

Group counseling with relaxation techniques to reduce bullying anxiety in junior high school student

Eka Sartika¹, Siti Urbayatun²

¹*Faculty of Psychology Ahmad Dahlan University, Yogyakarta, Indonesia*

²*Faculty of Psychology Ahmad Dahlan University, Yogyakarta, Indonesia*

Abstract: Adolescence who experience bullying at school can interfere with adolescents in undergoing the learning process such as understanding lessons, the ability to complete tasks to social activities at school. Anxiety that is just ignored will have an even worse impact on the psychology of adolescents. The purpose of this study was to reduce the reduction in adolescents who experience bullying at school through group counseling with behavioral therapy techniques. The study used an experimental research design with one group pre-test post-test design model. The data instrument used the interview method, observation, focus discussion group and bullying victim scale measuring instrument. The intervention was carried out in groups of four, namely an explanation of the conclusions of the results of group discussions and group implementation, psychoeducation, evaluation and evaluation exercises. Participants in this study were students of class VII SMP X Bantul. It shows that there are significant changes, the participants before and after following the intervention process with a significance value of $p = 0.012$ ($p < 0.05$) using the Wilcoxon test. Anxiety due to bullying at school decreased, participants became calmer, shoulders and head felt lighter, and dared to face bullying behavior.

Keywords: *anxiety, bullying, group counseling, junior high school, relaxation, student.*

1. Introduction

Schools are one of the formal educational institutions that have the responsibility to help achieve optimal development, but are not yet fully conducive places for the teaching and learning process (Panggabean, 2015)^[7]. One problem that is still a concern at school is bullying. A survey conducted by UNESCO in 2018 shows that the lowest percentage of bullying is 7% in Tajikistan and 74% in Samoa. Meanwhile in Indonesia, the Indonesian Child Protection Commission (KPAI) recorded 253 bullying cases from 2011 to 2016. The Sleman Center for Research and Development of Social Welfare Services (BP3APA2KB) recorded 179 cases of bullying that occurred at the age of children and adults in the year 2018. UNESCO data also states that some teenagers aged 13-17 years in DIY have experienced bullying in the school environment. The data also explains that 20% of children and adolescents in DIY have experienced bullying. Children and adolescents who experience bullying at school for a certain period of time tend to feel depressed, develop anxiety and excessive fear, and even more extreme experience depression (Tumon, 2014)^[15].

Adolescent experience bullying, so this will interfere with adolescents in undergoing the learning process at school such as understanding lessons and students abilities in completing assignments. Symptoms arising from the effects of bullying are bodily or physiological, behavioral, cognitive and affective responses (Stuart, 2016)^[12]. Anxiety that is just ignored will have an even worse impact on the psychology of adolescents. Supported by the results of research by Tsitsika et al. (2014)^[17] bullying has a negative impact on mental health and adolescent well-being, some of the negative effects of bullying include depression, anxiety, substance abuse, low social function, low academic achievement and the risk of suicide.

The description of the formation of group members for the first time from outreach activities at MTS N 8 Bantul together with the head of the public health center, midwives and psychologists. When conducting interviews with counseling teachers about problems that students often experience in school, it was found that most students were due to poor treatment from friends at school. Some students also often complained of headaches, stomachaches and even had difficulty concentrating in class. In addition, some students also seemed to be alone and withdrawn when they were at school. Based on the results of the meeting, the counseling teacher and student representatives complained and asked for suggestions on how to deal with anxiety symptoms in students at school, so the head of the puskesmas advised researchers to follow up on the problem.

The next step, the researcher conducted interviews with several participant to find out more about the problems they faced at school. The interview process was carried out one by one so it was found that participant experienced anxiety due to being treated unpleasantly by their friends. This treatment makes participant feel worried, anxious, complaining of abdominal pain, restlessness, sadness, anger, a desire to retaliate but is only able to remain silent, withdraw from the environment and worry about being in school. It is in line with the

results of the interview with the counseling teacher that students who experience anxiety tend to be closed and often alone when at school.

Anxiety is a subjective feeling of nervous mental tension as a common reaction to an inability to solve a problem or a lack of security. These uncertain feelings are generally unpleasant which will lead to psychological and psychological changes (Rochman, 2010). Based on the results of a study conducted by the National Youth Violence Prevention Resource Center, it was explained that bullying can make adolescents feel anxious and frightened so that it can affect learning concentration at school and require them to avoid school.

One of the interventions that can be used to deal with anxiety is relaxation. One of the interventions that have been shown to be effective in reducing anxiety and which have been frequently used is relaxation techniques. Beech et al (Subandi, 2002)^[13] stated that tension is a contraction of skeletal muscle fibers, while relaxation is an extension of these muscle fibers. When people experience tension and anxiety, what works is the sympathetic nervous system, while at the time of relaxation it is the parasympathetic nervous system that works. Relaxation tries to activate the parasympathetic nerves (Subandi, 2002)^[13]. The relaxed state reduces amygdala activity, relaxes muscles, and trains individuals to activate the parasympathetic nervous system as a counter to the activity of the sympathetic nervous system (Kalat, 2007)^[2].

Relaxation technique is a form of therapy in the form of giving instructions to someone to close their eyes and concentrate on breathing so that a comfortable and calm state will be created, as well as giving instructions in the form of movements from head to feet that are arranged systematically to train muscles to relax. Muscles that are trained include the muscles of the arms, hands, shoulders, neck, face, abdomen and legs. Loosening tense body muscles to relax (relaxed) will create an atmosphere of calm and comfortable feeling. Feelings of calm and comfort will support the birth of a positive, normal, and controlled mindset and behavior. Relaxation is a procedure and technique that aims to reduce tension and anxiety. According to a scientific viewpoint, relaxation is a technique for reducing stress and tension by stretching the entire body in order to achieve a healthy mental state (Varvogli & Darvivi, 2011)^[18].

Furthermore, the intervention used in this study was to use a therapy approach in the form of groups. Group therapy is an approach that emphasizes the existence of interpersonal relationships in the implementation process (Pomerantz, 2014)^[8]. This relationship is not only limited between the client and the therapist, but also between the client and other group members.

Tilitski (Brabender, et al, 2004)^[17] found that for adolescents, group treatment is a more effective way than individual treatment. This is also supported by the statement of Trull and Prinstein (2013)^[15] where group therapy is a fairly popular approach when dealing with children and adolescents. This is because they are more comfortable in a classroom-like setting. This approach is quite appropriate for reducing aggressive behavior, anxiety, or interpersonal skills that are often experienced by children and adolescents.

The group therapy approach has several therapeutic factors that could potentially be felt by the participants. In an initial study in 1985, Yalom (McKenzie, Trull & Prinstein, 2013)^[3] stated that there were nine therapeutic factors obtained by intervention through group therapy. These factors such as the presence of input from group members, raising expectations, realizing similarities with group members, increasing interpersonal skills, can imitate group member behavior, correct repeated mistakes, facilitate catharsis, produce group cohesiveness.

2. Methodology

This study uses one group as a sample, where a group of subjects is given treatment within a certain period of time. Measurements were made before and after the treatment was given. The difference between the initial measurement results and the final measurement results is the effect of the treatment given.

This research uses a quasi-experimental method (Quasi Experiment). Sugiyono (2012)^[14] explains that the Quasi-experimental research method is a research used to determine whether or not there is a result of "something" imposed on the subject under study by looking for the effect of certain treatments on others under controlled conditions. The type of design in this study uses a Quasi Experiment with one group pretest and posttests design.

Participants in this study were students of SMP X class VII Bantul. This study conducted a screening first to determine the level of student anxiety using the T-MAS scale (Taylor Manifest Anxiety Scale) on 55 students, it was found that 8 students had moderate anxiety levels. Taking participants through purposive sampling technique by considering the characteristics of natural samples.

Eight participants attended the school hall based on the results of the screening that had been conducted. Then the interviews were carried out individually. Semi-structured interviews, which lasted 60 minutes, were conducted at school. The data collection instruments in this study used interviews, focus group discussion, observation, self-monitoring and bullying anxiety scale measurement tools. The results of quantitative data were analyzed using non-parametric statistics with the Wilcoxon analysis technique.

Giving treatment to participants aims to help participants understand the problems they face so that they can overcome physical and psychological stress due to the anxiety they experience. Implementation is carried out according to the stages in the group counseling approach, namely the first stage provides psychoeducation on problem identification, understanding of anxiety, the effects of anxiety experienced, then participants are taught to practice breathing and muscle relaxation. Participants were then asked to practice relaxation independently both at home and at school when faced with stressful situations within one week. Next, participants were asked to write the results of the relaxation practice on the self-monitoring sheet.

3. Result

The results of the intervention conducted showed that participants experienced a decrease in anxiety after receiving the intervention. The intervention began with the formation of group norms then continued with problem identification, psychoeducation about anxiety, the relaxation stage through a group approach and assignment, ending with evaluation. The intervention was carried out for 3 weeks in 3 meetings. Subjects involved in this study consisted of 8 students experiencing bullying at school physically, verbally and psychologically with an age range between 12-16 years.

The first session in this research is to make group norms or rules and conclusions from a focus group discussion and to continue with group counseling, in this session participants are initially asked to sit together in a circle, participants are reminded again about the group norms that have been agreed on by diwal, namely respecting the opinions of friends and mutual maintain confidentiality. When entering the problem identification session, each participant seemed to be active in conveying the problems and effects they had on the problems they were facing. Participants received unpleasant treatment such as, being ostracized, being ridiculed, friends tackling, items being messed up and hidden. This incident made the participants feel sad, upset and angry. Participants also explained that there had been no proper efforts to solve the problem, the efforts were made to be silent, closed oneself and tended to avoid interaction with the environment. SW participants gave their opinion about the efforts that can be made to overcome the problems at hand such as "a lot of istighfar, because remembering Allah makes us calm". Participants were seen as open and brave enough to share their problems. Participants also seemed to trust each other when conveying problems experienced at school, two participants cried when telling about problems and other participants provided support and motivation for other participants, so that they seemed to strengthen each other. Participants also conveyed that with this group counseling, participants had a place to express their feelings and gain insight that they had the same problems as other participants. Following are the results of participant problem identification can be seen in table 1.

Table 1. the results of participant problem identification

No	Name	Event	The impact felt by the participants	Attempts made to deal with anxiety
1	AS	The perpetrator cheated and insisted on seeing the tasks that the AS had done	Anxiety symptoms Physiological; chest pain, cold sweat and difficulty concentrating. Emotional; sad and angry Behavior; afraid to meet bullies.	The efforts made were crying, just being silent, alone and burying them.
2	EI	The perpetrator mocked, mocked and isolated EI	Anxiety symptoms Physiological; cold sweat and trembling Emotional; sad, worried and angry Behavior; afraid to meet bullies	The efforts made were only silent and suppressed
3	FN	The perpetrator made fun of and exchanged FN shoes with someone else's	Anxiety symptoms Physiological; trembling hands Emotional; sad, angry and upset Behavior; afraid to meet bullies	The efforts made were crying, silent and burying, wanting to get even but unable
4	NF	The perpetrators were harassing,	Anxiety symptoms Physiological; cold sweats,	Efforts are made to be silent, suppress and avoid the perpetrators

		mocking and hostile to the NF	dizziness and palpitations Emotional; tensed, worried, scared, angry and sad Behavior: want to retaliate against the perpetrator but the NF is afraid, afraid to meet the perpetrator, avoids	
5	RY	The perpetrator was hostile and alienated RY, and mocked RY	Anxiety symptoms Physiological; pounding, cold sweat Emotional; worried, angry Behavior; dodge, want to get back at the perpetrator but don't dare	Efforts are made to cry, be silent and daydream, read istighfar
6	SW	The perpetrator called it inappropriate "ndomah", isolated, threw away SW's belongings	Anxiety symptoms Physiological; hands and feet in cold sweat, difficulty concentrating, heart palpitations Emotional; upset, angry, sad, worried and disappointed Behavior; dodge	Efforts are made to read istigfar, and be silent, avoiding the perpetrator
7	TA	The perpetrator called TA as "elephant", isolating and bullying TA	Anxiety symptoms Physiological; hot hands and cold sweat, dizziness, tension, and heart palpitations Emotional; upset, sad and angry, restless Behavior; dodge	The efforts made were crying, silent and burying
8	TF	Pelaku mengejek, menarik jilbab TF sampai terjatuh dan menyembunyikan barang milik TF	Anxiety symptoms Physiological; dizziness, cold sweat, difficulty concentrating and tired Emotional; sad, scared, worried and angry Behavior; dodge	The efforts made were silent and suppressed

The second session of this research was continued by providing psychoeducation related to anxiety, as participants enthusiastically paid attention to the material explained and occasionally nodded their heads in listening to the information presented. When participants were given psychoeducation about anxiety, namely thinking about something excessively about events that will occur in the future but these events have not happened, some participants commented "yes yes, I'm worried if he disturbs me again" then other participants commented "I have a heart pounding remembering the break time will come, worried if you meet him". Some of the participants held the chest while explaining the anxiety symptoms they experienced. After completing the presentation of anxiety, the participants were asked to fill in the pretest, then the participants immediately wrote the pretest answers on the sheet provided.

The next session is a relaxation exercise. In this session, participants were initially given an understanding that the anxiety they experience causes physical tension. Participants were also invited to recognize the physical reactions they experience when experiencing anxiety. Through identifying physical reactions, participants understand about the relaxation function that can help them cope with anxiety and the body's response to be comfortable and relaxed. Then the participants were introduced to breathing relaxation and muscle relaxation. When breathing relaxation exercises were about to begin, participants were asked to pay attention to the therapist to relax their breath by inhaling from the nose then exhaling slowly through the mouth. Furthermore, after the participants understand how to do the relaxation, the therapist explains to the participants about relaxation and how to practice it, then the participants are invited to practice breathing relaxation together and accompanied by musical instruments so that participants concentrate more. After the practice is finished, reflection is carried out, namely discussing the changes felt by the participants after breathing relaxation.

Participants said that "the body feels mild and feels calm" some said "nice and comfortable". The participant's response looked good after doing relaxation.

Furthermore, participants were invited back to practice relaxation, but previously taught muscle relaxation by exemplifying the parts of the muscles to be tensed and relaxed. All participants are seen following the example being demonstrated. Then the participants practiced muscle relaxation. After the practice the participants were asked to comment after doing the relaxation. Participants were seen smiling after the auto relaxation practice, some said that "my shoulders feel lighter", other participants said "I feel my head feels light".

Participants are given the task of doing relaxation at school or home at least three times a week. The goal is that participants are accustomed to doing relaxation when faced with stressors. Then participants are given a relaxation task sheet and given an explanation in practicing and filling out the assignment sheet aimed at monitoring the results of the relaxation that has been carried out.

The next session is evaluation. The evaluation is carried out after one week from the previous session. During the discussion the participants conveyed their problems openly and with mutual trust. The discussions carried out were also quite in-depth, so that each participant received suggestions and solutions to the problems experienced. When practicing relaxation in groups, participants are able to follow the instructions given, so that it has a positive effect.

Based on the results of the intervention, it shows that group members who previously complained of feeling dizzy, had chest pain, had shortness of breath and had difficulty sleeping. However, after three meetings and practicing relaxation, his physical condition felt better. This is evidenced by the testimonies of participants stating that the intensity of feeling dizzy decreases, breathing becomes relieved, feels calmer and feels comfortable. Before doing the relaxation, some participants complained that it was difficult to sleep, but after doing the relaxation, the participants said they could sleep soundly. Participants also felt that breathing and muscle relaxation had a calming effect so that the body and head felt light so that they felt comfortable. Then the participants felt calmer when they faced friends who mocked them and participants dared to face sometimes they just let it go.

Participants told before being asked, that "yesterday there was a friend who was not part of this group being hacked and told to buy snacks". One of the participants approached the friend, then supported and provided an understanding that not only had he experienced the same thing but the participants had received almost the same treatment. The therapist provides an understanding that participants must have the awareness to support each other among participant members and other friends as well, so that participants dare to fight unpleasant treatment from their friends at school. Furthermore, participants are invited to continue to support each other by creating a support group with the theme "good friends". It serves as a place for discussion and as an amplifier for each member. Then help a friend if treated unpleasantly by another friend. In addition, participants must also have the courage to convey to the school about the unpleasant treatment of friends so that the school knows the condition of their students at school.

All participants experienced a decrease from the anxiety score of the moderate category to the low category. The highest score reduction for RY participants was down 31 points, FN sub-subjects fell 28 points, this was due to the high level of enthusiasm of participants in participating in activities and because participants followed instructions to relax at least three days a week at school or home. The group intervention given can reduce the level of anxiety as indicated by a decrease in the posttest scale score, for more details, it can be seen in Table 2.

Table 2. Participant pretest and posttest result with bullying anxiety scale

No	Nama	Skor Pretest	Kategorisasi	Skor Postest	Kategori
1	SW	50	Moderate	26	The score is reduced by 24 points and is in the low category
2	FN	59	Moderate	31	The score is reduced by 28 points and is in the low category
3	TF	51	Moderate	29	The score is reduced by 22 points and is in the low category
4	AS	40	Moderate	24	The score is reduced by 16 points and is in the low category
5	TA	54	Moderate	31	The score is reduced by

					23 points and is in the low category
6	EI	45	Moderate	30	The score is reduced by 15 points and is in the low category
7	NF	46	Moderate	19	The score is reduced by 27 points and is in the low category
8	RY	54	Moderate	23	The score is reduced by 31 points and is in the low category

Based on quantitative results, using a bullying victim anxiety scale adapted from the research results of Yunita (2014). The results of this study have carried out the calculation of the pretest and posttest values regarding the level of anxiety of adolescent victims of bullying which resulted in a significant level of 0.012 (<0.05) with a Z of -0.521, meaning that there was a significant change after being given group counseling treatment with behavior therapy techniques. One participant experienced a decrease of 28 points, this was due to the high level of enthusiasm of the participants in participating in the activity and because participants followed instructions to relax at least three days a week at school or at home.

4. Discussion

The results showed that there was a change in the anxiety experienced by the participants before and after participating in the group intervention process with a significant value of $p = 0.012$ ($p < 0.05$). The results of group intervention showed a decrease in anxiety in students after being given relaxation exercises and given the task of doing relaxation at school or home at least three times a week when participants were exposed to stressors. According to the explanation in the hypnosis and hypnobirthing exercise book (20) explains that a series of relaxation techniques begins with muscle relaxation, breathing relaxation, visual relaxation that is done regularly and makes the body respond to release endorphins so that it becomes relaxed besides that it can reduce pain, especially when the brain reaches waves. alpha or at rest. When the body releases the hormones serotonin and endorphins, the body will be in a more relaxed state without tension and anxiety.

Anxiety is a subjective emotional response from someone. Anxiety is also experienced subjectively and this feeling of anxiety arises when we have feelings of worry and tension or fear when we are under pressure or stress in dealing with situations (Videbeck, 2014)^[19]. The results of group intervention, the anxiety experienced by the participants because what was considered threatening was the treatment received by friends at school, so that participants felt depressed and stressed when facing the perpetrator. The forms of bullying received by participants are physical and psychological. The results of research by Tsitsika et al. (2014)^[17] that bullying has an equal impact on the mental health and well-being of adolescents, some of the common effects of bullying include depression, anxiety, substance abuse, low social functioning, low academic achievement and the risk of suicide.

All participants experienced bullying anxiety in the moderate category so that it disturbed participants in daily activities, especially in undergoing the learning process at school such as understanding lessons and students' abilities in completing assignments. The results of a study conducted by the National Youth Violence Prevention Resource Center Sander (2003)^[4] showed that bullying can make adolescents feel anxious and frightened so that it can affect learning concentration at school and require them to avoid school. According to Niman, Saptaningsih & Tania, the manifestation of bullying anxiety is in the category of experiencing symptoms of a racing heart, fear of meeting the perpetrator, lack of appetite, difficulty concentrating and difficulty sleeping. Symptoms of anxiety (Nevid et al, 2003)^[5] can be divided into: 1) Psychological symptoms include symptoms related to the emotional condition and thoughts of a person experiencing anxiety such as uncontrollable fear and worry, feeling depressed, feeling uneasy about something bad that will happen, then constantly complaining about feelings of fear of the future, believing that something terrifying will happen for unknown reasons, sharp sensitivity to bodily sensations, being threatened with people or situations that are normally not cared for, fear of losing esame, fear of not being able to face problems, thinking certain repetitive things, wanting to run away, confused, difficulty concentrating, dependent behavior, agitative behavior. 2) physiological symptoms include symptoms related to the condition of the body or the body of a person who is anxious, especially those concerning the function of the nervous system, which is shown from the expression such as trembling, pale, nail biting, adrenal gland activity, sleeplessness, nausea, excessive sweating, palms sweating, feeling faint, dry feeling in mouth or throat, difficulty speaking, shortness of breath, heart palpitations, trembling voice, cold fingers, weakness, difficulty swallowing, headache, neck or back stiffness, cold hands,

stomach pain or nausea, frequent urination, and diarrhea. This is in accordance with the responses experienced by the participants, namely experiencing physiological and psychological responses such as difficulty concentrating, heart palpitations, dizziness, worry, sadness, anger, tension, fear of meeting the perpetrator and avoiding them.

In accordance with the results obtained in this study, through group counseling and psychoeducation, participants were able to identify the source of anxiety, the impact of the anxiety faced, and find ways to deal with or overcome anxiety. In addition, participants also felt the existence of social learning and social support. The opportunity to share the problems faced is considered to reduce the burden on the mind and to learn from the problems faced by other participants. Then gathering with peers makes the participants feel happy because this is a form of entertainment in itself and can get rid of feelings of loneliness. This is in line with the results of research conducted by Yalom and Leszcz (2005)^[21] that the form of intervention presented in groups can encourage social learning in participants. In addition, group intervention also helps form social support between participants, so that it can increase teenagers' feelings in managing the problems they are experiencing.

According to Wibowo (2005)^[20], group counseling is a dynamic interpersonal process that focuses or focuses on awareness of thinking and behavior, involves therapeutic functions, is oriented towards comfort, there is mutual trust, understanding, acceptance and assistance. Research on group counseling that has been carried out by Rachmawaty (2015)^[9] shows that the interventions given are able to make participants recognize the sources of stress, the impact of the stress they are experiencing, and ways that can be done to minimize their stress levels.

The group counseling process contains therapeutics such as expressing thoughts and feelings freely, opening up about all the feelings experienced, mutual trust, mutual concern, mutual understanding and mutual support. All these therapeutic features are created and cultivated in a small group by expressing personal difficulties and concerns with each group member and the counselor.

The results of this study, using a group counseling approach proved to be quite effective in reducing anxiety among adolescents who experience bullying at school. This is reinforced by the theory put forward by White & Main (Shimotsu, Emura, Nagao & Hosomi, 2014)^[11] explaining that in Group Behavior Therapy individuals can learn from the experiences of others in overcoming their anxiety, individuals can learn to help themselves (self-help) when faced with problems and tend to get support from the group. The results of the research by Pambudhi, Suroso & Meiyuntariningsih (2015)^[6] found that using a group approach was proven to be effective in reducing anxiety when facing bullies.

The conclusion of this study is that group counseling with relaxation techniques can reduce bullying anxiety in junior high schools. Participants felt that breathing and muscle relaxation had a calming effect so that the body and head felt light so that they felt comfortable, participants also felt calmer when facing friends who mocked or disturbed them and participants were more courageous in facing the perpetrators. The result of this follow-up intervention is that participants are invited to continue to support each other by creating a support group with the theme "good friends". It serves as a place for discussion and as an amplifier for each member. Then help a friend if treated unpleasantly by another friend. In addition, participants must also have the courage to convey to the school about the unpleasant treatment of friends so that the school knows the condition of students at school.

The process that was passed in this group intervention experienced problems, especially in the space and time facilities during implementation at school. The hall and prayer room were used as a means of group intervention. The discussion process was not conducive when it was held in a musholla so that participants could easily be distracted by stimuli from outside the room which was quite open, besides that, time was limited because they had to adjust to a short time so that there were certain limitations. During the implementation process, several obstacles occurred when they wanted to evaluate the relaxation task they did independently. Participants were instructed to do it at least three times a week, but participants only did it once.

References

- [1] Brabender, V.A., Fallon, A.E., & Smolar, A.I. (2004) . *Essential of group therapy*. Canada : John Wiley & Sons, Inc.
- [2] Kalat, J. W. (2007). *Biological Psychology*. California: Thomson Learning, Inc
- [3] MacKenzie, K.R. (2013) *Therapeutic factors in group psychotherapy, Group*.
- [4] National Youth Violence Prevention Resource Center. (2003). Facts for Teens: Bullying. (Online). Tersedia: <http://www.safeyouth.org>
- [5] Nevid, Jeffrey S dkk. 2003. *Psikologi Abnormal Edisi Kelima Jilid 1*. Erlangga: Jakarta.
- [6] Pambudhi, Suroso & Meiyuntariningsih. (2015). Efektivitas Group Cognitive Behavior Therapy (GCBT) dalam menurunkan kecemasan menghadapi pelaku bullying ditinjau dari harga diri pada korban bullying. *Jurnal Ilmiah Psikologi Terapan*: Fakultas Psikologi UMM.

- [7] Panggabean dkk, (2015). *Manajemen Konflik Berbasis Sekolah*, (Jakarta : PT Pustaka Alvabet.
- [8] Pomerantz, A.M. (2014). *Psikologi Klinis: Ilmu Pengetahuan, Praktik dan Budaya terjemahan*. Yogyakarta: Pustaka Pelajar.
- [9] Rachmawaty, F. (2015). Konseling kelompok untuk mengurangi simptom stres pada guru pendamping anak berkebutuhan khusus. *Jurnal Psikologi Tabularasa*, 10(2), 129-144.
- [10] Rochman, Kholil Lur. (2010). *Kesehatan Mental*. Purwokerto: Fajar Media Press.
- [11] Shimotsu, H., Emura, I., Nagao, O. H., & Hosomi. (2014). Effectiveness of group cognitive-behavioral therapy in reducing self-stigma in Japanese psychiatric patients. *Asian Journal of Psychiatry*. Diunduh dari: <http://www.asianjournalofpsychiatry.com>. Stuart. Gail.W (2016). *Keperawatan Kesehatan Jiwa*. Indonesia: Elsever.
- [12] Stuart g.w, Larala.M.T.(2009). *Principles and Practice of Psychiatric Nursing 9th* . Elsever.St.Louis : Mosby Year B.
- [13] Subandi, M. A. (2009). *Psikologi Dzikir*. Yogyakarta: Pustaka Pelajar.
- [14] Sugiyono. 2012. *Metode Penelitian Kuantitatif Kualitatif dan R&B*. Bandung: Alfabeta.
- [15] Trull, T.J., & Prinstein, M.J., (2013). *The science and practice of clinical psychology* (8th Ed.). Canada: Wadsworth Cengage Learning, 2013.
- [16] Tumon, Matraisa Bara Asie. (2014). Studi Deskriptif Perilaku Bullying pada Remaja. *Calyptra: Jurnal Ilmiah Mahasiswa Universitas Surabaya* Vol.3 No.1 (2014).
- [17] Tsitsika, A.K., Barlou, E., Andrie, E., Dimitropoulou, C., Tzavela, E.C., Janikian, M., Tsolia, M. (2014). *Bullying Behaviors in Children and Adolescents*. *Frontiers In Public Health*. Vol. 2(7).
- [18] Varvogli, L., & Darviri, C. (2011). Stress Management Techniques: evidence-based procedures that reduce stress and promote health. *Health science journal*, 5(2), 74.
- [19] Videbeck, S.L. (2014). *Buku Ajar Keperawatan Jiwa*. Jakarta: EGC.
- [20] Wibowo, M, E. (2005). *Konseling Kelompok Perkembangan*. Jakarta: UPT. Unnes Press.
- [21] Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy (5th ed)*. New York, NY, US: Basic Books.

Author Profile



Eka Sartika

- In 2012-2017 completed his undergraduate education at the Faculty of Psychology, Ahmad Dahlan University.
- In 2017 until now she is a student of Master of professional Psychology at Ahmad Dahlan University.
- Research interest in Clinical Psychology



Siti Urbayatun

- Completed undergraduate education at the Faculty of Psychology, Gadjah Mada University.
- Completed her professional psychology education at Gajah Mada University and graduated with a Maters in Psychoogy from Gadjah Mada University.
- In 2002 until now she has been active as a lecturer at the Faculty of Psychology, Ahmad Dahlan University, Yogyakarta. The subjects taught are abnormal psychology, clinical psychology and health psychology.