on psychotic patients to prevent the patient's recurrence while preventing hospitalization (Mayoral, etc., 2013). Family psychoeducation is effective and efficient as a theoretical foundation for psychotic patients, including people with schizophrenia (McFarlane, etc., 2003).

Many research results support the intervention in schizophrenia by using family approach techniques, namely family therapy. Family therapy can help reduce the frequency of relapse in schizophrenia patients and can increase compliance for treatment (Aini & Budiyo, 2015). Other studies have shown that there is a decrease in patient companion burden using multiple family therapy techniques (Avriyani, Astuti, & Lailatusifah, 2016). It indicates that family therapy, in addition to treating patients, could give significant support for positive changes in patients.

Family is important for people with schizophrenia. Many studies show that family therapy is the most effective therapy for patients with mental disorders. There is a positive relationship between family support and the increase of social function of schizophrenia (Sefrina & Latipun, 2016). The more support the

family gives to the patient, the higher the confidence gained by the patient to interact with others so that they can develop their social abilities (Sefrina & Latipun, 2016).

The behavior of family therapy (BFT) approach is a skill-based family intervention where one family member has a mental health problem (Jhadray, Fadden, Atchison, & Mansell, 2015). BFT is also recommended to be implemented in schizophrenia patients in the clinical realm with the results of research showing a decrease in recurrence, increased social function, and a decrease in delusions (Montero, Asencio, Hernandez, & Ruiz, 2001). This skills-based therapy program provides specialized training for families and mental health service providers such as hospitals to work together to understand and support patients' needs and help reduce stress, especially in the family sphere (Jhadray et al., 2015).

### **Non-Family Therapy**

#### **Cognitive Behavioral Therapy**

The application of cognitive-behavioral therapy for schizophrenia patients can reduce negative symptoms and improve the patient's function. CBT can effectively reduce the positive and negative symptoms in schizophrenia patients in the long term (Candida, Campos, Monteiro, ..., & Machado, 2016). The latest alternative treatment methods for acute mental and pre-clinical mental patients to improve cognitive and behavior can increase therapeutic effects in patients and other ways be effective, more personal, and can reach more patients than the previous approach (Candida et al., 2016).

The results of other studies show schizophrenia patients can experience improvement in negative symptoms and show a decrease in delusions and hallucinations that they experience after undergoing cognitive-behavioral therapy (Williams, Ferrito, & Tapp, 2014). Forensic studies for psychiatric patients with an effective CBT approach on clients who have standard mental health forensically and the benefits of decreasing negative symptoms and interpersonal function in people with a mental health condition (Jauhar, McKenna, Radua, Fung, Salvador, & Laws, 2014). The use of modeling and shaping techniques with group behavioral therapy methods shows significant changes in improving speaking skills in a residual type of schizophrenia patients (Garvin, 2016).

#### **Art Therapy**

In art therapy, there are several specific art approaches, such as art drawing therapy through expressive techniques for handling mental health problems. Psychologists believe that using art techniques can reduce symptoms in schizophrenic patients, in contrast to psychiatrists who are still in doubt in the use of art techniques as an approach method of schizophrenic patients (Basu, 2018). The artist residency program method for seven days for as many as seven psychotic patients was proposed, in

which the patients were asked to express themselves on canvas paintings as previously given in training. The results showed a 13% increase in the patient's mind regarding the positive effects of color (Basu, 2018).

Art drawing therapy provided by psychiatric nurses towards schizophrenic patients has proven to be an effective way to reduce the recurrence of negative and positive symptoms (Sari, Hakim, Kartina, Saelan, Kusuma, 2018). Art therapy in the research of Teglbjaerg (2011) using the expressive arts was divided into severe schizophrenia patients and groups of patients suffering from depression or neurotic disorders in which all participants were outpatients. Participants underwent therapy for one year, and qualitative analysis was taken from interviews and written evaluations before and after the therapy. The results showed a positive relationship with an increase in the patients' feelings of self with aesthetic reflection in the painting, so self-esteem and social competence in the participants increased (Teglbjaerg, 2011).

### **Music Therapy**

Music therapy has long been used by professionals as a method of intervention carried out on individuals who have mental disorders. Music therapy uses the provision of music techniques as a means of communication and expression (Geretsegger, Mossler, Bieleninik, Chen, Heldal, & Gold, 2017). Research on music therapy for psychiatric patients can significantly improve social interaction abilities, improve cognitive function, interpersonal skills, anhedonia's behavior, decrease depression, and increase adaptive behavior so that it becomes a more widely used treatment than other therapies in Turkey (Ozdemir, Gultekin, & Slaves, 2017). Music therapy also affects increasing the attention of schizophrenic patients (Khalaf-Beigi, Akbarfahimi, Ashayeri, Dorood, & Doostdar, 2012).

Other research studies show that schizophrenic patients with acute symptoms following music therapy in a short period generally can reduce their negative symptoms (Talwar, Crawford, Maratos, Nur, McDermott, & Procter, 2006). Traditional music therapy in the study of Gandomani and Boroujeni (2017) is also applied to people with schizophrenia spectrum, which is the most complex type of schizophrenia, has the most bizarre symptoms, and also with challenging treatments. The results of the study conducted in the city of Boroujen showed that there were significant changes with negative symptoms of the participants; thus, the study concluded that traditional music therapy was considered as a necessity in reducing negative symptoms of patients.

### **Yoga Therapy**

Yoga therapy applied to psychiatric patients aims to improve functional recovery in patients, and the studies indicated significant effects compared to the control group through the patient description form and FROGS scale (Kavak & Ekinici, 2016). Yoga therapy is recommended as a complementary treatment to support

the effectiveness of treatment in patients with mental disorders. Measurement using the PANSS scale to measure positive and negative symptoms in schizophrenic patients is used after giving yoga therapy with the result of a total change in the PANSS score with a significant decrease (Reddy, Raju, Prasanth, & Prabhath, 2013).

Other findings revealed that more women are willing to participate in yoga therapy compared to men (Reddy et al., 2013). Yoga therapy in Indonesia is very popular and is the main and complementary treatment for schizophrenia patients to reduce stress and anxiety while at the same time to lessen the symptoms of physical pain. Other studies have also shown that yoga therapy can improve the subjective well-being of patients by activating the functioning of patients in their daily lives, increasing attention to personal care and hygiene, more positive activities, social interactions, and being asked to get more involved in routine daily work. (Paikkatt, Singh, Singh, & Jahan, 2012).

Yoga therapy in health is a complementary treatment for individuals who have been diagnosed with schizophrenia. The use of yoga therapy as a standard treatment for schizophrenia patients has been proven in several studies. Yoga has an impact on changes in patients due to nerve plasticity, the release of oxytocin, BDNF, and other factors that cause an increase in the cognition and life function of patients with mental disorders (Dodell-Feder, Gates, Anthony, & Agarkar, 2017). Individuals who experience schizophrenia with adulthood being treated and participating in yoga therapy show very good results with the improvement of positive and negative symptoms, which are significant in improving the quality of life in the physical aspects of people with schizophrenia (Visceglia and Lewis, 2011).

### **Supportive Therapy**

Psychotherapy for people with a mental health condition developed by professionals, one of which is to provide support for schizophrenia. Providing support in this intervention includes assisting patients in managing positive activities in daily life, listening to patient complaints, and providing empathy and encouragement to join the supportive therapy (Buckley & Pettit, 2007). Supportive therapy is different from other therapies in which therapeutic methods include providing skills, teaching, or educating in certain matters, but this support therapy requires a therapist who is reliable and patient to accompany the patient at any time in order to maintain and develop the functions that already exist in the patient (Buckley & Pettit, 2007).

Supportive therapy techniques are defined as, 1) reducing dysfunction behavior, 2) reducing stress triggers, 3) supporting and improving coping strategies, 4) maximizing treatment, and 5) helping patients to live independently even in psychiatric illnesses (Hellerstein, Pinsky, Rosenthal, & Klee, 1994). Pinker (1994)

suggested that supportive therapy should not be a type of intervention that stands alone without being integrated with other approaches. Supportive therapy becomes the basis of specific treatment methods, and then it is integrated with various theoretical orientations focused on cognitive theory as a dynamic explanation for supportive therapy that will be implicated in schizophrenic patients (Hellerstein et al., 1994).

Supportive therapy is often used as a standard clinical treatment method than other therapies, but the results of the study did not show a significant difference in effect between other therapies and supportive therapy in schizophrenic patients (Buckley, Maayan, Soares-Weiser, & Adams, 2015). In other words, family therapy, CBT, BFT, or art therapy with different techniques but with the same goal can achieve the same results to reduce the frequency of recurrence of schizophrenia patients by reducing the frequency of hallucinations and decreasing the level of negative symptoms. The conceptualization of supportive therapy is the existence of a therapeutic process in people with schizophrenia (Klingberg, Jakobi, & Wittorf, 2010).

### **Psychosocial Therapy**

Psychosocial therapy is widely used as a treatment for schizophrenia patients and has become an important role in the world of mental health. This type of therapy aims at improving the social functions of patients in their community to improve the clinical condition of patients with decreased relapse rates (Altamura, Fagiolini, Galderisi, Rocca, & Rossi, 2015). Some applications of psychosocial therapy include providing education, training in certain skills including CBT, training in the management of physical symptoms, and training in social cognition by leading to future implications (Mueser, Deavers, Penn, & Cassisi, 2013).

### **Integrated Therapy**

Adherence to treatment in the world of health is associated with the lack of insight possessed by schizophrenic patients so that professionals in several studies integrate psychological therapy with neurocognitive to add insight. Insight, in this case, is divided into two, namely clinical insight and cognitive insight. Clinical insight is an awareness of the importance of the health conditions experienced by patients, while cognitive insight refers to patients to be aware of their cognitive deficiencies. Integrated therapy is expected to increase patient compliance with routine treatment (Rakitzki, Georgila, & Efthimiou, 2016). Studies using the literature review so far have not shown that one therapy is better than other therapies, yet it has proven that patients are not better without therapy (Hellerstein, et al., 1994 ).

The incorporation of therapy is recommended for professionals in treating schizophrenic patients. Integrating social cognition and social skill competence into psychological care for patients with comorbid disorders such as depression and mood disorders is

more effective compared to just one therapeutic method (Rus-Calafell, Gutierrez-Maldonado, Ribas-Sabate, & Lemos-Giraldez, 2014 ). This study describes therapies with their respective treatment goals, such as CBT for decreasing positive symptoms, increasing insight, increasing medication adherence, and reducing disturbances at an early stage (Rus-Calafell, et al., 2014).

### **Conclusion**

Various types of therapies developed by professionals with various theoretical orientations are arranged systematically with special techniques with specific goals to help schizophrenia patients using family or individual approaches. The results of many studies indicate that therapies other than family therapy are also effective in assisting schizophrenia patients. It can reduce negative symptoms and frequency of recurrence of hallucinations or delusions owned by the patients. Also, individual therapy offers more diverse goals, such as being able to improve various social skills, behavioral skills, medication adherence due to lack of insight, and improved self-care, depending on the therapy and targets to be adjusted. The success of non-family therapy is good news for the mental health world, but it is undeniable that a family approach is strongly needed by patients with a mental disorder.

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