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Forgiveness therapy to increase psychological well-being of family caregivers of patients with schizophrenia

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Abstract

Schizophrenia is a severe mental disorders with the highest prevalence among many in Indonesia. Family members who are involved in patients' recovery process may experience subjective burden such as psychological distress and negative emotions, which in turn decrease their psychological well-being. An intervention may be needed to enhace the psychological well-being of family caregivers. This study aimed to investigate the influence of Forgiveness Therapy to psychological well-being in family caregivers of schizophrenic patients. This study used single-case A-B-A design with 3 participants. Caregivers' forgiveness and psychological well-being measured using Heartland Forgiveness Scale for Caregiver, Forgiveness Checklist, Psychological Well-Being Scale, and Psychological Well-Being Checklist. Data analysis through visual inspection revealed that participants' forgiveness and psychological well-being score increased during and after therapy and descriptive analysis showed that participants experienced therapeutic impacts in psychological well-being dimensions. However, this result could not be confirmed as the effect of therapy since the baseline of psychological well-being for these three participants appeared to be unstable. In conclusion, Forgiveness Therapy in this study could not increase the psychological well-being of family caregivers of patients with schizophrenia.

Keywords: *schizophrenia; family caregiver; Forgiveness Therapy; psychological well-being*

Suggested citation

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Introduction

Schizophrenia is a psychotic disorder which symptoms include the chaos of one's mind, affection, sense of self, motivation, behavior, and also interpersonal functions (Halgin & Whitbourne, 2005). In Indonesia, the result of Riset Kesehatan Dasar (Riskesdas) in 2013 showed that the prevalence of this partciular severe mental disorder reached 1,7 per 1000 populations. It means, 400.000 people in Indonesia suffering from schizophrenia and 14,3% among them, which equals to 57.000 individuals, may live under "pasung" – the method of physical restraint and confinement.

About 50%-90% of people with schizophrenia are cared by their families (Fleischhacker & Stolerman, 2014) who obtained the role as caregiver. The word 'caregiver' often refers to 'family caregiver' i.e. someone who cares and is responsible to provide physical, emotional, dan financial supoort for his family members suffering from illness or disability (*National Alliance for Caregiving*, 2010). Caregivers usually live with the patient and give up their personal time to meet the patient's needs (Barret, Hale, & Butler, 2013).

Schizophrenia does not only bring disability for patients, but also creates burden and distress for their families (Kapoor & Kumar, 2014; Rieger, 2011). From psychosocial aspects, financial problems and stigma are two of the biggest burdens to the caregivers of patients with mental disorders (Mohamad et al., 2012). Caregivers also experience a wide range of negative emotions, which includes the feelings of devastation, vulnerability, sadness, loss, and guilt (Fenech & Scerri, 2014; Shah, Wadoo, & Latoo, 2010; Wiens & Daniluk, 2009), anger and resentment (Shah,

Wadoo, & Latoo, 2010), shame (Mohamad et al., 2012), as well as anxiety and frustration (Fenech & Scerri, 2014; Kaushik & Bhatia, 2013; Oshodi et al., 2012; Shah, Wadoo, & Latoo, 2010; Mohamad et al., 2012). Caregivers also experience the feeling of failure, self-blaming, and grief for it takes a long time to accept their condition and let go of their hopes (Lynch, Saunder, Seager, & Coyle, 2008). Elmahdi et al. (2011) found that caregivers of schizophrenic patients experienced higher burden than caregivers of stroke patients. Gupta and Sharma (2013) stated that the caregivers of schizophrenic patients also experienced higher burden than caregivers of cancer patients as they have to deal with obstacles in daily activities, disruption of interaction within their families, social isolation, and negative impact on their mental health. The higher the burden they experience, the lower their psychological well-being is (Gupta, Solanki, Koolwal, & Gehlot, 2015).

According to Ryff (2014), psychological well-being is a state when a person is able to function positively in life that he has a positive evaluation of himself and his life, feels the sense of sustainable growth and development of self, has a sense of purpose and meaning in his life, has a good relationship with others, is able to overcome things in life in effectively, and has his own principles. Psychological well-being has six dimensions i.e. self-acceptance, positive relationships with others, environmental mastery, autonomy, purpose in life, and personal growth. Among them, self-acceptance and environmental mastery are highly correlated to each other (Ryff, 2014).

Psychological well-being of caregivers of people with schizophrenia fall under the average (Kapoor & Kumar, 2014). Caregivers have problems in accepting themselves and establish positive relationships with others (Nainggolan & Hidajat, 2013). Caregivers also appear to live in resignation, aimless, and are unable to cope with stressors (Nainggolan & Hidajat, 2013); it is in line with the research from Gupta and Sharma (2013), which revealed that caregivers of mental patients tend to see their situation as something they cannot control. The low rate of psychological well-being of caregivers is noteworthy since the quality of care of patients with schizophrenia rely on psychological well-being of their caregivers (Gupta, Solanki, Koolwal, & Gehlot, 2015).

One of many factors that may influence psychological well-being is coping strategy (Qiao, Li, & Hu, 2011). Problem-focused coping, compared to emotion focused coping, is associated with higher psychological well-being (Cheavens & Dreer, 2009; Loukzadeh & Bafrooi, 2013). Even so, the combination of both coping styles can be an adaptive way to handle stressors (Cheavens & Dreer, 2009). Nehra, Chakrabarti, Kulhara, and Sharma (2005) found that caregivers mostly used

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emotion-focused coping. Specifically, caregivers of patients with mental disorder tend to use avoidance as a way of coping (Gupta & Sharma, 2013). Therefore, it is suggested that caregivers use more problem-focused coping (Kuipers, Onwumere, & Bebbington, 2010).

Among many efforts to improve psychological well-being, forgiveness is one of variables that being widely studied (Witvliet, 2009). Forgiveness is closely related to psychological well-being (Thompson et al., 2005; Bono, McCullough, & Root, 2008), subjective well-being and quality of life (Gull & Rana, 2013), emotional well-being (Malone et al., 2011), health (Lawler et al ., 2005), family harmony (Nancy, 2013), reduced anxiety and depression (Wade, Bailey, & Shaffer, 2005), and reduced burden on caregivers (Cheng, Ip, and Kwok, 2014). Forgiveness is both at emotion-focused coping and problem-focused coping at the same time. Forgiveness belongs to emotion-focused coping for its function to transform negative emotions into positive ones through reappraisal of an event. Forgiveness also considered as problem-focused coping for it can improve interpersonal relationships (Worthington & Scherer, 2004).

Forgiveness is one's willingness to be kind even though he has the right to hate people who have hurt him (Enright, 2001). Forgiveness is a change in one's perspective and response from negative to neutral or positive towards things that caused him harm (Thompson et al., 2005). The process involves the phase to identify and express the perceived negative emotions before finally decided to forgive and free one's self from the emotional prison (Enright, 2001). Forgiveness Therapy in this study begins with unraveling the experience and facing the negative emotions (uncovering phase), followed by making the decision to forgive (decision phase), acting with forgiveness (working phase), and finally freed (themselves) from negative emotions (outcome phase).

Forgiveness Therapy is proven to be more effective than Alternative Therapies (anger validation, assertiveness training, and interpersonal skills) in reducing the symptoms of depression, anxiety and post-traumatic stress in women who suffered from emotional abuse while improving the ability to find meaning and to understand the environmental conditions (Reed & Enright 2006). An understanding of the environmental conditions is one of the dimensions of psychological well-being (Ryff, 2014). Research from Toussaint, Barry, Bornfriend, & Markman (2014) showed that

psychoeducation about self-forgiveness could improve the ability of caregivers to accept themselves; while acceptance is also one dimension of psychological well-being (Ryff, 2014). Forgiveness has positive impact on physical and psychological health so that the implementation of forgiveness in relation to patient and caregiver needs to be researched (Worthington, Witvliet, Pietrini, & Miller, 2007).

Based on the previous descriptions, forgiveness shown to have many benefits. This study aims to determine the effect of Forgiveness Therapy on psychological well-being of family caregivers of patients with schizophrenia. The hypothesis is Forgiveness Therapy can increase psychological well-being of family caregivers of patients with schizophrenia.

Method

This study uses a quantitative-experimental approach. This study aims to examine the effect of Forgiveness Therapy on psychological well-being of family caregivers of patients with schizophrenia. This study used single-case A-B-A design with repeated assessments and marked changes. A-B-A design illustrates three phases of the study, i.e. baseline phase (A) which is a condition in the absence of treatment before the intervention is given, intervention phase (B), and returning to baseline phase (A) which is the condition after the intervention is given. Repeated measurement is done before intervention, during intervention, and after intervention (Kazdin, 2011).

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Participants

Participants in this study are the family caregivers of patients with schizophrenia who met the inclusion criteria as follow 1) any adults who is above 20 years old, 2) have familial relationship and live with the patient diagnosed with schizophrenia (F20 in PPDGJ III), 3) have a low or moderate score on Forgiveness Scale and Psychological Well-Being Scale in screening process, and 4) are willing to participate in this study by signing an informed consent.

Researcher conducted a screening by providing Forgiveness Scale and Psychological Well-Being Scale and interviewed 19 family caregivers of schizophrenic patients from two community health centers in the city of Yogyakarta which hold regular family gathering of mental patients. Researcher also screened 4 family caregivers from an independent community of caregivers of patients with mental disorders. Selection of candidates was done based on the recommendation of the nurses in the health centers and community. After went through screening process, researcher managed to collect 3 participants. All three are female, married, and Javanese.

Data Collection and Analysis

Forgiveness Therapy was given using Forgiveness Therapy Manual by Koeswardhani (2011) with additions in form of psychoeducation about schizophrenia, negative emotions, and forgiveness, as well as changes to relaxation instructions. As manipulation check, the level of forgiveness in participants was measured using Forgiveness Scale, which is an adaptation of Heartland Forgiveness Scale by Koeswardhani (2011) and using a Forgiveness Checklist constructed from indicators of Forgiveness Scale. Forgiveness Scale was given twice, i.e. in pre-test and post-test while Forgiveness Checklist was given during baseline and intervention phases.

Psychological well-being of participants was measured using the Psychological Well-Being Scale by Prasetyo (2014) based on psychological well-being construction from Ryff (2014). Psychological Well-Being Scale was given twice i.e. in pre-test and post-test. Researcher also used Psychological Well-Being Checklist constructed from indicators of Psychological Well-Being Scale to measure participants' psychological well-being during the baseline and intervention phases.

In addition to measuring devices and therapy manual, there were also assignment sheets for the participants and observation sheets that contain aspects that must be observed during therapy, i.e. general description of therapy process, condition of the room where therapy took place, condition of the participants, and indicators of therapeutic efficacy. Lastly, there were also informed consents given to therapist, observer, and participants containing explanations of therapy as well as the approval of each parties to engage in this study.

Result and Discussion

Result

Participant A

Background

A is a caregiver of her eldest son, W. W have suffered from schizophrenia since September 2015 when he was in his second year in high school. W's condition brought changes in the family. A's husband stopped working in order to look after W. A had to deal with W's childish attittude and that made A annoyed and disappointed with W since he could not be independent and behave as A expected. A complained that her husband could not cooperate well in treating W. A said that she was actively seeking medical information, but her husband seemed so passive so that A felt alone in caring for her son.

Quantitative Analysis

Figure 1 shows an increasing trend of A's psychological well-being score in Baseline 1 and Baseline 2, but in Baseline 2 the trend is decreasing. Based on the average score of each phase, the

mean score of A's psychological well-being in Baseline 1 (M = 60.4) rises in the Intervention phase (M = 62) and Baseline 2 (M = 63.6). Even so, the enhancement in the average score of psychological well-being can not be confirmed as a result of therapy since A has an ascending baseline before the treatment is given (Baseline 1). Therefore, the rise in trend or mean score of psychological well-being of the next phases, is a necessity even without any intervention.

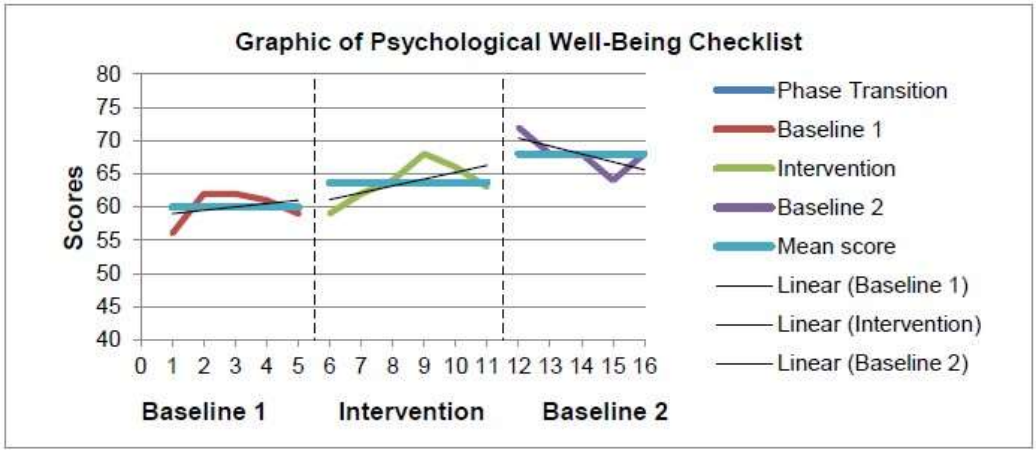

Figure 1. Daily Measurement of Participant A's Psychological Well-Being

Figure 2 demonstrates the gain in A's score of Psychological Well-Being Scale as it rises 14 points from pre-test (n = 62) to post-test (n = 76). However this improvement can not reflect a causal relationship between Forgiveness Therapy and psychological well-being because of increasing trend in A's psychological well-being baseline. Thus, Forgiveness Therapy can not improve of Participant A's psychological well-being.

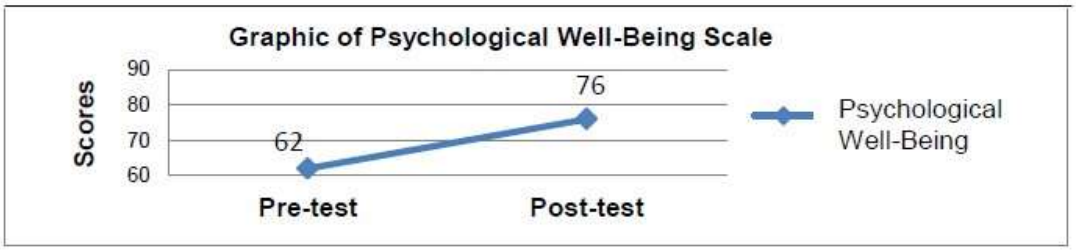

Figure 2. Measurement of Participant A's Psychological Well-Being

Manipulation Check

Figure 3 shows a decreasing trend of Participants A's score of forgieveness in Baseline 1. It is then increasing in Intervention phase but decreases again in Baseline 2. A's mean score of forgiveness in Baseline 1 (M=34,2) increases in Intervention phase (M=37) and that continues to Baseline 2 (M=40,6). The rise in mean score is confirmed as the result of therapy since there are changes in trend, which is decreasing in Baseline 2 and then increasing in Intervention phase. A's forgiveness is likely to be decreasing in the absence of treatment as seen in Baseline 2, which shows a decreasing trend. It means that A's forgiveness increases during and after Forgiveness Therapy is given. After therapy, A's forgiveness is likely to be declining though it is still higher than A's forgiveness before she received treatment and after she received it.

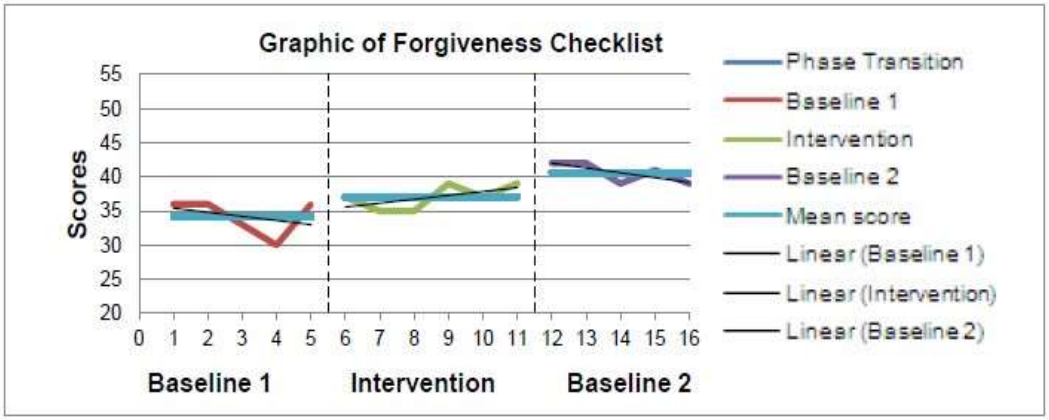

Figure 3. Daily Measurement of Participant A's Forgiveness

Figure 4 shows that A's score of Psychological Well-Being Scale when she took pre-test (n=36) rises 7 points when she took post-test (n=43). The result indicates that Forgiveness Therapy can improve Participant A's forgiveness.

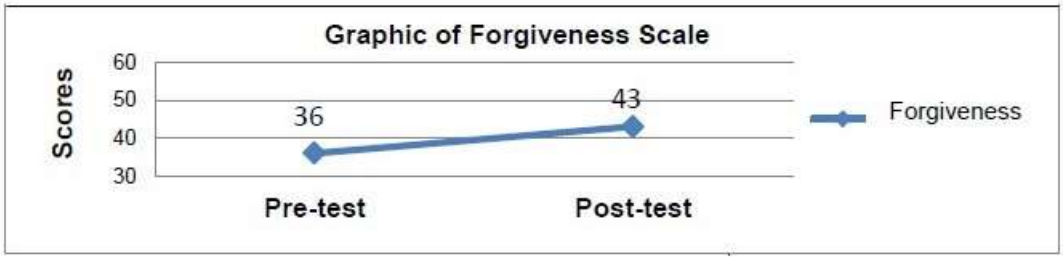

Figure 4. Measurement of Participant A's Forgiveness

Descriptive Analysis

Based on worksheets, verbatims, and interviews, Participant A was angry and upset because his son, W, was dependent and often argued with his younger brother. Participant A blamed her husband who used to be hard on W and rarely made time for his family. For A, her husband was not cooperative. It shows that A has problems in one of dimensions of psychological well-being, i.e. positive relationships with others.

Participant A felt shame because of W's strange behavior and felt miserable about her life. She felt guilty and she thought that W suffered from schizophrenia because of her bad parenting. In the first meeting, A cried and said, *"Sometimes I just wonder...what if I did my son wrong..."* The statement indicated that there was a dimension of psychological well-being lacking in A, which was self-acceptance.

A was sad because of W's condition and was tired physically and psychologically as she cared for W and did the laundry at the same time. A was overwhelmed to make ends meet and she felt her burden became heavier. A did not understand how to deal with W and was confused thinking about W's education. This showed A's lacking in the other dimension of psychological well-being, which is environmental mastery.

A coped with her negative emotions by trying to forget, restrain anger, and went out of the house. A recognized that those were inffective because they could not reduce negative emotions and only made her calm down for a while. A learned to manage the emotions with deep breathing relaxation, muscle relaxation, and imagery. A felt more comfortable after relaxation, especially deep breathing since A found it to be the most convenient relaxation that could reduce her anger.

During therapy, from the the first to fifth meeting, A's narratives always involved complaints about the behavior of W and her husband. Even so, at the fourth meeting, A found many things to be grateful of behind the difficulties she had endured i.e. caring neighbors, husband's starting to be closer, her actually docile son, and being closer to God. In the sixth meeting, A's complaining

about her son and her husband finally reduced. A felt more patience and calmness in facing W. Her anger turned into compassion because she realized that the W's behavior caused by his disorder; not of his intention. *"Yes, that is, calmness ... I mean, to deal with my son ... with what- we...what is it- trust in God, patience...to understand that my son is ill...,"* said A. It showed that A began to see herself, her life, and people around her in a more positive way; at the same time indicated a sense of growth in herself as a person.

At the sixth meeting, although A was happy knowing that the neighbors accept and cared about W, A was sad and confused because of W's deteriorating condition. A cried when she talked about his son but she could control herself not to burst out. She said that she would consult a doctor and explain his son's condition in detail. It could be seen that despite W's deteriorating condition, A remained calm and knew what she had to do. She gained more knowledge about the disorder, especially about the importance of knowing the function of medicines and report patient's progress to the doctor. It showed that A had been able to understand the situation more and cope with stressors with a more active coping, so that her environmental mastery grew better than ever.

Based on observation, Participant A was open to share with the therapist, but less able to extract meaning in therapy. At the fifth meeting, A still demanded her son to be normal despite being told by therapist that his behavior disturbed because of his disorder. Slowly, A could accept the therapist's explanation. At the sixth meeting, A said *"After I er- joining this program, I become, well- I can recognize myself, for example my emotions, and know how to treat my son ..."* In the beginning A did seem difficult to make sense of the therapy process, but in the end she could find the meaning and benefits of the therapy.

Participant Y

Background

Y has been caring for her brother-in-law, D, for 3 years. Before being taken care of Y and her husband, D was cared by his mother who lived close to Y. D often urinate carelessly and went out of the house naked so that neighbors started complaining about D's behavior. Three years ago D's mother passed away so Y and her husband took D to live with them. Y told that she was feeling as if she is taking care a baby. D defecated carelessly, was wandering alone naked D, and ever overthrew a merchant's cart so that Y and her husband had to pay for the loss. Y also sold nearly all of her jewelries to pay D's treatment.

Y once scold D as she was tired of handling the household and taking care of D. Y still felt *getun* (sorry) when she recalled it. Y often felt guilty because she thought she did not care enough when her deceased mother-in-law took care of D. D is now following rehabilitation in a social institution but still Y is often anxious about D. Y frequently visits D and makes sure that D is fine. Only after that Y can feel calm.

Quantitative Analysis

Figure 5 shows that there is no change of trends from Baseline 1 to Baseline 2. However, there is a decline in Y's level of psychological well-being during Intervention, compared to Y's level of psychological well-being in Baseline 1. Mean score analysis also demonstrate a decline in Y's mean score of psychological well-being. Y's mean score of psychological well-being in Baseline 1 (M=55,2) decreases during Intervention (M=54,5) but it then rises in Baseline 2 (M=64,2). Figure 6 shows that Y's psychological well-being score from pre-test (n=86) decreases by 9 points to post-test (n=77). Therefore, Forgiveness Therapy can not improve Participant Y's psychological well-being.

Manipulation Check

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Figure 7 demonstrates decreasing trend of Participant Y's score of forgiveness in Baseline 1. However, it increases in during Intervention and Baseline 2. Even so, the level of Y's score of forgiveness declines during Intervention. Based on the analysis of mean score, the mean score of forgiveness in Baseline 1 (M=43,8) decreases during Intervention (M=40,8) but then it rises again in Baseline 2 (M=47,4).

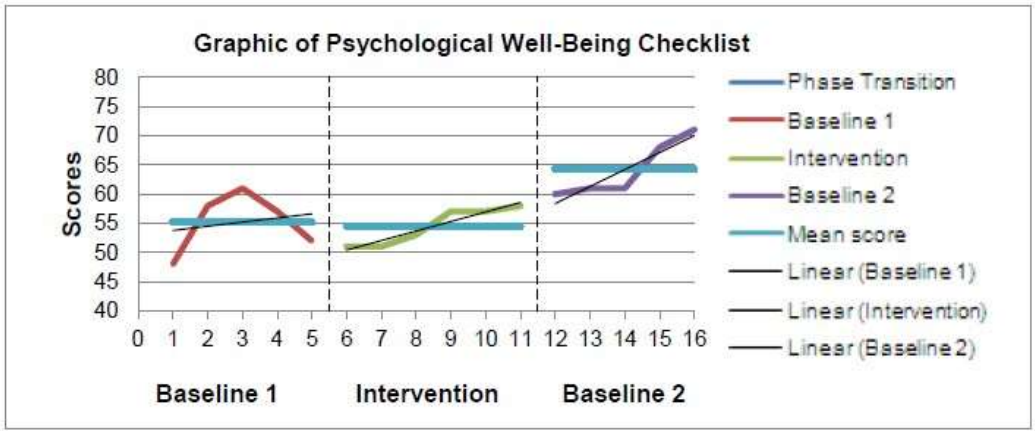

Figure 5. Daily Measurement of Participant Y's Psychological Well-Being

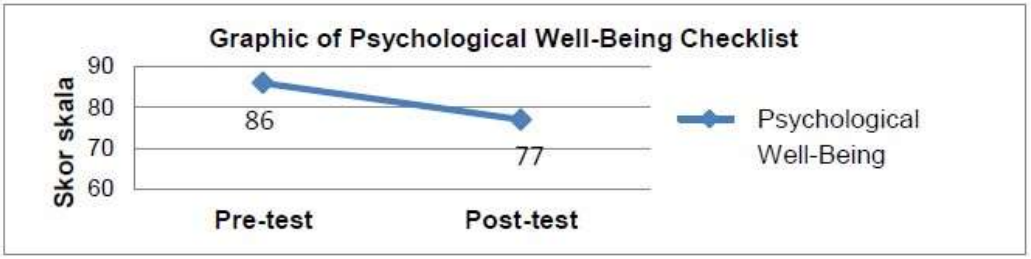

Figure 6. Measurement of Participant Y's Psychological Well-Being

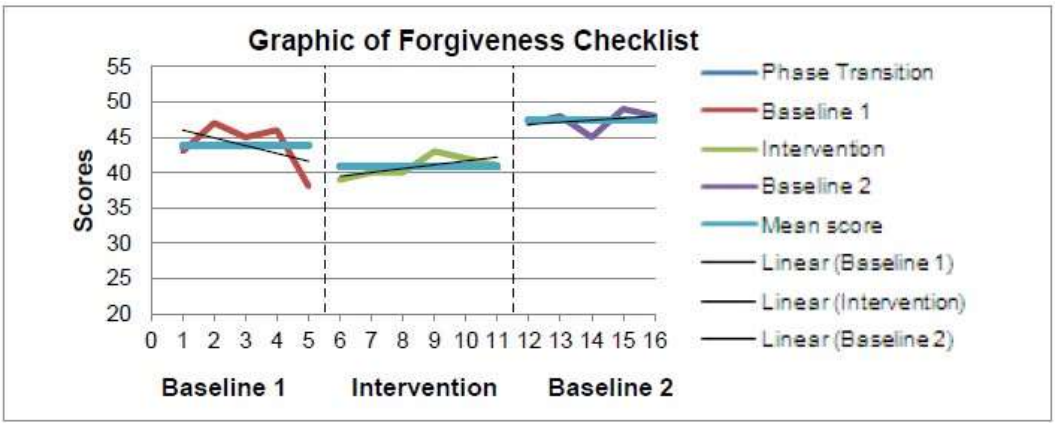

Figure 7. Daily Measurement of Participant Y's Forgiveness

Figure 8 demonstrates Y's score of Psychological Well-Being Scale rises for 1 point from pre-test (n=45) to post-test (n=46). It indicates that Forgiveness Therapy can improve Participant Y's psychological well-being, though the effect was only seen during Baseline 2.

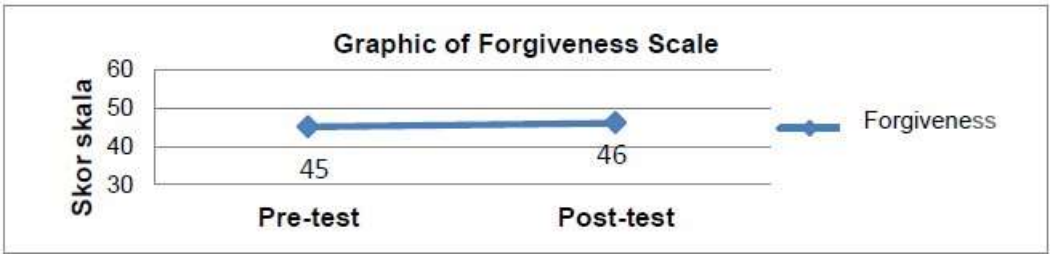

Figure 8. Measurementof Participant Y's Forgiveness

Descriptive Analysis

Based on observations, worksheets, and verbatims, Participant Y felt guilty because she did not care enough and had negative thoughts about her mother-in-law. It showed that Y faced obstacles in one of dimensions of psychological well-being, which was self-acceptance. Y experienced emotional burden that made her angry to her children and her husband. *"As a result, sometimes to husband and children, well...even if the child did not do anything wrong, sometimes I just feel so angry...I feel tired ... then sometimes I feel sorry too,"* said Y. Y felt ashamed and uncomfortable when the neighbors talked about her family, so sometimes she shun away from them. Y was also disappointed with his brother who sold her family's rice field without permission because of financial problems. Y was reluctant to meet her brother. This indicated problems in the dimension of psychological well-being, which was positive relationship with others.

Y felt anxious and sad about D. Sometimes Y was busy thinking about who would take care of D if one day she and her husband had passed away. Negative thoughts often arised when she thought about D. Y also felt her body became tired and weak. Y told that she used to be fat, but now much thinner due to caregiving. *"My parents sometimes suspicious that they ask me...well, I used to be fat, 'Y, why are you so skinny right now..."* said Y at the first meeting. It indicates problems in overcoming stressors, so that one dimension of psychological well-being in Y, which is environmental mastery, was disturbed.

Y coped with her negative emotions through shutting down in silence, crying, repressing her feelings, avoidance, and keeping herself busy. At the second and third meeting, Y realized that her coping style brought more disadvantages than advantages. Y understood that shutting down in silence and crying would not solve the problem, keping herself busy only made her tired even more, and avoidance would not work because in the end she would meet her problem again. Y decided to forgive because she wanted to have a better and meaningful life.

At the first meeting, Y seemed hesitate to talk about her mother-in-law because she thought it was not good to talk about people who had died. Even so, the openness and acceptance of the therapist made Y capable of expressing negative emotions she felt so that she felt more relieved. After practicing imagery at the third meeting, Y began to understand that there were many negative emotions in her that she had not realize. At the sixth meeting, Y said, *"I feel so...what is it, the process is really ... 'Well, it turns out that I still feel this'... it was not like, well, I used to say different from what I actually felt."* It showed that Y began to understand that so far she had not accepted her emotions yet for what she said was not the same as what she felt. Y started learning to accept herself.

Y could see the situation in a more positive way. She learned that neighbors talked bad about her family because they did not understand her family situation and D's disorder. At the fourth meeting, Y could transform her guilt as a motivation to take care of D diligently as her mother-in-law had done in the past. Y also felt pity rather than disappointed with his younger brother because now she saw his brother as someone who needed help, although she was still annoyed when she met his brother. Y tried to overcome the annoyance with imagery. In the final interview, Y told that she felt more comfortable hanging out with neighbors and she was closer to her brother. It showed that Y could establish positive relationships with others.

Y also said that she became better at controlling her emotions so that she did not easily blame and demand someone else.

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At the sixth meeting, Y said, *"I'm so...-though not yet fully- in control of my emotions, now I know how it is to forgive, to forgive others and myself, know how the process works. Well, I was easily went mad, like you are wrong, I don't care- but now I know better, it is not like that."* At the end of the interview, Y stated that she had more readiness to care for D. This indicated that Y were better able to cope with stressors in her everyday life, indicating a better understanding and mastery of the environment.

Y was benefited from deep breathing relaxation, muscle relaxation, and imagery. She felt more peaceful, calm, and her body felt comfortable. For Y, deep breathing relaxation was the easiest and she kept practicing it even after therapy was completed. While doing relaxation imagery in the third meeting, Y began to realize that she had much of negative emotions. She tried to forgive them and in the end she felt more comfortable.

Based on observations, Y actively listened to and discussed with the therapist. Y was open, able to get the meaning very well, and could easily understand the therapist's instructions. Even so, Y's expressions seemed incongruent and it was difficult for her to assess her own condition. When asked to rate her negative emotions, Y gave a small number of 3 despite her sobbing during the meeting. Y was also hesitant about her worksheets and always seeking approval from the therapist to answer the questions.

Participant B

Background

B is a caregiver for her eldest son, H, who suffered from schizophrenia since 2005. B's second child, M, is married and lives outside of the city. B lives with her husband and H. B's husband works from morning to evening and that makes B the most instrumental person in caring for H. H has been hospitalized several times. Currently, when there was a nurse from communiy health center coming to see him, H was paranoid. He was also non-adherent to take medication. When B reminded H to take his medicines, H threw a tantrum and acted rude to B. B was anxious about H's health but she did not want to make H angry. This situation made B confused. B also felt guilty related to the cause of the disorder. She questioned what she did wrong to H that made H suffers from schizophrenia.

Quantitative Analysis

Figure 9 demonstrates increasing trend of B's score of psychological well-being during Baseline 1 and Intervention. Even so, it decreases in Baseline 2. B's mean score of psychological well-being in Baseline 1 (M=60) increases during Intervention (M=63,7) and Baseline 2 (M=68). Nevertheless, the raise in mean scores can not be confirmed as the result of therapy for B's trend of psychological well-being before the therapy administered (Baseline 1) was already increasing. Thus, the raise in trend and mean score of psychological well-being in the next phases is a necessity even without given any intervention.

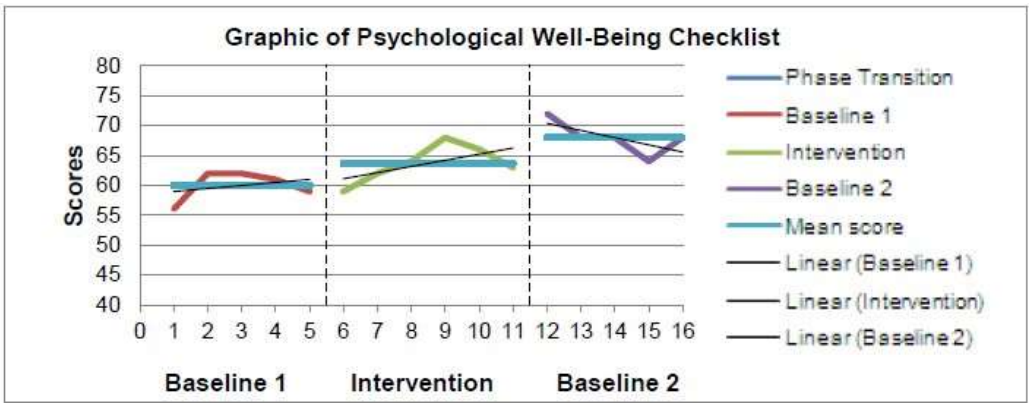

Figure 9. Daily Measurement of Participant B's Psychological Well-Being

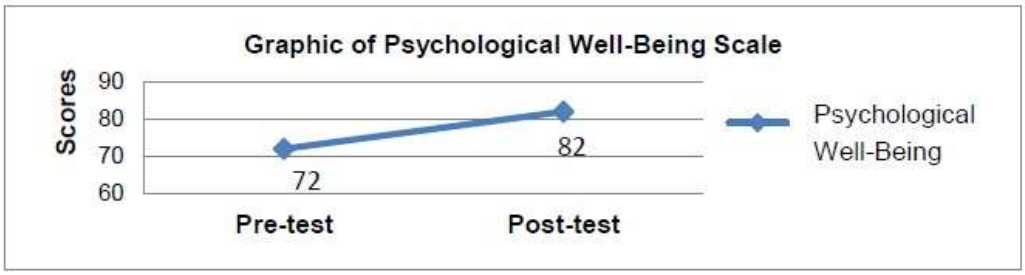

Figure 10. Measurement of Participant B's Psychological Well-Being

Figure 10 shows that B's score of Psychological Well-Being Scale when she took pre-test (n=72) gained 10 scores when she took post-test (n=82). However, this improvement does not reflect the causal relationship between Forgiveness Therapy and psychological well-being because B's trend of psychological well-being was already increasing before the therapy. In conclusion, Forgiveness Therapy can not increase Participant B's psychological well-being.

Manipulation Check

Figure 11 shows that B's trend of fogiveness increases from Baseline 1 to Intervention phase, but then decreases during Bsseline 2. It also shows that B's mean score of psychological well-being in Baseline 1 (M=38,2) slightly increases during Intervention (M=38,5) and in Baseline 2 (M=43,2). However, increasing mean scores can not be confirmed as the result of therapy since B's trend of forgiveness was already increasing even before the therapy introduced, so that any improvement in trend or mean scores in the next phases is a necessity, even without being given any intevention.

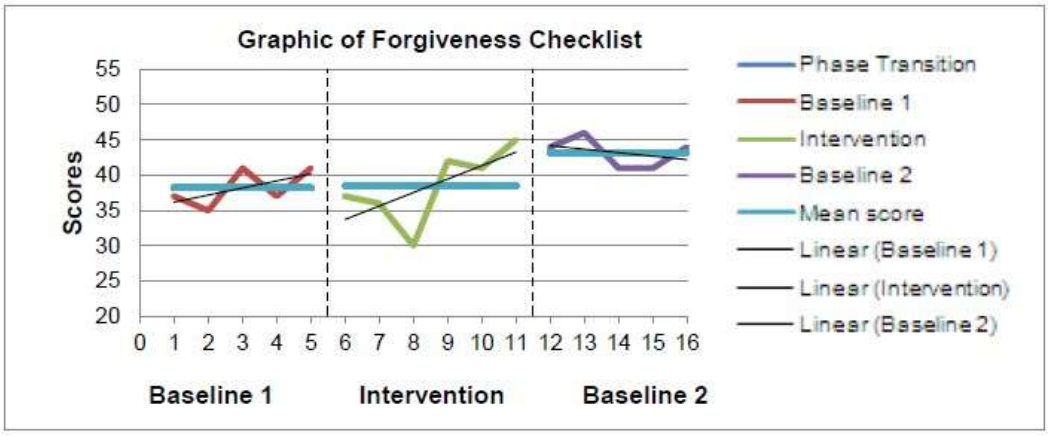

Figure 11. Daily Measurement of Participant B's Forgiveness

Figure 12 demontsrates the raise in B's score Psychological Well-Being Scale for 1 point, from pre-test (n=40) to post-test (n=41). Even so, this improvement can not reflect any effect caused by therapy because B's trend score of forgiveness was already increasing before the therapy. Thus, Forgiveness Therapy can not increase B's forgiveness.

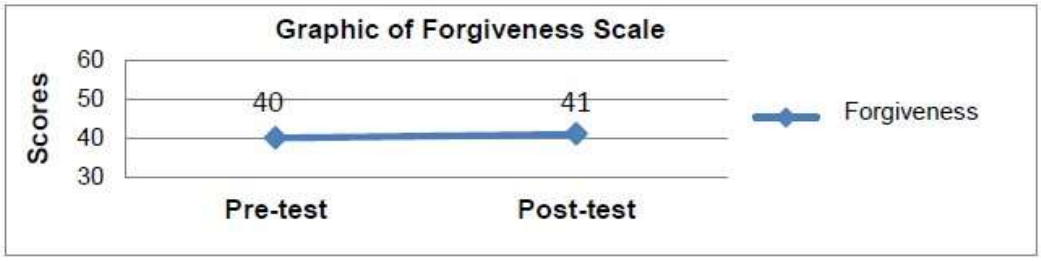

Figure 12. Measurement of Participant B's Forgiveness

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Descriptive Analysis

According to observations, worksheets, and verbatims, Participant B felt disappointment, sadness, and guilt regarding her son's condition that did not show any improvements. B felt that her burden was so heavy and she tend to use avoidance coping strategies, for examples she made herself busy and tried to forget all the negative events and emotions she experienced. It seemed that B had not fully accept her life condition yet.

B was anxious about H relapsing and she was also scared of H's violent behavior. In the process of therapy, B's son-in-law was heavily sick so that B experienced sadness, confusion, and anxiety almost everyday. B started to feel easily exhausted and she fell sick, and that caused difficulties in her daily activities. That showed the lack of one of dimensions of psychological well-being, which is environmental mastery.

During the therapy, B started to realize her negative emotions. At the first meeting, B was crying as she talked about her experiences; she did not even realize that she was crying. B then realize that all this time she was hurting. B said that she was happy to be able to share her stories with the therapist since she had no friends to share. At the third meeting, after practicing imagery, B seemed to be more able to see the good side of her son. B told that her son sometimes helped her doing the house chores, for example doing the dishes. At the fourth meeting, B said that the burden she felt now became easier. At the fifth meeting, B began to see her life positively, that her son was so lucky to still being accepted by the neighbors and being taken care of well, compared to the patients abandoned by their families. B told that her burden was easier and she was less sad than usual, so that she felt stronger and more patient in caring for her son. B was also grateful to still be able to care for her son. According to her husband's evaluation, B looked happier than ever. At the sixth meeting, B said that there was still a little bit of pain in her heart, but she said that she would always try to forgive because she knew that forgiveness is a process.

B got a lot of adavantages from practicing deep breathing relaxation, muscle relaxation, and imagery. B mainly got the benefits from deep breathing and muscle relaxation because they helped reduce her physcial complaints such as palpitations, tightness, and exhaustion. B felt healthier than ever. At the fifth meeting, B admitted that she felt stronger and more patient in caring for her son. B also gained new knowledge about schizophrenia so that she could understand it more and know to handle it. In the final interview, B said that she kept practicing muscle relaxation and deep breathing even though the therapy was over because she felt much of their advantages to her body. She also felt that her son's condition were getting better and she thought it as a result for her being more patient and happier as a caregiver. That showed how B became stronger physically and mentally, her knowledge related to her son's health improved, resulting in her improving ability to handle everyday stressors.

Based on observations, B was reclusive at early sessions but she gradually opened. B hardly made eye contact with therapist though she could still share her experiences. It was hard for B to see her situation from another point of view but when therapist gave her examples about neglected patients, B could see that her and her son's lives were far better.

Discussion

This study aimed to investigate the effect of Forgiveness Therapy to psychological well-being of family caregivers of patients with schizophrenia. The results showed that participants' Psychological Well-Being Checklist scores at Baseline 1, Intervention, and Baseline 2 showed an increase in the mean score when the intervention took place and after the intervention had been given. However, participants' psychological well-being scores in Baseline 1 demonstrated an increasing trend. Consequently, increasing trend or mean that occured on the next phases could not be concluded as a result of therapy, but merely a tendency for participants' psychological well-being to increase, with or without the intervention. The results of visual inspection on Psychological Well-Being Scale showed that psychological well-being scores of Participant A and

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B increased in post-test while Participant Y showed decline. In concluison, Forgiveness Therapy in this study could not improve psychological well-being of participants, so the research hypothesis was rejected.

The initial baseline of participants had not been stable when intervention was introduced. A stable baseline is needed to confirm the effectiveness of interventions (Barker, McCarthy, Jones, & Moran, 2011). Stable data indicate an absence of trend (Kazdin, 2011) or a trend which is countertherapeutic (Alberto & Troutman, 2009) and have relatively little variability (Kazdin, 2011). According to Alberto and Troutman (2009), a baseline is stable when the data vary no more than 50% from the baseline mean. Participants' initial baseline of psychological well-being had relatively little variability but showed a trend which was therapeutic or increasing.

The unstable baseline made it hard to draw a causal relationship between Forgiveness Therapy and psychological well-being. As a result, the effectiveness of the intervention to increase psychological well-being could not be enforced despite the increase in mean score of psychological well-being of all three participants. One interesting case is the decrease in Participant Y's mean score of Psychological Well-Being Checklist and Forgiveness Checklist during the intervention. Participant Y's score of Psychological Well-being Scale also declined in the post-test. The decline is thought to occur because Y felt sadness and guilt in the process of intervention. At the first meeting, Y seemed to be dishonest with herself. Y assessed her negative emotions with a small score though she cried and sobbed during the meeting. In the uncovering phase, individual is vulnerable to stuck back in negative emotions (Sutton, 2013). At the sixth meeting, Y finally realized that all this time she had been dishonest with herself that she often acted different from what she really felt. As stated by Enright (2001), an unwillingness to acknowledge the pain is one of the biggest obstacles in forgiveness process.

Based on the results of visual inspection, Forgiveness Therapy was not able to improve participants' psychological well-being. On the other hand, Forgiveness Therapy did improve participants' forgiveness. Two of three participants demonstrated changes in trends and an increase in the mean score of forgiveness. Participant A and Y, who showed decreasing trend in Baseline 1, showed increasing trend during intervention phase. Participant A's mean score of forgiveness also increased continuously from Intervention to Baseline 2. Participants Y's mean score of forgiveness was decreasing during intervention but increased in Baseline 2. Participant A and Y also experienced rise in their Fogiveness Scale score. On the other hand, Participant B had a trend of forgiveness which was likely to increase in the early phase of Baseline 1; which meant that the baseline did not meet the criterias of stable baseline. Thus, the increase in B's mean score of forgiveness could not be concluded as a result of the provision of Forgiveness Therapy.

In the first session of therapy there were psychoeducation about forgiveness so that participants understand the meaning of forgiveness before they start forgiving. The understanding of the forgiveness will help clients to succesfully recover (Wade & Worthington, 2005). In the second session, participants made a decision to forgive (decision phase). Participants decided to forgive after realizing that their coping so far did not reduce the negative emotions and only add to the problems. This is in accordance with the statement of Enright (2001) that after a person is aware of the negative emotions he feel and the effect of negative emotions in his life, and realize that the way he coped was not able to reduce his injuries, then he will decide forgiveness as an effective way to alleviate his suffering. In the third session (working phase), participants tried to see their situation through the other person's perspective, then created the positive outlook out of the situation. After the process, participants were able to see the good in people who made them feel negative emotions and learn to be grateful, and this makes their attitudes to change more positively. This is in accordance with Enright (2001) that positive perspective and understanding will lead a person to feel more of positive emotions. The changes in one's point of viewwill reduce the negative thoughts because someone will see the person who hurt him in a more humane and understanding way (Wade & Worthington, 2005).

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Relaxation techniques used in this therapy are one of the reasons for the success of Forgiveness Therapy. Participants felt calm and relieved after relaxation. Descriptive analysis states that tightness and palpitations that Participant B experienced slowly reduced. This is consistent with research from Rojviroj, Punyahotra, Sittiprapaporn, and Sarikaphuti (2014) that deep breathing can have positive effects on the body, as well as increase positive emotions and decrease the negative emotions.

Muscle relaxation techniques made participants sensed comfortable sensation in their bodies. Research by Dhyani, Sen, and Raghumahanti (2015) showed that muscle relaxation (progressive muscular relaxation) could reduce stress and pain in the body. Muscle relaxation also makes individual perceive the challenges of everyday life as less stressfull so that it promotes better stress management (Tavousi, 2015).

Imagery technique also made participants felt relieved and calm, less fatigue and less burden, and they were more able to see the goodness in people who hurt them. Imagery helps individual to both experience the conditions of forgiveness and demonstrate the power of compassionate mind (Recine, Werner, & Recine, 2009). Research from Bigham, McDannel, Luciano, and Salgado-Lopez (2014) showed that imagery reduced cognitive and emotional stress.

Therapist also played a role in improving the forgiveness of participants. Therapist in this study emphasized forgiveness as a process and did not force participants to forgive instantly. Therapist appreciated the progress and gave motivations to participants when they faced difficulties in forgiving. Wade and Worthington (2005) states that in Forgiveness Therapy, the therapist must appreciate the complexity and difficulty of the forgiveness process.

Aspect of history might pose a threat to the internal validity of this study. There were events outside of therapy that might have affected the psychological condition of the participants, for example, Participant A's son who relapsed by the end of intervention phase. There was also event that caused change to the inclusion criteria of participants, such as Participant Y's brother-in-law whom hospitalized when Baseline 1 began, so that Y did not stay with the patient during this study. In addition, the death of Participant B's relative made the intervention for Participant B postponed for one week so that it brought inconsistency in terms of intervention timeline and measurement among participants.

Conclusion

The results showed that the Forgiveness Therapy in this study could not increase psychological well-being of family caregivers of patients with schizophrenia. It may be caused by the administration of intervention when participants' baseline of psychological well-being had not been stable yet. Therefore, an increase in mean score of psychological well-being of all three participants could not be confirmed as a result of Forgiveness Therapy.

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