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Quality of Life During Recovery: The Role of Family Interaction and Self-Concept among Heads of Families Undergoing Drug Rehabilitation

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ABSTRACT

Heads of families involved in drug abuse often experience a decline in quality of life influenced by various psychosocial and familial factors. This study aims to analyze the influence of head of family characteristics, family characteristics, family interactions, and self-concept on the quality of life of family heads undergoing drug rehabilitation at BNN Lido Bogor. A quantitative approach was employed, supported by qualitative insights. Data were collected through questionnaires completed by 36 respondents and in-depth interviews with eight participants. The research was conducted from March to May 2025, and data were analyzed using descriptive statistics, correlation tests, and regression analysis with SPSS 25.0.
The results showed that the level of addiction was significantly and negatively correlated with self-concept ($r = –0.395$, $p < 0.05$) and quality of life ($r = –0.380$, $p < 0.05$). In contrast, self-concept was significantly and positively correlated with both family interaction and quality of life. Regression analysis revealed that family interaction in the guidance dimension ($\beta = 0.601$, $p = 0.010$) and self-concept in the family dimension ($\beta = 0.379$, $p = 0.005$) significantly influenced the quality of life of the heads of families, with the model explaining 77.4% of the variance (Adjusted $R^2 = 0.774$). These findings highlight the vital role of family dynamics and individual self-perception in shaping the rehabilitation outcomes of individuals struggling with drug abuse. Strengthening family interactions—particularly in the guidance dimension—and fostering a positive self-concept are essential strategies to enhance the quality of life of family heads during the rehabilitation process.

Introduction

According to the World Health Organization (WHO, 2011), quality of life is an individual's assessment of their current living conditions, based on their perspectives on various aspects of life and influenced by cultural context, value systems, goals, expectations,

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standards, and priorities. Individuals with drug addiction tend to have a lower quality of life compared to those suffering from other chronic diseases (Ma et al., 2021). Fortunately, an improvement in quality of life has been observed in patients participating in treatment or rehabilitation programs (Fassino et al., 2004). Isnaini et al. (2011) further emphasize that drug addicts can also be supported by their surrounding environment and themselves during the recovery process.

A positive self-concept has been proven to help reduce anxiety and enhance psychological functioning (Yehya et al., 2019; Asridayanti & Kristianingsih, 2019). Self-concept refers to an individual's understanding and awareness of themselves, encompassing evaluations of strengths, weaknesses, values, and beliefs (Aisyah, 2020). It is shaped through interactions between the individual and their social environment (Yulianti, 2018). Family interaction also plays a vital role in the rehabilitation process. Kupetz et al. (1997) state that drug abuse problems can either be caused or prevented through family interactions. Healthy family support and communication contribute to the effectiveness of recovery (Ghazalli et al., 2017). Research conducted by Bhopti et al. (2016) and Liu (2023) also demonstrates that family interaction is one of the external factors that significantly influences quality of life. A harmonious family environment can reduce levels of anxiety and depression, thereby supporting recovery and enhancing individuals' quality of life.

In Indonesia, the issue of drug abuse remains a serious and growing concern. According to the National Narcotics Board (BNN, 2023), approximately 3.6 million individuals aged 15–64 have used narcotics, with the highest proportion being adult males who also serve as family heads. This condition not only affects public health but also disrupts family stability and social welfare. However, most rehabilitation-related studies in Indonesia have focused on medical and behavioral aspects, with limited attention given to psychosocial factors such as family interaction and self-concept. Addressing this gap is crucial because the recovery process of a head of family extends beyond physical treatment—it involves rebuilding self-perception, family communication, and emotional connection.

Previous studies have examined the influence of family interaction on quality of life (Luna et al., 2020; Liu, 2023) and the influence of self-concept on quality of life (Rahayu, 2016; Vashishta & Ahmad, 2020). However, no prior research has combined these two variables within the specific context of family heads undergoing drug rehabilitation. This research gap highlights the need to understand how these psychosocial dimensions interact during recovery in a collectivist cultural setting like Indonesia.

Therefore, **the novelty of this study lies in integrating family interaction and self-concept into a single analytical model**, focusing on family heads currently undergoing rehabilitation at BNN Lido Bogor. Such an approach provides a new perspective on the factors that shape quality of life in the rehabilitation context. The objective of this research

is to analyze the influence of family interaction and self-concept on the quality of life of family heads undergoing drug rehabilitation.

Method

Participant characteristics and research design

This study used a cross-sectional design and a quantitative approach. The research site was the BNN Lido Rehabilitation Center in Bogor, selected because it is the largest rehabilitation center in Indonesia, covering an area of 11.9 hectares. The research was carried out over three months, from March to May 2025, involving several stages: site survey, data collection, data processing, and data analysis. The characteristics of the respondents included age, type of occupation, years of formal education, level of addiction, type of drug used, and duration of rehabilitation. In addition, family characteristics were also collected, including the husband's income, the wife's income, and family size.

Sampling procedures

The population of this study consisted of family heads undergoing drug rehabilitation at BNN Lido, Bogor. At the time of the study, there were a total of 100 rehabilitation patients, of whom 36 were family heads. The sampling technique employed was purposive sampling, which is one type **of non-probability sampling**. The research utilized a survey method with questionnaires, and quantitative data were obtained from 36 respondents. To strengthen the findings, in-depth interviews were also conducted with eight respondents who had previously completed the questionnaire.

Measures and covariates

Primary data were collected on the characteristics of family heads, family characteristics, family interaction, self-concept, and quality of life. Data collection was conducted directly (offline) at BNN Lido Bogor on three occasions. The first two visits were focused on quantitative data collection through questionnaires, while the third visit was dedicated to in-depth interviews with eight respondents**. Through in-depth interviews interviews, participants were encouraged to describe their lived experiences, including how family interaction, self concept, and quality of life evolved during rehabilitation. These narratives provided deeper insight into the statistical relationships identified in the quantitative analysis.**

Family interaction was measured using the instrument developed by Chuang (2005), consisting of 24 items designed to assess six dimensions: affection, guidance, dominance, hostility, compliance, and respect. The reliability of the instrument yielded a Cronbach's alpha value of 0.930. Each item was rated on a 4-point scale (1 = Never; 2 = Rarely; 3 = Quite Often; 4 = Very Often), **including items such as *"My spouse and I talk about the love between us"* and *"I remind my spouse of their responsibilities kindly."*** Self-concept was measured using a questionnaire developed based on the theory of Fitts and Weren (1996). The instrument consisted of five dimensions: physical self-concept, moral self-

concept, personal self-concept, family self-concept, and social self-concept, with a Cronbach's alpha value of 0.872. The instrument contained 24 items rated on a 4-point scale (1 = Strongly Disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree), **with sample items like *"I love my family"* and *"I respect my family."*** Quality of life was assessed using a modified version of the WHOQOL-BREF (1997). The instrument included five dimensions: personal quality of life, social relationship quality of life, environmental quality of life, general quality of life, and physical health-related quality of life, with a Cronbach's alpha value of 0.934. The questionnaire consisted of 30 items rated on a 4-point scale (1 = Strongly Disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree), **with examples such as *"I feel that life is valuable"* and *"I have sufficient energy to carry out daily activities."***

The cut-off points for all four research variables were determined based on index scores. Scores greater than 80.0 were categorized as high, scores between 60.0 and 80.0 as moderate, and scores less than 60.0 as low, following the classification guidelines of Khomsan (2000).

Data analysis

Data analysis was conducted in several stages, including verification of questionnaire responses, coding, calculation of variable scores, and categorization according to cut-off points. Descriptive statistics were used to present the characteristics of respondents and research variables. Inferential statistical analysis was then performed to examine the influence of family interaction and self-concept on the quality of life of family heads undergoing drug rehabilitation.

Ethical Considerations and Confidentiality

The study adhered to established ethical guidelines for research involving human participants. Prior to participation, all informants provided written informed consent after being fully informed about the aims, procedures, and confidentiality safeguards of the study. Ethical approval was granted by the institutional ethics committee of Bogor Agricultural University no 1635/IT3.KEPMSM-IPB/SK/2025. To ensure privacy, participant identities were anonymized, and all data were securely stored with access restricted to the research team. No monetary compensation or financial incentives were provided to participants for their involvement.

Results

Family Interaction of Head of Families

The categorization results showed that more than one-third of the household heads were classified as having moderate (36.1%) and high (36.1%) levels of family interaction, while the remainder were classified as low (27.8%). The average index reached 69.06**. These findings indicate that although the majority of families were able to maintain the quality of interaction amidst the challenges of the rehabilitation process, there remains a proportion of families experiencing limitations in establishing positive and functional**

interactions. Half of the household heads were in the high category for the dimensions of affection (52.8%) and guidance (50%). Furthermore, more than one-third of the household heads were in the moderate category for the dimension of respect (38.9%). Meanwhile, the majority of respondents (83.3%) had low levels of family interaction in the dimensions of domination and hostility. In addition, more than half of the respondents (63.9%) were in the low category for the dimension of compliance.

The average achievement of indicators in the family interaction variable of heads of households was 69.06 percent. The highest average achievement, at 83.25 percent, was found in the indicator "My spouse and I talk about the love between us" under the affection dimension. This indicates that, despite undergoing rehabilitation, heads of households are still able to express affection toward their spouses. Meanwhile, the indicator "I feel the urge to take revenge on my spouse for actions or words that I perceive as unfair, especially during the NAPZA rehabilitation process" under the hostility/resentment dimension had the lowest achievement score of 36 percent. This suggests that heads of households tend to have low levels of hostility or resentment toward their spouses during rehabilitation, which may be interpreted as an effort to control negative emotions and maintain relationship stability even in times of crisis.

Qualitative findings further support these quantitative results. One participant shared, "Even though I made many mistakes, my wife still visits and talks to me kindly. That makes me want to change." Another respondent expressed, "When I get angry, I try to calm down because I don't want to hurt my family again." These statements illustrate how emotional control and expressions of affection remain central to maintaining family harmony during the rehabilitation process. The integration of these narratives enriches the understanding of how family interaction operates as both emotional support and motivation for recovery.

Self-Concept of Head of Families

More than half of the heads of households had a self-concept in the moderate category (52.8%), followed by high (38.9%) and low (8.3%). The average self-concept index of heads of households reached 77.01 with a standard deviation of ±10.98. These findings indicate that the majority of heads of households undergoing rehabilitation possess a fairly positive self-perception, although a small proportion still demonstrate a low self-concept. More than half of the heads of households had a high self-concept in the family (69.4%) and moral (52.8%) dimensions, highlighting the important role of family relationships and moral values in shaping a positive self-image. In contrast, more than half of the heads of households had a low self-concept in the physical dimension (58.3%), reflecting negative perceptions of their physical condition or appearance. Meanwhile, more than half of the heads of households had a moderate self-concept in the personal dimension (52.8%), and more than one-third had a moderate self-concept in the social dimension (41.7%).

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The average achievement of indicators in the self-concept variable of heads of households was 77.01 percent. The highest achievement, at 95.25 percent, was found in the indicators "I love my family" and "I respect my family" under the family dimension. This indicates that heads of households undergoing rehabilitation hold a positive view of their families. Meanwhile, the indicator "I want to change my appearance" under the physical dimension had the lowest achievement score of 48.25 percent. This suggests that heads of households tend to feel less satisfied with their current physical condition or appearance, which may reflect a lack of confidence in the physical aspect of their self-concept.

Quality of Life of Head of Families

More than half of the heads of households were in the moderate category of quality of life (52.8%), followed by one-third in the high category (33.3%), and only a small proportion in the low category (13.9%). The overall average quality of life index was 72.19 with a standard deviation of ±15.06. These findings indicate that most heads of households undergoing rehabilitation have a fairly good quality of life, although some still face challenges in maintaining an optimal level of well-being. Nearly half of the heads of households reported a high quality of life in the general dimension (44.4%), and more than one-third were in the high category for the social relationship dimension (38.9%), suggesting that respondents view their overall lives and social interactions quite positively. On the other hand, one-third of the heads of households were evenly distributed across low, moderate, and high categories in the physical health dimension (33.3%), reflecting diverse conditions of respondents' physical health. Meanwhile, half of the heads of households were in the moderate category for both the environmental and self-dimensions (50.0%), indicating that their perspectives on life comfort and self-appreciation tend to be stable, though not yet fully ideal.

The average quality of life achievement among heads of households was 72.19 percent. The highest achievement, at 89 percent, was found in the indicators "I feel that life is valuable" under the general dimension and "I have sufficient energy to carry out daily activities" under the physical health dimension. This indicates that heads of households undergoing rehabilitation hold a positive view of life's meaning and feel capable of managing their daily activities effectively. Meanwhile, the indicator "I feel alone in this life" under the social relationship dimension had the lowest achievement score of 23.25 percent. This suggests that a small proportion of heads of households still experience limitations in the social aspect, particularly regarding emotional support and interpersonal closeness during rehabilitation.

This study not only collected quantitative data but also included qualitative data obtained through in-depth interviews with the respondents. The respondents reported that they could achieve a good quality of life, which could be observed through structured daily routines and an environment that supports comprehensive recovery. Rehabilitation patients follow regular daily activities, starting from waking up in the

morning, performing religious practices, attending counseling sessions, participating in group activities, to having adequate nighttime rest. This pattern not only creates life structure but also fosters discipline and emotional stability. The provision of healthy and nutritious meals on a routine basis further supports physical recovery. In addition, the facilities provided are highly adequate, including open green spaces for relaxation, a library to enhance knowledge and maintain cognitive stimulation, and even a gym to maintain fitness and reduce stress. A safe rehabilitation environment, free from triggers of substance use, also enables patients to focus more effectively on the healing process without external disturbances. Support from professional staff and fellow patients further strengthens the motivation of patients to recover. With a combination of healthy routines, supportive facilities, and a conducive atmosphere, patients have a significant opportunity to improve their quality of life during the rehabilitation process.

The Correlation between Head of Family Characteristics, Family Characteristics, Family Interaction, Self-Concept, and Quality of Life

The results indicate a significant negative correlation between the level of addiction and self-concept (-0.395*) as well as quality of life (-0.380*). This means that the higher the level of addiction, the lower the self-concept and quality of life of the head of the household. These findings suggest that severe addiction can deteriorate self-perception and reduce overall quality of life.

Family interaction showed a significant positive correlation with self-concept in the dimensions of affection (0.391*), guidance (0.414*), and respect (0.374*). This indicates that the higher the level of family interaction in the dimensions of affection, guidance, and respect, the higher the self-concept of the head of the household. Family interaction also demonstrated a significant positive correlation with quality of life in the dimensions of affection (0.376*), guidance (0.546**), and respect (0.441**). In other words, the higher the family interaction in these dimensions, the higher the quality of life experienced by the head of the household. Self-concept showed a significant positive correlation with the family (0.386*) and social (0.442**) dimensions of family interaction. This suggests that the better the self-concept in the family and social dimensions, the better the family interaction that occurs. Self-concept also exhibited a significant positive correlation with all dimensions of the head of household's quality of life. This implies that the higher the self-concept, the higher the quality of life of the head of the household. Meanwhile, the quality-of-life variable demonstrated a significant positive relationship with the physical health dimension (0.360*) of family interaction. This indicates that better physical health in the head of the household corresponds to better family interaction. Quality of life also showed a significant positive correlation with all dimensions of the head of household's self-concept, meaning that the higher the quality of life, the higher the perceived self-concept of the head of the household.

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Table 1

The Correlation between Head of Family Characteristics, Family Characteristics, Family Interaction, Self-Concept, and Quality of Life

Variable	Family Interaction	Self-Concept	Quality of Life
Head of Family Characteristics			
Age (years)	0,115	-0,083	-0,188
Employment Status (0=employed, 1=unemployed)	-0,033	-0,224	-0,173
Length of Education (years)	-0,038	0,122	-0,080
Addiction Level (0 = high, 1 = not high)	-0,105	**-0,395***	**-0,380***
Type of Substance (0 = methamphetamine, 1 = other than methamphetamine)	-0,183	-0,064	0,013
Duration of Rehabilitation (months)	0,071	0,068	0,137
Family Characteristics			
Husband's Income (IDR)	0,095	0,071	-0,100
Wife's Income (IDR)	0,176	0,213	0,073
Family Size (number of members)	0,261	0,259	0,238
Family Interaction			
Affection (index)		**0,391***	**0,376***
Guidance (index)		**0,414***	**0,546****
Dominance (index)		-0,171	-0,033
Hostility (index)		-0,174	-0,134
Compliance (index)		-0,113	-0,120
Respect (index)		**0,374***	**0,441****
Self-Concept			
Physical (index)	0,321		**0,336***
Moral (index)	0,275		**0,360***
Personal (index)	0,192		**0,723****
Family (index)	**0,386***		**0,695****
Social (index)	**0,442****		**0,399***
Quality of Life			
Self (index)	0,196	**0,579****	
Social Relationships (index)	0,279	**0,771****	
Environment (index)	0,298	**0,705****	
Overall (index)	0,263	**0,736****	

Note=*significant at $p < 0.05$; ** = significant at $p < 0.01$

The Influence of Head of Household Characteristics, Family Characteristics, Family Interaction, and Self-Concept on the Quality of Life of Heads of Households

The statistical analysis conducted using SPSS 25.0 met the main analytical assumptions, including tests of normality, multicollinearity, and heteroscedasticity,

indicating that the data were suitable for correlation and regression analysis. Based on the analysis of all variables, several were found to have a significant influence on the quality of life of heads of households. However, within the characteristics dimension, which includes age, length of education, employment status, type of NAPZA, level of addiction, duration of rehabilitation, husband's income, wife's income, and family size, no significant effects were observed. This indicates that these characteristics do not have a meaningful impact on quality of life within this study model. In the family interaction dimension, only the guidance dimension demonstrated a positive and significant effect on quality of life (B = 0.335; p = 0.010). This means that for every one-unit increase in the guidance index within family interaction, the quality of life index increases by 0.335 points. Other dimensions, including affection, dominance, hostility, submission, and respect, did not show a significant effect in this model.

Regarding self-concept, it was found that the family dimension of self-concept had a positive and significant effect on quality of life (B = 0.346; p = 0.005). In other words, every one-unit increase in the family self-concept index is estimated to increase the head of household's quality of life index by 0.346 points. Another variable approaching significance was the personal dimension of self-concept (B = 0.315; p = 0.058), suggesting that a one-unit increase in the personal self-concept index could potentially increase quality of life by 0.315 units. Other self-concept dimensions, including physical, moral, and social, did not show significant effects. Overall, the regression model had an Adjusted R^2 value of 0.774, indicating that 77.4% of the variation in quality of life can be explained by the combination of variables in this model, while the remaining 22.6% is influenced by factors outside the model.

Table 2
The Influence of Head of Household Characteristics, Family Characteristics, Family Interaction, and Self-Concept on the Quality of Life of Heads of Households

Variable	Unstandardized Coefficient (B)	Std. error	Standardized Coefficient Beta (β)	Sig.
(Constant)	7,473	18,469		0,691
Characteristics				
Age (years)	-0,283	0,236	-0,183	0,248
Length of Education (years)	-0,031	0,461	-0,007	0,948
Employment Status (0 =employed, 1 =unemployed)	0,525	5,055	0,012	0,919
Addiction Level (0 = high, 1 = not high)	-5,752	5,131	-0,153	0,280
Type of Substance (0 = methamphetamine, 1 = other than methamphetamine)	0,715	4,234	0,018	0,868
Duration of Rehabilitation (months)	2,006	1,315	0,177	0,148

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Variable	Unstandardized Coefficient (B)	Std. error	Standardized Coefficient Beta (β)	Sig.
Husband's Income (IDR)	$2{,}407 \times 10^{-8}$	0,000	0,080	0,421
Wife's Income (IDR)	$7{,}243 \times 10^{-7}$	0,000	0,040	0,785
Number of family members	0,184	1,625	0,017	0,911
Family Interaction				
Affection (index)	0,102	0,098	0,188	0,316
Guidance (index)	0,335	0,114	0,601	**0,010****
Dominance (index)	-0,014	0,068	-0,028	0,840
Hostility (index)	-0,115	0,099	-0,233	0,266
Compliance (index)	-0,074	0,085	-0,147	0,398
Respect (index)	0,063	0,090	0,114	0,492
Self-Concept				
Physical (index)	-0,061	0,115	-0,068	0,602
Moral (index)	0,052	0,119	0,052	0,670
Personal (index)	0,315	0,154	0,344	**0,058***
Family (index)	0,346	0,106	0,379	**0,005*****
Social (index)	0,114	0,151	0,130	0,460
R Square	0,903			
Adjusted R Square	0,774			
F	7,010			
Sig.	**0,000*****			

Note: * = significant at p < 0.10; ** = significant at p < 0.05; *** = significant at p < 0.01

Discussion

The use of NAPZA by head of family is influenced by the dynamics of their immediate social environment, particularly interactions with peers, family problems, efforts to avoid psychological pressure, and curiosity. This finding aligns with the report of the National Narcotics Board (2022), which highlights stress, environmental pressure, and family conflict as the main factors driving NAPZA abuse. The three variables—family interaction, self-concept, and quality of life—falling within the moderate to high categories indicate that effective interventions are being implemented during the rehabilitation process at BNN Lido Bogor. Based on discussions with professional staff at BNN Lido Bogor, the rehabilitation program applied adopts the Therapeutic Community (TC) approach, which systematically establishes positive routines, strengthens individual responsibility, and encourages the formation of healthy and supportive social relationships. This approach not only focuses on medical aspects but also on changes in behavior, values, and attitudes through active participation in a structured community. Through consistent daily activities such as morning meetings,

group discussions, self-reflection, teamwork, and peer feedback, the TC method fosters self-awareness and builds positive social interaction patterns.

This is consistent with De Leon (2000), who stated that TC is an effective long-term rehabilitation approach for fostering behavioral and personality changes through the influence of a supportive social environment. Furthermore, Magor-Blatch et al. (2014), in their systematic review, concluded that TC has proven effective in reducing substance use and criminal behavior, as well as improving social skills and mental health. Vallejo et al. (2021) also found that participation in TC during the first three months significantly improves individuals' quality of life, contributing to better clinical outcomes upon program completion.

Furthermore, the relevance of these findings extends beyond Indonesia and resonates within broader Southeast Asian collectivist contexts, where strong family and community ties play a central role in recovery. Tay and Yusoff (2025) found that in Asian rehabilitation settings, social support from family networks and community participation significantly enhances treatment adherence and relapse prevention. Similarly, Du et al. (2014) demonstrated that collectivist orientation reduces substance use through higher emotional connectedness and lower hopelessness among young adults in China. These findings suggest that the positive influence of family interaction and self-concept on quality of life observed in this study is particularly pronounced within Indonesia's collectivist culture, where interdependence, familial harmony, and shared responsibility form key protective factors in the rehabilitation process.

All positive dimensions within the family interaction variable were found to have a significant positive relationship with self-concept and quality of life. This finding aligns with the study by Rizkiani et al. (2015), which stated that the better the family interaction, the more positive an individual's self-perception. This is attributed to effective communication, emotional attention, and affection from family members, which support the development of a healthy self-concept. Effective family communication is an important factor in shaping a positive self-concept (Magta, 2019). Maslow (1943) also noted that the need for belongingness and love is a fundamental requirement that must be fulfilled before an individual can achieve self-actualization. Furthermore, in the influence test, the guidance dimension of family interaction demonstrated a positive and significant effect on quality of life. The guidance dimension reflects a form of communication that provides support and reminders of responsibilities in a constructive manner. Rizky et al (2024) reported that supportive and guiding communication from a spouse helps create a positive emotional environment, enhances life satisfaction, and strengthens the emotional bond between partners. Satisfaction with family interaction also affects quality of life, as a supportive and harmonious family environment contributes to lower levels of anxiety and depression, thereby improving overall quality of life (Liu, 2023). Additionally, the physical health dimension of quality of life showed a significant positive correlation with family interaction,

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consistent with the findings of Hoesny et al. (2018), which indicated that better physical health in quality of life corresponds to better family interactions.

Conversely, the level of addiction shows a significant negative relationship with both self-concept and quality of life. This means that the higher an individual's addiction to NAPZA, the lower their self-concept and quality of life. This finding aligns with the study by Armoon et al (2022), which reported that individuals with substance use disorders exhibit lower quality of life compared to the general population. The study indicated that severe substance use, such as alcohol and cocaine, is negatively correlated with quality of life, particularly in the physical and mental domains. Additionally, the level of addiction also has a significant negative relationship with self-concept. Addiction often leads to a loss of self-control, feelings of guilt, social stigma, and a tendency to withdraw from social environments. These factors directly contribute to decreased self-confidence and self-esteem. Abdel-Rahman (2020) also found that individuals with higher levels of addiction tend to experience more severe social and emotional dysfunction, making it increasingly difficult to maintain a positive self-image.

The relationship between self-concept and quality of life in this study even demonstrates a very strong correlation, as all dimensions of self-concept were significantly positively correlated with quality of life. This reinforces the understanding that a positive self-perception is a crucial factor in enhancing quality of life, especially for individuals undergoing recovery from addiction. Individuals with a healthy self-concept are generally better able to cope with stress, possess higher self-confidence, and exhibit greater life motivation. This is consistent with the findings of Setyowati (2013), who stated that self-concept positively and significantly influences quality of life because an individual's self-perception affects how they respond to problems, build social relationships, and navigate daily life. Individuals with a positive self-concept tend to have higher self-confidence, self-esteem, and motivation, enabling them to better manage stress, make decisions, and maintain both physical and mental quality of life (Vashishta & Ahmad, 2020). Conversely, a negative self-concept leads to feelings of helplessness, anxiety, and social withdrawal, ultimately lowering quality of life (Sivakumar et al., 2020).

The family and social dimensions of self-concept have a significant positive correlation with family interaction. Siahan (2018) stated that family affection influences an individual's positive self-perception, thereby enhancing healthier family interactions and relationships. Furthermore, research by Asweni and Khairani (2016) demonstrated a significant positive correlation between social self-concept and social interaction.

More specifically, the personal and family dimensions of self-concept were found to have a significant positive effect on quality of life. A study by Sood et al. (2024) indicated that a positive and supportive family environment significantly contributes to an improved quality of life because such an environment helps foster a positive self-concept; individuals feel valued, supported, and recognized as having an important role within the family. This positive self-concept, in turn, contributes to enhanced quality of life, as individuals are better

able to face challenges, build healthy social relationships, and lead meaningful lives. Additionally, findings by Bahar et al. (2024) reinforced that personal self-concept has a significant positive correlation with quality of life, as individuals with a positive self-perception tend to experience greater satisfaction, self-confidence, and readiness to face life's situations. A healthy self-concept supports psychological well-being and encourages an optimistic outlook, directly impacting the enhancement of quality of life. Therefore, within the context of rehabilitation, strengthening these two dimensions of self-concept serves as a crucial psychological resource. Individuals who perceive themselves as valuable and possessing meaningful roles within the family are more likely to develop motivation for recovery and pursue a life with greater purpose.

Conclusion

The correlation test results in this study indicate that the higher an individual's level of addiction, the lower their self-perception and quality of life. Meanwhile, family characteristics suggesting that economic factors and family size do not necessarily influence the psychosocial condition of heads of households undergoing rehabilitation. Conversely, family interaction was found to be positively correlated with self-concept, and its relationship with quality of life also showed a positive trend, although it was at the threshold of significance. The strongest relationship was observed between self-concept and quality of life, indicating that the more positive an individual's self-concept, the higher the quality of life they experience.

The multiple linear regression results showed that as age increases, the perceived quality of life decreases. In contrast, the result shows that supportive and guiding communication from family members can enhance an individual's quality of life. Additionally, the family dimension of self-concept has a significant positive effect, suggesting that a positive perception of one's family can improve quality of life**, with the overall model yielding $R = 0.950$, $F(19,16) = 7.010$, $p < 0.001$, and Adjusted $R^2 = 0.774$. These results indicate that approximately 77.4% of the variance in quality of life can be explained by the combined influence of family interaction and self-concept.**

Based on the findings of this study, the following recommendations are proposed: (1) BNN Lido Bogor, as the rehabilitation provider, could provide daily worksheets or communication journals containing simple guidelines, such as key matters to be conveyed to the spouse and ways to communicate them positively; (2) Heads of households undergoing NAPZA rehabilitation are encouraged to develop open, assertive, and responsible communication with family members. This can strengthen their self-concept as valued and needed figures within the family; (3) Respondents' families are expected to continue providing emotional support and recognition for the efforts made by the head of the household, as well as to allow space for the head of household to resume leadership and guidance roles within the household, thereby fostering healthy and respectful interactions;

(4) Future researchers are advised to conduct studies across broader regions and with larger sample sizes to obtain more representative results.

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