



Exploration of Gratitude among Caregivers of Patients Diagnosed with Schizophrenia

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ARTICLE INFO	ABSTRACT
<p>Article history: Submitted 10.02.2025 Accepted 14.05.2025 Published 30.06.2025</p> <p>Volume No. 12 Issue No. I ISSN (Online) 2414-8512 ISSN (Print) 2311-293X DOI:</p> <p>Keywords: Gratitude, Caregivers, Schizophrenia, Qualitative Study, Mental Health Literacy, Reciprocal Appreciation</p>	<p><i>This qualitative study explores the lived experiences of caregivers with schizophrenia affected parents, focusing on how they express and cultivate gratitude amidst the challenges of caregiving. Utilizing purposive sampling, ten caregivers from private and government hospitals participated in in-depth interviews. The study reveals two major themes: Dimensions of Reciprocal Appreciation and Lack of Mental Health Literacy, further categorized into six subordinate themes. Findings indicate that gratitude serves not only as an emotional response but also as a significant coping mechanism that evolves through caregiving experiences. Participants articulated their understanding of gratitude through spiritual beliefs, emotional reciprocity, and the influence of education. The study highlights that caregivers, predominantly women, reported an increase in gratitude following their parents' diagnosis of schizophrenia, suggesting that significant life events can reshape emotional responses and caregiving perspectives. Limitations include focus on a specific cultural background, underscoring the need for further research to enhance generalizability and explore male caregivers' perspectives. The study emphasizes the necessity for targeted mental health resources and educational programs to promote gratitude practices and address mental health literacy, potentially alleviating emotional burdens and fostering resilience among caregivers.</i></p>



Introduction

Schizophrenia is a severe mental illness that affects a person's ability to think, feel, and behave clearly, leading to unpredictable symptoms and fluctuating care needs. Caring for a parent with schizophrenia is emotionally and physically demanding, often causing overwhelming stress for caregivers. Despite these challenges, many caregivers find moments of gratitude that help them build resilience. Schizophrenia affects approximately 24 million people worldwide, with an adult prevalence rate of 1 in 222 (0.45%). It commonly develops in late adolescence or early adulthood, with an earlier onset in men than in women. Individuals with schizophrenia experience significant distress, social and occupational impairment, and are two to three times more likely to die early due to comorbid physical conditions. Stigma and discrimination further isolate them, limiting access to healthcare, education, and employment. During crises, disruptions in healthcare and social support can exacerbate symptoms and increase vulnerability to neglect, abuse, and homelessness.

Caregivers play a crucial role in supporting individuals with schizophrenia but often face immense emotional and psychological burdens. They experience social isolation, financial strain, and personal neglect.

Over time, some caregivers develop coping mechanisms that strengthen family bonds and enhance resilience. Positive psychology emphasizes well-being and strengths, with gratitude being a key factor in fostering emotional resilience. Gratitude, linked to kindness and generosity, can be a temporary emotion or a stable personality trait that enhances life satisfaction. The broaden-and-build theory suggests that gratitude expands positive emotions, strengthening personal resources like emotional intelligence. Religious traditions in Islam, Christianity, Judaism, and Buddhism emphasize gratitude in prayers and spiritual practices, reinforcing its importance across cultures.

Cultural factors influence caregiving experiences. In Pakistan, mental health awareness is low, and schizophrenia is often misunderstood as a supernatural condition. Many families seek faith-based healing rather than medical treatment, delaying intervention and increasing caregiver burden. Stigma further limits access to resources, worsening caregivers' challenges. Studies highlight the severe emotional toll on caregivers, particularly women, and emphasize the need for culturally relevant psychological support. Research from China, Tehran, and Andalusia suggests that gratitude improves stress management and confidence in caregivers, while studies in Bangladesh and Qatar reveal that caregiving burdens are shaped by factors like age, gender, and socioeconomic status.

Understanding how gratitude helps caregivers cope is crucial for developing culturally appropriate interventions. This study aims to explore how caregivers of parents with schizophrenia make sense of gratitude, how it influences their coping strategies, and how cultural and religious factors shape their perceptions. Investigating gratitude can help reduce stigma, improve mental health support for caregivers, and promote a more compassionate approach to schizophrenia. By recognizing the positive aspects of caregiving, this research can inform policies and support programs that enhance caregivers' well-being and, in turn, improve the lives of individuals with schizophrenia.

Research methodology

This study employed qualitative research and explored the challenges and experiences of participants to better understand what gratitude means to them (Willig, 2008). It focused on how caregivers feel and show gratitude, which can help them cope with stress and avoid mental health problems. The researcher experienced firsthand how a relative's psychological issues affected her and her family's mental well-being. This current study employed Epistemological assumptions to explore the how of the reality. This assumption helped researcher in interpreting information, formulating arguments, and structuring discussions. By examining epistemological assumptions, the researcher gain insights into how experiences are constructed, validated, and applied in various fields of study and practice.

This research employed Social constructivists as a paradigm to understand the participant's world through their own experiences, creating personal meanings attached to different objects or situations. These personal meanings come from social and historical contexts, not from something imposed on individuals (Crotty, 1998).

Among Phenomenological approaches, this research employed hermeneutic phenomenology to explore and interpret the particular experience or phenomenon. The researchers using this approach believe that people share common ways of making sense of their experiences. By examining participants' feelings, thoughts, and beliefs, they try to uncover the fundamental nature of the phenomenon being studied. (Martin, 1981). The process involves first describing the participants' experiences as objectively as possible, and then reflecting on these descriptions to see how they relate to existing theories about the phenomenon (Groenewald, 2004).

A group of (n=10) caregivers (sons and daughters) aged 18 to 23, recruited from the outpatient departments of both private and government hospitals through purposive sampling. Only those caregivers were whose parents have been diagnosed with schizophrenia for at least two years and are receiving medical treatment.

The criteria for including participants in this research were as follows Participants who had any diagnosed psychological disorder or physical disability were excluded. The written informed consent was taken from the participants who includes explaining the study's purpose, what participants will need to do, the duration, and any risks or benefits involved. The aim is to ensure that participants fully understand the information so they can make a voluntary and informed decision about their involvement. This process protects participants and fosters trust between them and the researchers. The demographic form include socio-demographic information like their age, education, family setup, religion, monthly income, number of siblings, their place in the sibling order, who leads the family, marital status, number of children, parents' jobs, and the length of their parents' illness. Before collecting any data, a participant has been asked for their informed consent. This means they will be informed about the study's purpose and assured that their personal information will be kept private.

Table 1: *Demographic characteristics of the participants.*

Sr.No	Age	Gender	Education	Religion	No of siblings	Birth order	Head of the family	Family system
1	22	Female	BSCS	Islam	5	4 th	Father	Nuclear
2	24	Female	MS	Islam	4	1 st	Father	Nuclear
3	21	Male	CA	Islam	4	4 th	Father	Nuclear
4	23	Male	Matric	Islam	5	1 st	Father	Nuclear
5	18	Female	BSIT	Islam	2	2 nd	Uncle	Joint

Sr,No	Monthly income	Marital status	Who is suffering from illness	Age of father/mother having	Father's Education	Father's occupation	Mother's Education	Mother's occupation
1	45000	Single	Mother	53 years	Middle	Business man	F.A	Housewife
2	150000	Single	Mother	43 years	F.A	Police officers	MA	Housewife
3	60000	Single	Mother	55 years	Matric	Business man	F.A	Housewife
4	40000	Single	Mother	52 years	Middle	Business man	F.A	Housewife
5	-	Single	Father	40 years	Matric	-	F.A	Housewife

Sr,No	Age	Gender	Education	Religion	No of siblings	Birth order	Head of the family	Family system
6	23	Female	MS	Islam	5	2 nd	Father	Nuclear
7	18	Female	BS	Islam	5	5 th	Father	Nuclear
8	21	Male	MBBS (continuous)	Islam	4	3 rd	Father	Nuclear
9	23	Female	MBA	Islam	4	3 rd	Father	Nuclear
10	24	Female	FSC	Islam	5	2 nd	Father	Nuclear

Sr, No	Monthly income	Marital status	Who is suffering From illness	Age of father/mother having illness	Father's Education	Father's occupation	Mother's Education	Mother's occupation
6	40000	Single	Mother	40 years	BA	Business man	BA	Housewife
7	45000	Single	Mother	52 years	Matric	Business man	F.A	Housewife
8	7 lac	Single	Mother	45 years	M.Phil.	Vice principal	Graduate	Housewife
9	80000	Single	Mother	56 years	Matric	Business man	F.A	Housewife
10	50000	Single	Mother	55 years	Matric	Business man	BA	Housewife

A semi-structured interview is a way to collect information by asking participants open-ended questions and then following up with more questions to explore their answers further. The interview guide was developed using the Cognitive-Affective Structure of Gratitude Theory (Linting Zhang, 2022) and featured five open-ended questions along with eleven follow-up questions. These questions addressed various aspects of gratitude, including its exploration, challenges, levels, and effects. Experts reviewed and updated the guide to ensure it was effective. A pilot study with two participants helped refine the guide before it was used in the actual interviews.

The procedure begins with obtaining departmental approval. Then permission was also taken from the hospital to collect data. A pilot study was conducted two participants helped fine-tune the interview guide and gauges their responses. For the main study, participants were selected through purposive sampling from the OPD settings of private and government hospitals. Initially, a sample of n= 12 were recruited and the pilot study was conducted on two participants to ensure the language comprehension and feasibility of the

interview guide. The pilot study was not included in the main analysis. Then main study was conducted on the rest of the sample. For the conduction of main study, contact visit was conducted to develop rapport with the participants and got written consent from the participants. Then a mutual time was selected for the interviews through WhatsApp and in-depth interviews were conducted in the respective hospital according to the ease of the participants. The Participants were provided with written informed consent forms, a demographic sheet, and a screening sheet, and were fully briefed on the study's purpose, their rights, and the interview process. They consented to audio recording of the interviews. The researcher conducted the interviews with clarity and sensitivity, asking follow-up questions and actively engaging with participants, who provided feedback after the interviews. More than one interviews were conducted for a duration of 30-45 minutes to ensure saturation of themes. It took almost 2-3 months to collect data. After the interviews, participants were invited to provide feedback and share any additional thoughts they had beyond the questions asked.

The data was analyzed using Interpretive Phenomenological Analysis (IPA). After gathering the data, it was sorted into categories like cognitive, emotional, and overall wellbeing, and any data from participants who dropped out was removed. IPA helped in analyzing the data through several steps: reading and taking notes, turning notes into key themes, finding connections and grouping themes, and looking for patterns across different cases.

Ethical Considerations

- All participants were asked for their consent before taking part in the study.
- They are told that they can leave the study whenever they want.
- If they feel distressed, prearranged support services were available.
- Recordings are made only with their permission.
- All data is kept safe and secure

Result

This study explores gratitude among caregivers of parents diagnosed with schizophrenia using Interpretive Phenomenological Analysis (IPA) (Smith, 2007), focusing on participants' own words to identify themes and subthemes. The analysis begins with multiple readings of the data, allowing the researcher to deeply engage with participants' experiences. Initially, the researcher listens to the audio recordings multiple times to capture not only the spoken content but also emotional undertones. Transcription follows, ensuring an accurate written record for analysis. The researcher then repeatedly reads the transcripts to develop a comprehensive understanding before making detailed notes on significant observations. These notes are later distilled into key themes, simplifying the data while preserving its core meaning. Emerging themes are then examined for connections and grouped into broader categories known as master themes, which help structure the interpretation of participants' experiences. Some themes that do not align with the central patterns may be set aside if they appear less relevant. Ultimately, the analysis results in a refined framework of main themes and subthemes, providing a structured and insightful understanding of caregivers' lived experiences with gratitude, forming the foundation for the study's conclusions.

Table 2. Categorization of themes with major and sub-ordinate themes

Main themes		Sub-themes	Interpretation
Dimensions of Reciprocal Appreciation	Reciprocal	Spiritual Reciprocity <ul style="list-style-type: none">Ritual practiceWorshipInternalization	<ul style="list-style-type: none">It seems participants felt that if they perform religious practices on daily basis then their problems will resolve. And there is a hope that God will help me.It seems that the participants shows verbal gratitude towards both God and others by frequently saying "Alhamdulillah" and built connection with Allah.It seems that as participants become mature they started to internalize their emotions and feelings towards their parents and start responding in a more positive wayThe participants reported that their anger issues improved due to
		Behavioral Reciprocity	

	<ul style="list-style-type: none"> • Anger • Isolation • Self-Blame 	<p>practicing gratitude, though some mentioned emotional numbness in their mood and also experienced memory problems.</p> <ul style="list-style-type: none"> • The participants seem to be withdrawing from society as they deepen their relationship with Allah. • A participant seems to blame herself for her mother's health, feeling responsible because she is the youngest in the family. • It seems that the participants have the capacity to recover quickly from various hardships they encounter on a daily basis. • The participants seem to demonstrate positive thinking, as they mentioned in the interview that everything happens for the best. • It also seems that the participants are happy to have their father or mother, the food, the education and lastly the success they gain in their life. • The participants seem to have lived their lives with ease due to their daily practice of gratitude. • The participants seemed to tackled with societal stigmas like father or mother is mentally ill if you continue to stay with your parents you are going to be mentally ill like them. • The families and relatives are more likely to distant their selves from the patients, they lack socialization and because of this there are many chances that they might develop violent tendencies. • The participants stated that society tends to accuse mothers more than fathers in cases of schizophrenia because men are often perceived as more aggressive than women. Consequently, society may target those who are seen as less powerful, which often includes mothers. • It seems that the participants are experiencing interpersonal challenges, such as a lack of family support, emotional instability, difficulty forming relationships, and a lack of warmth. • It seems that the participant struggled to make decisions about which doctor to consult for their parents' illness. • The male participants indicated that spending more time outside means they do not give sufficient time, attention, and care to their parents.
	<p>Emotional reciprocity</p> <ul style="list-style-type: none"> • Resilience • Optimism • Life Satisfaction 	
Lack of Mental Health Literacy	<p>Stigma</p> <ul style="list-style-type: none"> • Cultural prejudice • Gender role stereotypes 	
	<p>Interpersonal Conflicts</p> <ul style="list-style-type: none"> • Care decisions • Gender role conflicts 	

Affordability Gap

- In contrast, the female participants reported that they dedicate more time to caring for their mentally ill parents and family members.
- It seems that if participants have good education, enough resources, financial stability then they can provide better medical services.
 - It appears that participants from middle or low socio-economic backgrounds are more likely to feel burdened by the responsibility of covering their parents' medical expenses.
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The study explores the gratitude experienced by caregivers of parents diagnosed with schizophrenia, identifying key themes related to their emotional, spiritual, and behavioral responses. Caregivers often expressed gratitude through religious practices, including daily prayers, charitable giving, and worship, believing these acts brought them strength and divine support. They consistently acknowledged their blessings, regardless of hardships, by internalizing the belief that everything happens for a reason and ultimately benefits them. Faith played a central role in shaping their gratitude, reinforcing their trust in divine wisdom and helping them navigate the challenges of caregiving.

Behaviorally, caregivers reported that gratitude influenced their emotional regulation, making some more patient and understanding, though others still struggled with anger and frustration. Some participants found that reflecting on their privileges, such as family support and access to education, helped reduce aggression, while others saw no significant changes. Many caregivers experienced social isolation due to the stigma surrounding mental illness, as they and their families were often blamed for their parent's condition. This led them to withdraw from social interactions, deepening their emotional burden. Some internalized guilt, believing they were responsible for their parent's mental illness, which further contributed to feelings of self-blame and distress.

Gratitude also played a role in reducing stress and providing emotional relief. Caregivers found that focusing on positive aspects of their lives helped them cope better with difficulties, even as their parent's health significantly affected their emotional well-being. Some caregivers reported becoming more resilient and optimistic, believing that their connection to faith helped them maintain hope during hardships. They emphasized the importance of maintaining good conduct toward others, regardless of personal struggles, and saw gratitude as a way to bring balance and emotional stability to their lives. Witnessing improvements in their parent's health further reinforced their sense of gratitude, as adherence to medical treatment resulted in a more peaceful home environment.

Lack of mental health literacy emerged as a significant challenge for caregivers, leading to misunderstandings, stigma, and difficulty in accessing appropriate care. Many reported being blamed by relatives for their parent's illness, reinforcing negative societal perceptions of schizophrenia. Families often misinterpreted symptoms as personal failings rather than medical conditions, leading to inadequate support for both the patient and the caregiver. Cultural biases played a role in how mental illness was perceived, with mothers often facing greater scrutiny than fathers due to societal gender norms. The lack of understanding about schizophrenia and its effects contributed to emotional strain and isolation.

Interpersonal conflicts, including emotional instability and limited family support, further complicated the caregiving experience. Despite these struggles, caregivers expressed gratitude for the opportunities provided by their parents, particularly in education. They valued the ability to pursue their studies, even when faced with emotional and relational difficulties. Caregivers also faced challenges in finding appropriate medical care, as many reported difficulties in locating a suitable psychologist for their parent. Medication adherence was another issue, with some parents refusing treatment, leading to increased stress for caregivers who were responsible for managing their health. Balancing caregiving with personal and professional responsibilities added to their burden, as many had to prioritize their parent's needs over their own aspirations.

Gender differences influenced caregiving roles, with male participants expressing that their external commitments limited their ability to provide care, while female participants dedicated more time to caregiving. Financial instability also emerged as a key concern, as caregivers recognized that better financial resources would enable them to provide improved medical care for their parents. Some families became

financially dependent on extended relatives due to the parent's inability to work, adding to the economic strain. Despite these challenges, caregivers found solace in their faith, which helped them cultivate gratitude and resilience in the face of adversity. The findings highlight the complexities of caregiving for individuals with schizophrenia, emphasizing the need for greater mental health awareness, financial support, and societal acceptance to improve caregivers' well-being.

Discussion

The study investigated the lived experiences of caregivers with schizophrenia- affected parents and how they show gratitude towards them. A purposive sampling was used to select a sample of (n=10) caregivers from private and government hospitals. There are so many studies that are conducted on gratitude and schizophrenic parents separately but the literature available on qualitative is limited. The current study makes an important contribution to understanding the lived experiences of caregivers. And important to understand how a caregiver discovers gratitude related to their parents and checking it in care givers can help they avoid unnecessary pressures and mental disease.

The present study employed interpretative Phenomenological Analysis (IPA) to explore how caregivers interpret their lived experiences and explore their gratitude among young adults who are also caregivers of schizophrenic patients. The themes of this study are driven by my participant's descriptions of their experiences. These themes consist of the two major themes 1) Dimensions of Reciprocal Appreciation and 2) Lack of Mental Health Literacy. These themes consist of six sub-ordinate themes and these subordinate themes emerged with different emergent themes that were derived from the content of each participant.

In this study, the majority of participants were women, with 7 females and 3 males. Female participants reported spending more time caring for their mentally ill parents compared to the males. Additionally, women tend to be more emotionally expressive than men. Common stereotypes suggest that women are generally more emotional, but recent research offers more detail. Studies show that emotions such as happiness, sadness, and fear are more often associated with women, while emotions like anger and pride are more commonly linked to men (Agneta H., 2015).

From an Islamic perspective, some participants focused primarily on their faith in Allah, while others discussed how they express gratitude in their daily lives. The participants mentioned that showing reciprocal gratitude towards others helps make their lives easier. These participants expressed strong faith in Allah, believing that He will resolve all their problems. In Islam, men and women are considered equal in the eyes of Allah. Both are individually responsible for their actions and will be judged equally by Allah. Islam teaches that personal accountability is the same for both genders, regardless of their roles in society. Traditionally, however, men are seen as responsible for providing financial support to their families, mentioned in Surah AlAhzab (33:35) and Surah An-Nisa (4:32), while women are generally responsible for managing the household and caring for the family. Despite these traditional roles, it is emphasized that the father plays a key role in making family decisions, and the woman is to be treated with respect within the home. This balance of responsibilities and respect reflects Islamic teachings on family dynamics, highlighting the importance of mutual support and gratitude within the household. Both men and women have distinct roles, but they are equally valued in the sight of Allah (Zahid, 2018).

From an educational standpoint, participants with higher levels of education indicated that as they matured, their understanding of gratitude deepened through various sources of knowledge. They mentioned that lectures from mass media, teachers, and guidance from their mothers significantly contributed to their growing awareness and practice of gratitude. As they gained more education, they developed a broader perspective on the importance of gratitude in their lives, learning to appreciate not only their own achievements but also the efforts and sacrifices of others. In contrast, participants with little or no formal education reported that they matured earlier in life, largely due to the challenging environments they experienced within their families. Growing up in conflicted or difficult family situations, they developed an early sense of responsibility and awareness, which fostered a strong sense of gratitude. Despite their lack of formal education, these individuals expressed that gratitude played a significant role in their lives (Jiang, 2020). They showed gratitude in every aspect of their daily experiences, whether it was regarding their parents' health, personal accomplishments, the food they received, or the success they achieved. Their expression of gratitude was deeply rooted in their life experiences, and they emphasized that it helped them navigate the struggles and challenges they faced. For them, gratitude became a core value, enabling them to find meaning and appreciation in both small and significant moments of their lives, regardless of their educational background (Kaushal, 2020).

The findings from this study reveal significant insights into the participants' understanding and practice of gratitude through the framework of Reciprocal Appreciation. The dimensions identified spiritual, behavioral, and emotional reciprocity. Spiritual Reciprocity emerges as a crucial theme, where participants

indicated that their religious beliefs play a vital role in shaping their understanding of gratitude. Engaging in ritual practices, such as daily prayers and charitable acts, provides them with a sense of purpose and connection to Allah. This connection fosters a reliance on faith, offering comfort and hope during difficult times. The participants' consistent expression of gratitude through phrases like "Alhamdulillah" illustrates their active engagement with their spirituality, serving as a coping mechanism to navigate both personal and familial struggles. The Spiritual Law of Reciprocity demands that we receive back what we give out. If we give out judgment, drama, stress, contention and condemnation we receive those back in return, even greater. "Do not be deceived, God is not mocked; for whatever a man sows, that he will also reap (Micheal, 2024).

Reciprocity is a concept of behavioral economics that helps explain the social norm wherein people are likely to behave in the same manner with a certain individual as that person has behaved with them in the past. Similarly, in the workplace, employees are highly likely to reciprocate in the same positive manner if their managers or coworkers initiate the very same gesture (Zamir, 2023). Behavioral Reciprocity highlights the mutual exchange of actions among family members. Participants noted a tendency to reflect on their privileges to manage feelings of anger and frustration. While some found that this reflection helped mitigate aggressive tendencies, others experienced persistent struggles with anger, indicating variability in emotional responses. Furthermore, the sense of social isolation stemming from external blame adds complexity to their experiences of reciprocity, demonstrating how stigma and misunderstanding can affect interpersonal relationships.

'Emotional reciprocity' exists when you provide empathetic support to someone and, when you're in need, that person meets you at an equal level to provide you with empathetic support. It's a mutually beneficial relationship with balanced levels of give and take (Norris, 2018). Emotional reciprocity, which involves showing empathy and support for another person and the return of that same empathy and support when you need it (Kendray, 2023). Emotional Reciprocity exhibit the impact of parental well-being on participants' emotional health. The participants acknowledged that their emotional states were closely linked to their parents' conditions, emphasizing the reciprocal nature of care and emotional support within families. This connection reflects the importance of nurturing relationships that foster resilience and emotional well-being. The participants' reports of developing patience and understanding, alongside their reflections on their experiences, indicate a growth in emotional maturity that is reinforced by their gratitude practice.

Strengths of the study

The strength of this study lies in its qualitative methodology, which enabled an in-depth exploration of the lived experiences of caregivers, particularly their expressions of gratitude and coping mechanisms while caring for parents with schizophrenia. By capturing the nuances of individual perceptions and meanings, the study provides valuable insights into complex emotional experiences in challenging circumstances. The cooperation and attentiveness of caregivers during interviews allowed for the collection of detailed and comprehensive information, enriching the study's findings. Additionally, the identification of common themes across participants highlights shared experiences and understandings of gratitude, despite individual differences. Notably, many caregivers reported an increase in gratitude following their parents' diagnosis, illustrating how significant life events can reshape emotional responses and caregiving perspectives. These findings have practical implications, as they can inform interventions aimed at fostering positive emotions like gratitude, ultimately helping to reduce stress and prevent mental health issues among caregivers. This research contributes to mental health policies and support services, emphasizing the importance of emotional well-being for those in caregiving roles.

Implications of the study

The implication of this study emphasizes the need for targeted mental health resources for caregivers of individuals with schizophrenia, as understanding their unique challenges and promoting gratitude practices may alleviate emotional burdens. The study highlights the role of education in shaping caregivers' understanding of gratitude; educational programs that enhance mental health literacy and emotional awareness could empower caregivers, especially those with limited formal education, to cultivate gratitude and resilience. Raising awareness about caregivers' experiences can help reduce stigma associated with mental illness and caregiving roles; community initiatives fostering understanding and support can create a more inclusive environment for caregivers and their families. The interventions focused on fostering positive emotions like gratitude may help ease stress and prevent mental health issues among caregivers. The limitations of the study include a gender imbalance, as 7 out of 10 participants were female, potentially skewing the results toward female caregiving experiences and overlooking male perspectives. Additionally, participants were selected from specific private and government hospitals, which may limit the diversity of experiences; caregivers from other regions or healthcare settings might have different insights.

Conclusion

The study provides valuable insights into the lived experiences of caregivers tending to parents with schizophrenia, highlighting how they express and cultivate gratitude amidst the challenges of caregiving. Utilizing a purposive sampling method with ten participants, the research underscores the importance of qualitative methodologies in understanding complex emotional dynamics within caregiver relationships. The findings indicate that gratitude is not only an emotional response but also a significant coping mechanism that evolves through caregiving experiences. Participants articulated their understanding of gratitude through themes of reciprocal appreciation, spiritual beliefs, and the influence of education. Notably, the study revealed that the experience of caregiving often leads to increased gratitude, which reshapes caregivers' emotional responses and perspectives on their roles. However, the study's limitations, including a small sample size and a predominant focus on female participants from specific cultural backgrounds, suggest that further research is needed to enhance generalizability and explore male caregivers' perspectives. Additionally, the lack of exploration into the specific impact of mental health literacy on caregiving practices highlights an area for future inquiry. In conclusion, this study emphasizes the necessity for targeted mental health resources and educational programs aimed at caregivers of individuals with schizophrenia. By promoting gratitude practices and addressing mental health literacy, stakeholders can potentially alleviate the emotional burdens faced by caregivers, fostering resilience and improving their overall well-being. The findings serve as a foundation for further research and policy development focused on enhancing the support systems for caregivers within diverse cultural and educational contexts.

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