



G-CBT for Reducing Depression Symptoms in Individuals from Dysfunctional Family

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Abstract

Individuals from dysfunctional families have various risks of mental health deterioration including depression. The best way to solve this problem is by conducting family therapy for all members of the family. Unfortunately, some members of dysfunctional families might not be willing to cooperate in family therapy. Therefore, individual therapy is incorporated as an alternative way to protect individuals of dysfunctional families from depression. This study aims to examine the effectiveness of Gratitude Cognitive Behavior Therapy in reducing depression symptoms in individuals from dysfunctional families. Three female participants contributed to this study. All of them met the criteria of 8-25 years old, came from a dysfunctional family, had mild or moderate depression, and did not have any psychological therapy. The method used in this study is an A-B-A single-subject design. Data in this study were analyzed with a visual inspection technique. Findings from this study demonstrated that G-CBT is effective in reducing depression in three participants from dysfunctional families. Participants received some degree of positive affect following this intervention including a wider perspective, the ability to see other points of view, appreciate every positive little thing, acknowledge one's strength, and an increased gratitude to God.

Keywords: depression; G-CB; dysfunctional family

Depression is a common mental disorder in our society. According to the World Health Organization (Organization, 2017), there are 300 million people, or 4.4% of the world's population who suffer from depression. Depression has become one of the biggest causes of disability in the world (Friedrich, 2017). Even though there have been many effective treatments for depression found throughout the decade, recent data showed that still, in many countries, less than 10% of people with depression undergo serious treatment. In Indonesia, the prevalence of mental and emotional disorders in individuals aged 15 years and over, is about 9.8% in 2018 (Dasar, 2018).

Depression is a mental disorder that lasts for a long period and can be repetitive. Individuals with depression feel a decrease in mood, negative thoughts about self and the world, and reduced ability to do everyday activities comfortably (Beck, 1979; Beck & Alford, 2009; Davey, 2008; Katona et al., 2008; Organization, 2017; Uptegrove et al., 2016). Aside from that, there are other various symptoms evident in depression such as depressive affects, self-loathing, loss of excitement, loss of attachment to others, reduced concentration, reduced self-esteem and self-confidence, feeling worthless, guilty, or useless, pessimistic, ideas or acts of hurt/kill one's self, lost interest in things that are usually pleasant, lack of initiative, and increased dependence, appetite disorders, sleep disorders, loss of libido, reduced energy, agitation or psychomotor retardation, slow in talking or behaving, less physically active (Beck, 1979; Davey, 2008; Porter et al., 2017). Several factors are likely to cause depression, including de-

velopmental factors, personality, cognitive, comorbid disorders, biological, environmental/social, experience, and lifestyle (American Psychiatric Association, 2013; Beck & Alford, 2009; Botha & Dozois, 2015; Guiraud et al., 2016; Katona et al., 2008; Nedley & Ramirez, 2016). One of the social factors that can lead to depression is living or interacting with a dysfunctional family. Research by Hammen (2003) also states that depression is related to dysfunctional families.

A dysfunctional family is a condition where a family does not function correctly. This condition makes family members unable to meet their basic needs and can cause many unpleasant experiences (Chang et al., 2019; Guo et al., 2018; Jamiolkowski, 1998; Nie et al., 2019; Paganini et al., 2008). Adult individuals who were raised in dysfunctional families grew in fear due to pain and recurring trauma as a result of the actions, behavior, or words of their parents (Ubaidi, 2017). In addition, individuals who grew up in this environment are forced to adjust their self-concept with the self-concept shown by their parents. This is done to understand the meaning of violence or neglect that they got from their parents (Stiver, 1990). As a result, a bad self-image and a sense of helplessness will develop which would then manifest in behaviors such as alcohol and drug abuse, or treating other people the same way their parents treated them (Stiver, 1990; Ubaidi, 2017). Aside from engaging in destructive behaviors, there are other ways in which an individual might be affected by said conditions, which is they are more likely to internalize their problem. As an



example, individuals might have feelings of anxiety without knowing why. These individuals usually have difficulty establishing and maintaining friendships, have poor self-esteem, have difficulty trusting others, feel distress when losing control of themselves, and deny their reality or feelings (Ubaidi, 2017). All of these can be risk factors that support the recurrence of depression in these individuals. Various studies have also found that families with dysfunction can be risk factors for depression (Daches et al., 2018; Guo et al., 2018; Indrawati et al., 2015; Koutra et al., 2015; Martin et al., 1995; of parents' work-family conflict to family functioning & child mental health, 2019; Oliveira et al., 2014; Pagani et al., 2008). In recent research, it has been found that there are many cases of depression symptoms reported by people. When seen closely, most of these cases are generated by family problems such as conflicts with spouses, conflicts with parents, and distant emotional relationships between children and parents.

In clinical practice, the researcher who is also trained to be a clinical psychologist has found a lot of cases of depression in individuals from dysfunctional families through practical classes from years 2017 to 2019. Those individuals come from a family that has various conflicts between members or emotional problems. In addition, the researcher also conducted preliminary research involving two participants from a dysfunctional family. The two participants were diagnosed by a psychologist with dysthymia and severe depression with psychotic features. From this initial research, it is found that those diagnoses are caused by family problems which are parent conflict and verbal abuse in the family.

Depression that is caused by dysfunction in the family might be best treated with family intervention. However, in severe cases, members of dysfunctional families have traits that may be difficult to engage, interact, or cooperate with in family therapy (the severely dysfunctional family in treatment: Basic considerations, 1985). This causes individuals from dysfunctional families to bear a psychological burden because even though their family is the main source of all their problems, they are not willing to participate in the therapy. Despite strong evidence of dysfunctional families as a risk factor for depression, not all individuals from dysfunctional families experience depression, and individuals who experience depression do not necessarily come from dysfunctional families (Keitner et al., 1995). Parillo (2008) explains that individuals who are resilient enough to cope with dysfunctional family conditions have several protective factors, including a high level of intelligence, external social support, internal locus of control, the ability to recognize opportunities for change, and awareness of the ability to have a better life. This shows that individuals from dysfunctional families have the chance to develop protective factors so they can better maintain their mental health status. This is also in line with what was stated by Kamaruddin (2011) in regards to the importance of building individuals who can survive through the challenges currently faced by many families, which is by developing the individual's potential. This emphasized the urgency and the opportunity to provide interventions that focus on other aspects outside of those in family therapy, ones that can develop the poten-

tial of individuals from dysfunctional families so they can still avoid depression. G-CBT is one of the interventions that is assumed to be effective in accommodating both this urgency and opportunity by enhancing the gratitude of individuals from dysfunctional families. (Gratitude et al., 2010; Yusinta, 2019).

Gratitude-Cognitive Behavior Therapy is a gratitude intervention delivered with a cognitive behavioral approach. This intervention was made by Utami et al. (2017) based on the four steps of the cognitive behavioral approach to practice gratitude (Miller in Peterson and Seligman (2004), which are (1) identifying ungrateful thoughts, (2) formulating thoughts that support gratitude, (3) replacing ungrateful thoughts with grateful thoughts, (4) converting feelings of gratitude into action. In previous studies, G-CBT has been proven effective in reducing depression in adolescents (Mutia et al., 2010; Yusinta, 2019).

G-CBT is predicted to be able to reduce depression. Various research has found that gratitude is beneficial in reducing depression (Alkozei et al., 2017; Kleiman et al., 2013; Kwok et al., 2016; Renshaw & Rock, 2018). In addition, according to Lin (2015), gratitude can bring positive attributions which can prevent individuals from both stress and depression. Attribution is a person's judgment to explain the cause of his own or another's behavior (Passer & Smith, 2009). Positive attribution brought out by gratitude can ward off cognitive distortions which, according to Beck (Beck & Alford, 2009), are one of the causes of depression. G-CBT with individual therapy settings needs to be investigated because of the rising need for individual therapy in the field. Depressed individuals who come from dysfunctional families usually come to see a psychologist alone. Examining G-CBT in an individual setting is expected to provide practitioners with a reference about the application of G-CBT to deal with individual clients from dysfunctional families who seek help due to depressive disorders. Therefore this research is conducted to examine whether G-CBT can reduce depression symptoms in individuals from dysfunctional families.

1. Method

The research design used in this study is a small-n A-B-A single-case experimental design. This research design is used with the consideration that the themes of this research are sensitive and the participants' criteria were quite specific so the possibility of the number of participants who were willing to take part in the study was not large. The criteria of participants from this study were individuals 18-25 years old, came from dysfunctional families based on the family function scale (Hadiyati, 2011) examination, had mild or moderate depression based on Patient Health Questionnaire-9 (PHQ-9) (Kroenke et al., 2001) examination, and were not having any psychological therapy. PHQ-9 is a valid and reliable measuring instrument to diagnose depression with an 88% sensitivity rate and 88% specificity (Kroenke et al., 2001). Some items of PHQ-9 scale are: (1) *Kurang tertarik atau bergairah dalam melakukan apapun* (2) *Merasa murung, muram, atau putus asa*.

The family function scale is an instrument used to examine one's perception of how well his/her family func-

tions (Retnowati et al., 2003). The family function scale (Hadiyati, 2011) was made according to family function aspects by Covey (1998) which are modeling, mentoring, teaching, and organizing. This scale consists of 38 items with a reliability coefficient of 0,928. Some items of family function scale are: (1) *Perkataan ayah selalu sesuai dengan apa yang dilakukan*, (2) *Di dalam keluarga tidak ada yang peduli dengan perasaan saya*. Besides PHQ-9, the Depression Anxiety Stress Scale-21 (DASS-21) was used in this study as a measuring instrument. DASS-21 minimum validity score is 0.51 and the maximal validity score is 0,65 with reliability of 0,90 (Kinantie et al., 2012). Some items of DASS-21 scale are: (1) *Saya merasa sulit untuk beristirahat* (2) *Saya merasa bibir saya sering kering*. As a manipulation check, the gratitude scale (Listiyandini et al., 2017) was used to record the gratitude score gradually. The gratitude scale has 30 items with an item correlation of 0.3-0.6 and Cronbach alpha coefficient =0.87. Some items of gratitude scale are: (1) *Ketika saya menerima suatu karunia, saya langsung mengucapkan pujian kepada Tuhan* (2) *Saya berpikir bahwa kesulitan dalam hidup ini akan membuat saya terpuruk*. The intervention guide used in this study is the Gratitude-Cognitive Behavior Therapy module (Adhiningtyas, 2018). Aikens v coefficient of this mode is 0.65-0.86. Besides that, this study also used behavioral observation sheets as observation instruments, informed consent, and participant assignment sheets as data collecting tools.

Based on those criteria, three female participants were acquired to take place in this study. Pseudonyms are used to address the three participants: Bingsu (25-year-old student), Hani (22-year-old employee), and Senja (24-year-old student). After it was ensured that the three participants met the criteria, they underwent four sessions of G-CBT run by a clinical psychologist and observer. Between sessions, participants were told to fill out the assignment sheets.

Data in this study were analyzed with a visual inspection technique (Kazdin, 2011) by paying attention to changes in the score mean, level, graph direction, and latency of change. This study included a baseline phase (A1), intervention phase (B), and baseline phase (A2) that ran for about a month with three women participants who met the criteria and a clinical psychologist who ran the therapy based on the G-CBT module.

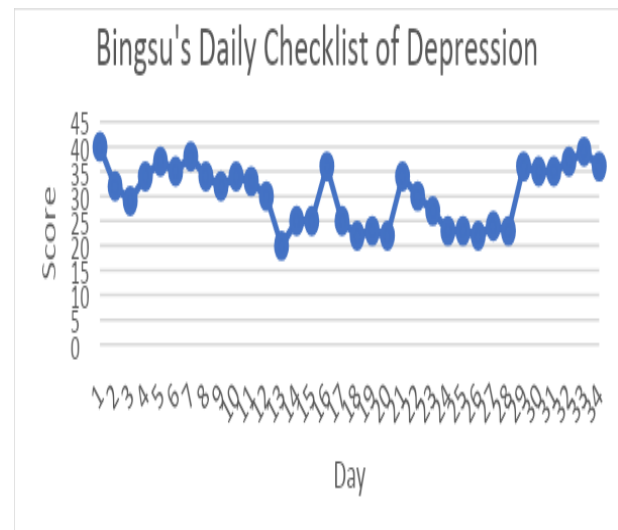
2. Results

2.1 Participant 1 (Pseudoname: Bingsu)

Manipulation check measurement shows that Bingsu has an increasing gratitude score from 78 in the pretest to 102 in the posttest. This score then decreased to 89 in follow-up. See Figure 1.

See Table 1 Upon initial interview, Bingsu mentioned that there were value differences adopted by her and her family and that this difference sparked conflict in the first place. As a result of said conflict, Bingsu's mother and sister often discredited Bingsu for what she had done. This caused Bingsu to doubt her ability to carry out daily activities such as managing a family business or studying

Figure 1
Bingsu's Daily



in college. Bingsu could do activities well when she was alone, but when she met her mother and sister, they often criticized and blamed her which made Bingsu doubt whether she could do things correctly.

Visual analysis data also shows that in the baseline phase 1 (A1) and intervention (B), the depression scores of Bingsu are unstable. It is 66.6% in the baseline phase and 27.27% in the intervention phase. In baseline phase 1 (A1), the instability of the data was caused by Bingsu's feelings of guilt and inadequacy about her problems. Bingsu's guilt is due to the words of the family which often underestimate her abilities. Feelings of guilt are then reduced when Bingsu does other activities.

In the intervention phase (B), Bingsu received therapy which slowly changed how she perceived life and the environment. This caused depression scores in the intervention phase to be unstable as well. Problems that previously disturbed her such as family disputes and feelings of guilt remained, but within the same phase, Bingsu slowly began to apply what she gained from the intervention. On certain days, Bingsu manages to apply what she has learned from the intervention and that changes her emotions to be more positive. However, there were also days when she did not succeed in applying what she had learned from the intervention.

The daily depression checklist graph also shows that on days 16 and 21, there is a significant increase in depression scores. This happened when Bingsu was sick. Bingsu stated that when she was ill, she often felt alone and that prompted her to think back to his late father who usually accompanied her. On day 16, the increase in depression scores occurred in some symptoms such as feeling gloomy, difficulty understanding conversation, spending a lot of time in the room, feeling embarrassed towards others, regretting one's condition, imagining bad things happen in the future, crying, avoiding activities, feeling fear when talking to others, self-blame, and experiencing pessimism. Whereas on day 21, an increase in depression scores occurred in symptoms such as spending time in the room, feeling tired after mild activity, embarrassed toward others, regretting one's condition, imagining bad

Table 1
Bingsu's Table

Visual Analysis	Baseline 1 (A1)	Intervention (B)	Baseline 2 (A2)
Mean	34,5	27,5	36,33
Trend (split middle)	↗	↘	↗
Median	Increase	Decrease	Increase
Data stability	66,6%	27,27%	100%
	Not stable	Not stable	Stable
Change in level (within phase)	40-35	38-23	36-36
	-5 (improve)	-15 (improve)	= 0 (constant)
Change in level (between phase)	Initial score of B – final score of A1 = +3 (deteriorate)		
	Initial score of A2 – final score of B = 36 – 23 = +13 (deteriorate)		
Data overlap	6 : 22 × 100% = 27,27%		The effect of intervention is good

things happen in the future, sleep disorders, decreased appetite, crying, avoiding activities, blaming one's self, and being pessimism. Based on the comparison of the two days, taking into account the condition of Bingsu's physical health, it can be assumed that when bad things happen symptoms that increase are regretting one's condition, imagining bad things happening in the future, crying, blaming one's self, and pessimism. The increase in these symptoms occurs because of the guilt or regret that Bingsu has for the bad things that had happened to her, one of which is regret for not treating his dead father well when he was alive.

Something unique happened on days 22 to 24, where Bingsu wrote that on these three days, she again experienced differences of opinion with her sister. Despite experiencing dissent with her sister, Bingsu's depression score shows a decrease from day to day. This happens because Bingsu began to understand and deal with the differences she and her sister had without needing to fight, which resulted in Bingsu being satisfied with the condition. On day 27, Bingsu then felt that her sister changed. Her sister was no longer angry or satirical when Bingsu bought new goods. On day 28, Bingsu stated that her actual plan was a mess because of things that were out of her control. Despite experiencing a bad mood, Bingsu tried to calm down and see the problem from another perspective so that the problem didn't bother her too much. Bingsu got this ability from the intervention.

Bingsu's depression score re-increases on day 29. This happens because on that day Bingsu evaluated her life in 2019 and she felt that she had done her late father and her boyfriend wrong many times. On this day, Bingsu also stated that she realized that she was still trying to accept herself. The increased score of depression symptoms on day 29 is the same as the days that have been mentioned before. They include aspects such as regretting one's condition, imagining bad things happening in the future, crying, blaming one's self, and pessimism. In addition to the five symptoms, on this day, there are also increased scores in other symptoms such as feeling gloomy, fatigue after light activity, and sleep disturbance.

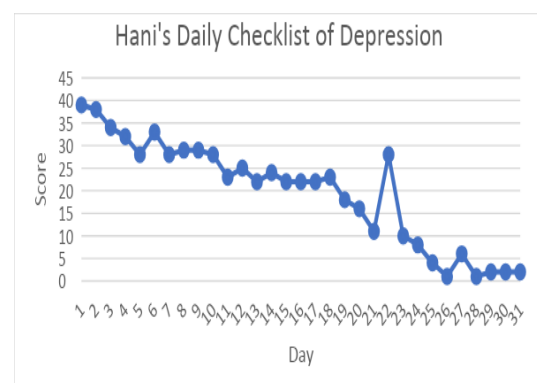
On day 30, Bingsu suspected her boyfriend cheated on her because she saw her boyfriend's sister was following a particular girl's account on social media and that account

was the only account she followed. Bingsu then tried to confirm this to her boyfriend and on day 31 they broke up. After breaking up Bingsu could cognitively find positive things that he got from her previous relationship, but effectively Bingsu also still had a sense of regret for not treating her boyfriend well while they were dating. These unreleased emotions make Bingsu's depression score remain high even though cognitively Bingsu has good insight. This is also reflected in the daily checklist where Bingsu experiences a drastic increase in symptoms of feeling gloomy but a decrease in symptoms of self-blame and pessimism.

2.2 Participant 2 (Pseudoname: Hani)

Based on the manipulation check measurement result, Hani experienced an increase in gratitude score from 100 at the pretest to 133 at the posttest, and 136 at the follow-up. The intervention increased her gratitude: Hani could feel grateful for every little positive thing, the ability to manage her mind, and the strength to endure difficult situations. See Figure 2

Figure 2
Hani's Daily



See Table 2 Overall Hani's daily score graph shows derivation of depression scores in all phases with unstable data on the intervention phase (B) and the baseline 2 phase (A2). In the intervention phase, this derivation trend is

Table 2
Hani's Table

Visual Analysis	Baseline1 (A1)	Intervention (B)	Baseline2 (A2)
Mean	37	22,05	2,33
Trend (split middle)	↘	↘	↘
Median	Decrease	Decrease	Decrease
Data stability	100% Stable	40,9% Not stable	50% Not stable
Change in level (within phase)	39-34 -5 (improve)	32-4 -28 (improve)	1-2 +1 (deteriorate)
Change in level (between fase)	Initial score of B – final score of A1 = 32 – 34 = -2 (improve) Initial score of A2 – final score of B = 1 – 4 = -3 (improve)		
Data overlap	2 : 22 × 100% = 9,09% The effect of the intervention is good		

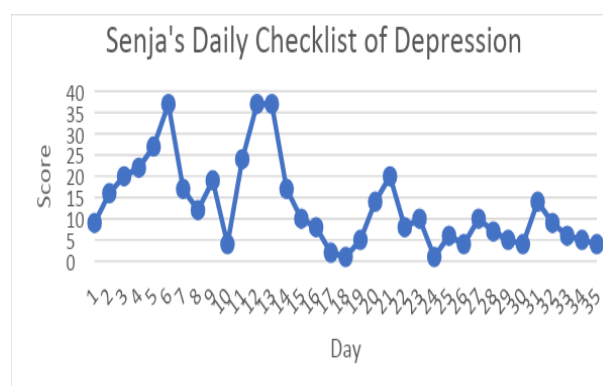
caused by a combination of the impact of the intervention and Hani's living condition that she and her mother did not live with her father. Hani's mother has decided to take Hani and leave their home because she's often scolded by her husband while living together with him. Although Hani is no longer living in the same house as her father, Hani, and her mother still take care of her father by sending food and other needs daily to their house. This condition makes Hani feel sad though she no longer has to hear her father's anger every day. Hani's father also sometimes comes over to Hani and her mother at Hani's uncle's house and asks them to come back home. Hani also made a statement that although she had not lived with his father for a while, Hani still often thought about him and was sad about the conflict between his parents. Hani's living condition is then supported by G-CBT interventions that have taught Hani how to use alternative thoughts of gratitude and helped Hani see the positive sides that she had in her life. This then increased Hani's gratitude score and reduced her depression score. Hani's depression score decreases from 12 on the pre-test, to 4 on the post-test, and 0 at the follow-up.

2.3 Participant 3 (Pseudoname: Senja)

According to the results of manipulation check measurements, Senja experienced an increase in gratitude scores from 107 at the pretest to 123 at the posttest and follow-up. This gratitude score is also supported by Senja's statement that entailed how she had become able to see things beyond what she was worried about and was able to bring up thoughts of gratitude as alternative thoughts when she felt uncomfortable. See Figure 3 and Table 3

Although there is a tendency for improvement in condition, the graph shows unstable data with very high variations in each phase. This is likely due to the characteristics of Senja participants who do not live with their families. Senja is currently a student living in a boarding house, far from her family who is experiencing dysfunction. Senja rarely comes back to her hometown because it is far from where she lives now. Because she does not live with her family, Senja does not interact with her family and does not directly feel the impact of family dysfunction. This makes Senja unable to immediately apply the

Figure 3
Senja's Daily



insights she got from the intervention into the setting of her family's dysfunctional problems. The daily checklist of depression does not describe the condition of Senja's depression related to his family problems, but only related to her daily activities. Therefore, the graph shows a very high variation of data. Take the symptom of spending a lot of time in the room as an example. As a student who lives in a boarding house, it is natural for Senja to be in his boarding room all day if he has no outside activities. That doesn't exactly have anything to do with her depression.

Senja's lack of understanding of her emotions can also be a factor that causes instability in her condition. This lack of understanding makes it easy for Senja to feel anxious or difficult to sleep when there are things that are uncomfortable for her. For example, the increase in checklist scores on day 11 (depression checklist score: 24), on that day, Senja stated that she was anxious but did not understand what made her feel that way. That day, Senja planned to do her thesis outside her boarding room, but in the end, she did not go and just stayed in her room. On the following day, Senja's daily checklist score increased to 37. Senja stated that on that day, she was still confused about what made her anxious. In addition, this anxiety made her difficult to stay focused which ultimately resulted in her not being able to work on her thesis. Senja's behavior of not doing her thesis would also then increase her anxiety because she was worried that she could not finish the thesis. On day 14, Senja's

Table 3
Senja's Table

Visual Analysis	Baseline 1 (A1)	Intervention (B)	Baseline 2 (A2)
Mean	21,14	11,86	7
Trend (split middle)	/	\	\
Median	Increase	Decrease	Decrease
Data stability	57,14% Not stable	40,9% Not stable	50% Not stable
Change in level (within phase)	20-17 -3 (improve)	12-5 -7 (improve)	4-4 0 (stable)
Change in level (between fase)	Initial score of B – final score of A1 = 12 – 17 = -5 (improve) Initial score of A2 – final score of B = 4 – 5 = +1 (deteriorate)		
Data overlap	4 : $22 \times 100\% = 18,18\%$		The effect of the intervention is good

checklist score decreased significantly to 17. This happens because Senja started doing something productive and left her room. Broadly speaking, it can be concluded that these drastic changes occurred due to the events of Senja's daily activity.

3. Discussion

This study aims to find out the effectiveness of individual G-CBT to reduce depression symptoms in individuals from dysfunctional families. A dysfunctional family is a family with a condition where its functions are not going well so that family members cannot meet their basic needs which can lead to unpleasant experiences (Guo et al., 2018; Jamiolkowski, 1998; Nie et al., 2019; Pagani et al., 2008). All of the participants in this research have this kind of condition in their family. Participant Bingsu often quarreled with her family every time they had a difference in opinion, and this has happened since Bingsu was a child. In addition, Bingsu knows that her late father cheated on her mother and indirectly delegated the role of breadwinner to his mother. This made her mother easily angry at everyone in the family. Bingsu's family also has a poor communication pattern in which they express their care for each other in a way that makes other family members feel humiliated or belittled. In participant Hani's family, Hani's parents often dispute since Hani was a child. Hani's father often shouted and scolded Hani's mother. When Hani was a child, her father had hit her mother. This dispute between Hani's parents has been happening until now and makes Hani feel sad, ultimately resulting in a recurrence of depression. In participant Senja's family, Senja's parents have been imposing their wishes on Senja. When something wrong happens to Senja, they will scold and blame her for that. This makes Senja feel confused about herself. Besides that, interference from Senja's grandmother in the family also has worsened its condition. Senja thinks her grandmother often successfully brings conflict into her parents until they fight. To make matters worse, Senja's grandmother can also make her parents force Senja to do things she does not want. All this time, Senja always tries to obey her parents even though she actually doesn't want to. However, when she tries to do what her parents ask her to and something wrong goes on, her parents would still blame her. These uncomfortable conditions that have been hap-

pening to all three participants form a cognitive pattern. Based on Beck's cognitive theory (Beck & Alford, 2009), the unpleasant experiences that often occur in a family make individuals in dysfunctional families form a cognitive pattern that makes them see themselves, the world, and their future negatively. Cognitive patterns that have been formed in the three participants make them see their lives negatively. As Bingsu said before participating in the intervention she felt her life was ruined, Hani who often felt sad because she was concerned about her parents' conflict often felt uncomfortable with her body, and Senja was disturbed by her family which she considers chaotic.

Negative cognitive patterns make all three participants in the conditions mentioned by Peterson and Seligman (2004) as conditions that make it difficult for individuals to be grateful. These conditions include the perception that one is a passive victim. This condition was experienced by Hani who has so far repressed her negative feelings toward her father. The second condition is the lack of self-reflection, which is experienced by all three participants. The third condition is labeling one's self or life. In this context, the three participants have labeled their family as a bad family. The condition mentioned by Peterson and Seligman besides making it difficult for the three participants to feel grateful is also closely related to the concept of cognitive distortion which is the cause of the emergence of symptoms of depression (Beck & Alford, 2009). Therefore, it can be concluded that the cognitive patterns possessed by the three participants due to long-standing bad experiences in their families caused them to have difficulty feeling gratitude and evoke symptoms of depression.

Bingsu and Senja's families are dysfunctional families with dynamics of chronic family conflict. According to Ubaidi (2017), dysfunctional families with this type of dynamics argue with each other in ways that can hurt each other. This condition happens because of the authoritarian parenting style. Authoritarian parenting style is a parenting style in which parents give high expectations or demands to children without the parent's response, direction, and warm involvement needed by their child (Levinson et al., 2017). Authoritarian parenting style can cause depression (Garber in Levinson et al. (2017) and anxiety (Wolfradt, et al., In Levinson et al. (2017) in ado-

lescents. In Bingsu, the authoritarian parenting style can be seen in families who often denigrate what Bingsu has done. This shows that the family hopes Bingsu to have achievement but they do not provide any guidance. In Senja, the authoritarian parenting style is clearly illustrated from Senja's story which entailed how his parents often force her to be what they want regardless of her opinion.

Unlike Bingsu and Senja's families, Hani's family dynamics of dysfunction is called a dominant-submissive household (Ubaidi, 2017) which occurs when a household is regulated by one dictatorial parent and the other parent is passive. Members of this family are usually very unhappy and dissatisfied but tend to be passive and obedient to the dictatorial parent. This condition triggered depression in Hani. This condition has happened to Hani and her mother since Hani was a child until they could not stand it any longer and decided to move out to Hani's uncle's house.

Based on the results of visual analysis, it was found that individual G-CBT can increase gratitude scores and reduce depression symptoms in all three participants. This happens through a change in the way participants perceive problems that occur in their families. Changes in viewpoints occur in participants in several ways. These methods include broadening the perspectives of the participants and triggering reflection and contemplation through various activities in G-CBT such as gratitude cognitive restructuring, listing things to be grateful about every day, discussing material delivered by therapists, and evaluating the tasks that the participants have done. This is consistent with what Peterson and Seligman (2004) explained that there are several things individuals need to feel grateful which are (1) broad perspectives, (2) reflection and contemplation abilities, (3) the ability to feel positive experiences, (4) awareness of one's previous lack, and (5) the ability to reduce one's sense of capability to recognize the contribution of others in success obtained. In this study, after participants were directed to broaden their perspectives and to reflect and contemplate, participants became more able to feel the positive experiences they had so their gratitude scores increased.

Cognitive changes that become a turning point for participants are related to various techniques of gratitude interventions delivered by cognitive behavioral approaches on G-CBT. For Bingsu, this cognitive change that became her turning point was the awareness of her condition so that she knew what was happening in her environment and knew how to do about it. Bingsu found this turning point in the cognitive restructuring session which conceptually was an application of the grateful reappraisal technique. According to Watkins (2016), this technique encourages participants to find good things such as gratitude thoughts or something to be grateful about from an unpleasant incident. This processing condition helps participants to fill unpleasant memories with the more pleasant things they found in this intervention. For Hani, the cognitive change that became the turning point was awareness and appreciation of her ability to survive in such uncomfortable situations from childhood until now. Hani found a turning point in the strengthening gratitude session by thanking herself. According to Watkins

(in empty citationempty citationPratomo, 2018), expressing gratitude can improve individual welfare. Participant Senja found a deep insight from the homework to write down things to be grateful for. According to Watkins (2016), this intervention applies the concept of grateful recounting which can improve well-being even after the intervention session is finished (recounting enhances subjective well-being: The importance of grateful processing, 2015).

In addition to these sessions, other sessions implemented in the G-CBT, such as the homework assignment "daily life events" and psychoeducation also help participants to be more aware of themselves and their everyday experiences in life, and broaden their perspectives to be able to feel gratitude (Peterson & Seligman, 2004). This is consistent with research conducted by Cezaretto et al. (2017) which states that psychoeducation can sustain efforts to manage psychiatric disorders with a reduced number of relapses and higher levels of function. Psychoeducation is also known to improve the quality of life of individuals.

As previously stated, based on Beck's cognitive theory (Beck & Alford, 2009), the symptoms of depression in all three participants in this study arise because of the unpleasant experiences that occur in the family. These unpleasant experiences then form cognitive patterns that make all three participants have a negative view of themselves, the world, and their future and less able to feel gratitude. In this study, the positive insights gained by participants through G-CBT changed the negative cognitive patterns. Various insights that were cognitively gained by these participants then increased the feeling of gratitude. This feeling of gratitude also then led to a decrease in depression symptoms in three participants. These results follow various studies that state that gratitude can reduce depression symptoms (Alkozei et al., 2017; Kleiman et al., 2013; Kwok et al., 2016; Lin, 2015; Renshaw & Rock, 2018) (Ng & Wong, 2012; Froh, et al., 2009).

Referring to Peterson and Seligman (2004) explanation of things individuals need to feel grateful for, there is something unique that happened to Hani. Peterson and Seligman said that one of the things needed to feel grateful is the ability to reduce the sense of one's capability to recognize the contribution of other things to one's success. In Hani, gratitude is found in recognizing a sense of capability to survive in her parents' dispute. Understanding her ability to survive is meaningful for Hani because all this time Hani thinks that she is weak, unable to do anything to deal with her parents' quarrels, even to the point of feeling headaches or difficulty sleeping when thinking about her parents' problems. Although it is not per the concept of reducing one's sense of capability, Hani's gratitude is obtained through the ability of reflection and contemplation accompanied by the therapist in the G-CBT. This indicates that Peterson and Seligman's concept of the five things that are needed for individuals to feel gratitude is not overall. All five things are not necessarily needed for individuals to feel grateful. Just a few of them are probably sufficient to encourage gratitude.

This study applies G-CBT in individual therapy set-

tings where in each session one therapist only faces one participant. In addition to the various techniques applied in G-CBT, individual therapy settings also play a role in the development of participants' depressive conditions. In individual settings, participants and therapists can interact more intimately. Participants can more freely share their experiences with the therapist. Furthermore, the therapist can also focus on giving feedback to one participant. This individual therapy setting is suitable for Hani who is very strict about values and norms so it is difficult for her to be open to others. This is consistent with what Nissim et al. (2012) said that individual psychotherapy is more suitable to discuss intimate problems or personal fears. Besides the therapy setting, the therapist has played a key role in this individual G-CBT. Based on the observation, therapists in this study had good microskill. She applied various micro-skills well in each therapy session, such as empathy, acceptance of participants' experiences and feelings, open gestures, summarizing or paraphrasing, as well as providing explanations using analogies or words that were easy for participants to understand. Microskill can build a situation that is safe and comfortable for participants so that they can be open to telling or accepting their condition with the help of therapeutic techniques contained in the G-CBT.

Broadly speaking, it can be concluded that G-CBT with individual therapy settings can increase gratitude through various activities it contains. The concept of Peterson and Seligman (2004) about things that make it difficult for individuals to feel gratitude has similarities with the concept of cognitive distortion that causes depression. Therefore, interventions that increase gratitude can also indirectly reduce depression. Lastly, the individual therapy setting is also an advantage in this study because it can make participants more comfortable in telling their problems.

4. Conclusion

The results of this study indicate that Gratitude-Cognitive Behavior Therapy which is carried out in individual therapy settings is proven to increase gratitude but has a different impact on depression in each participant. In Bingsu, G-CBT can reduce depression in the context of family dysfunction problems, but G-CBT is not enough to reduce symptoms of depression when Bingsu breaks up with her boyfriend. In Hani, G-CBT has been proven to reduce depression symptoms. The decrease in depression is more consistent because the G-CBT complemented Hani's condition of not living in the same house with her father who was the source of the conflict, while at the same time, Hani is still meeting her father every day to take care of her father's daily needs. In Senja, G-CBT has proven to increase gratitude but it's difficult to state that G-CBT can reduce depression caused by her family dysfunction. This is because her family problem does not become the background of depression depicted in Senja's daily checklist.

There are some positive changes that participants received through the individual G-CBT process. These positive changes include having a broader perspective on their lives, being able to change their perspective to be more positive in dealing with problems, being better able

to appreciate the little things they have, managing their thoughts, recognizing their strengths, and religiously feeling more grateful to God.

4.1 Recommendation

Subsequent researchers who want to replicate or take up the same theme as this study are recommended to add criteria that participants from dysfunctional families live with their families. This is to ensure that participants are intensely exposed to the issues raised in the study. Another recommendation is to do the follow-up with a longer range of time to find out whether G-CBT can stabilize the participant's depressed condition after undergoing the habituation process. Future researchers also can consider modifying the duration of each session in the application of individual G-CBT to improve time efficiency.

For practitioners, individual G-CBT can be considered as a therapy in reducing depression for individuals from dysfunctional families. Then, for participants of this study, it is recommended to periodically carry out some tasks in the G-CBT that are considered comfortable to be done daily. This is carried out to help participants train their minds to think positively through thoughts of gratitude which will also lead to feelings of gratitude. Lastly, it is also recommended for participants to periodically express their gratitude properly to maintain and increase gratitude.

5. Declaration

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