

# JKPI: Jurnal Konseling Pendidikan Islam

P–ISSN: 2655-9692 E-ISSN: 2746-5977

Vol.6, No. 3, September 2025

# THE EFFECTIVENESS OF GROUP TUTORING SERVICES WITH VISUALIZATION TECHNIQUES TO IMPROVE ANTI-BULLYING SELF-RESILIENCE FOR LEARNERS

\*1Abdurrajak, 2Alfin Siregar

\*1,2Universitas Islam Negeri Sumatera Utara

Email: \*1abdur303213113@uinsu.ac.id, 2alfinsiregar@uinsu.ac.id

## Abstract

The purpose of this study was to determine the effectiveness of group guidance services with visualization techniques in increasing students' resilience against bullying. The research method used was quantitative with a nonequivalent control group design. The sample consisted of 20 students of class VIII of MTsN 2 Medan who were divided into an experimental and a control group. The researcher prepared a bullying resistance scale that was used in the research instrument. The paired sample t-test statistical test results showed a significance value of 0.000 < 0.005, indicating a statistically significant difference between the pre-test and post-test scores in the experimental class. In contrast, the significance value of the control class was 0.021 > 0.005, indicating no significant change. The independent samples t-test results also showed a significant difference between the two groups, namely a significance value of 0.000 < 0.005. Thus, group guidance services with visualization techniques are effective in increasing students' resilience against bullying.

Keywords: Group Guidance, Bullying, Self-Resilience, Visualization Technique

## Abstrak

Penelitian ini bertujuan untuk mengetahui efektivitas layanan bimbingan kelompok dengan teknik visualisasi dalam meningkatkan ketahanan diri anti-bullying pada peserta didik. Metode penelitian yang digunakan adalah kuantitatif dengan desain Nonequivalent Control Group Design. Sampel terdiri dari 20 siswa kelas VIII MTsN 2 Medan yang terbagi dalam kelas eksperimen dan kontrol. Instrumen penelitian menggunakan Resilience Scale Bullying yang disusun oleh peneliti. Hasil uji statistik Paired Sample t-Test menunjukkan nilai signifikansi 0,000 < 0,005, menandakan adanya perbedaan signifikan antara hasil pretest dan posttest pada kelas eksperimen. Sebaliknya, nilai signifikansi kelas kontrol adalah 0,021 > 0,005, yang berarti tidak terdapat perubahan signifikan. Hasil uji independent sampel t test juga menunjukkan perbedaan signifikan antara kedua kelompok yaitu nilai signifikansi sebesar 0,000 < 0,005. Dengan demikian, layanan bimbingan kelompok dengan teknik visualisasi terbukti efektif dalam meningkatkan ketahanan diri anti-bullying pada siswa.

Kata kunci: Bimbingan Kelompok, Bullying, Ketahanan Diri, Teknik Visualisasi

## INTRODUCTION

The problem of bullying is still a very important discussion for the world of education, where bullying is aggressive behavior carried out by individuals by threatening, degrading, or even hurting their victims. Bullying is a serious problem that violates



children's basic rights and affects their well-being. Bullying is a subtype of aggressive behavior in which an individual or group of individuals intentionally attacks, humiliates, and/or excludes a relatively helpless person over and over again. Bullying behavior focuses on 3 elements, namely (1) aggressive, (2) systematic and repetitive, (3) power imbalance (On Saracho, 2017) (Wiley online library et al., 2014; Remains Utami, 2020). Bullying is part of a form of emotional or physical abuse that has 3 characteristics, namely: deliberate, where the perpetrator consciously intends to hurt their victim; repeated, namely the victim of the act of bullying itself is the same person; and power imbalance, the perpetrator deliberately chooses vulnerable victims and is unbalanced with them. Bullying can be interpreted as a form of aggression where there is an imbalance of power or power between the perpetrator (bullies/bully) and the victim (victim); the perpetrator generally has power/power superior to the victim (Hertinjung, 2013).

Colorful, Nasir (2018) Dividing bullying into 3 forms, namely: 1. Physical bullying, the most visible and recognizable form of bullying. One of the forms is hitting, strangling, elbowing, punching, kicking, clawing, and spitting on the victim in painful places, as well as damaging the victim's clothes and personal belongings. 2. Verbal bullying, which is one of the most common forms of bullying, is often overlooked because it would only be considered a casual conversation between friends. Examples of this form of intimidation are criticism, slander, cruel criticism, insults, and statements intended in the form of invitations to sexual harassment. 3. Relational Bullying, which is the most difficult type to detect because it is a continuous weakening of the victim's self-esteem through neglect, exclusion, or avoidance. The victim and the perpetrator unconsciously commit an act of bullying, but as a result of this behavior, the victim feels the effects both psychologically and physically.

Relational bullying itself is a form of relationship or aggressive action in a relationship, which is done deliberately and repeatedly for control, presentation of power, hurt, fear, or just for fun. Like bullying, exclusion, neglect, and discrimination. Relational refers to relationships; relational bullying is generally described as a deliberate attempt to repeatedly damage the victim's relationship by using the power of social bullying, or often referred to as relational bullying, involving psychological harm and manipulation in the social system, and is often used regularly (Setiawati and Al Fathoni, 2020). The impact of bullying behavior on the victim can have an impact on the physical and psychological well-being of the victim, and there are even victims who feel depressed and far from the social environment around them. Bullying behavior only makes children afraid of being threatened, have low self-esteem and feel worthless, have difficulty concentrating on learning, have difficulty socializing with their environment, not want to go to school, have difficulty socializing and becoming someone who lacks confidence, and have difficulty thinking until their academic achievement decreases (Desri Oktaviani, 2018).

According to Suyatno (2003) in the book "Islamic Psychology Intervention Model of Tazkiyatun Nafsi Group Counseling," the impact of bullying includes: a). On Individual Life: Lowering self-esteem, mental health problems, serious physical injuries, and other

health disorders. b). Towards Social Life: Maintaining a culture of violence and deteriorating the quality of life of the community. c). Towards Academic Life: Increases depression and aggression, lowers academic grades, and risks suicide (Agustín, L.2022). Therefore, the role of counseling guidance teachers is very necessary in utilizing a group guidance service for students. Prayitno explained that group guidance services activate group dynamics to discuss various things that are useful for the personal development of group members. The group guidance service allows all group members to actively respond to the procedures and techniques carried out. This is because in group guidance services, the opportunity to express opinions, responses, and various reactions can be a very valuable opportunity for individuals (Prayitno et al, 2017).

Group tutoring services can improve social relationships between peers in class. After being provided with group tutoring services, there is a change in the level of social relationships between peers. The function of the group guidance service in this study is to find out how important it is for students to increase anti-bullying self-resilience. Self-resilience is the ability to adapt and recover from bad experiences or trauma, which is indispensable in dealing with stress and pressure due to bullying (Nabila et al., 2022). This resilience can be affected by various factors, one of which is the coping strategy used to cope with stress and problems. Resilience skills enable individuals to effectively cope with and adjust to life's challenges, including social struggles, stressful environments, and mental illness (Rich et al., 2019).

In the context of this study, group tutoring services aim to improve students' anti-bullying resilience through the application of visualization techniques. The visualization technique in the Rational Emotive Behavior Therapy (REBT) approach refers to the use of mental images or imagery in the mind to help individuals change irrational mindsets and improve emotional management. This visualization is often used to describe a situation or desired outcome, as well as to face and overcome anxiety or fear (Dryden, W. 2007). Visualization techniques serve to make it easier for individuals to change unrealistic or irrational beliefs by describing positive outcomes or deconstructing scary images. For example, a person who feels anxious about public speaking may imagine himself or herself successfully making a presentation with confidence, which can reduce fear and improve cognitive effectiveness (Ellis, A. 2007). From some of the explanations that have been described above, it can be concluded that it is important for a BK teacher to provide a group guidance service by using visualization techniques to increase anti-bullying self-resilience for students in order to prevent bullying behavior at school, both for bullying victims and bullying perpetrators.

## **METHOD**

This study uses a quantitative method, where the quantitative approach is a research based on the philosophy of positivism to research a specific population or sample and random sampling by collecting data using instruments, involving measurements before and after the administration of treatment, both in the treatment group or experiment and the control group (Latipun, 2017). The research design used was a *Nonequivalent (Pretest and* 

Posttest) Control Group Design, which involved two groups of subjects, an experimental group and a control group that were selected according to the criteria rather than randomly selected. Both classes were given a pretest and a posttest, and only the experimental group received treatment using the visualization technique.

Table 1. Nonequivalent Research Design (Pretest and Posttest)

| EKSPERIMEN | 01 | X | O <sub>3</sub> |
|------------|----|---|----------------|
| CONTROL    | O2 | X | O <sub>4</sub> |

## Information:

A = Experimental Group

B = Control Group

O1 O3 = Pre Test

O2 O4 = Post Test

X = Group Guidance with Visualization Techniques

The population in this study is MTsN 2 Medan students who are in grade VIII which is 60 people and the sample in this study is students who have or often receive bullying treatment both physically, verbally and socially (relational) as many as 20 people, 10 people for the experimental group and 10 people for the control group, by sampling using purposive sampling. The instrument used in this study is a questionnaire in the form of the *Resilience Scale Bullying* (to measure the level of resilience/self-resilience of bullying) containing 30 items with a Likert scale of 1-4 points prepared by the researcher (Questionnaire Modification). The data analysis tests used in this study are the *paired simple t-test and the independent simple t-test* with the help of IBM SPSS Statistics 26.

## RESULTS AND DISCUSSION

The research was conducted in May-June at MTsN 2 Medan. The researcher gave a pretest and posttest questionnaire in the form of the *Resilience Scale Bullying* (to measure the level of resilience/resilience to bullying) to grade VIII students as an experimental group and a control group. The study population consisted of 100 students, with 60 students in the control group experimental group. The research sample was 20 students, consisting of 10 students as experimental samples and 10 students as control samples. The spread of the pretest questionnaire on the experimental sample and the control sample is presented in the following table:

**Table 1.** Categories Anti-Bullying Resilience Level

| CATEGORY | INTERVAL | <b>FREQUENCY</b> | PERCENT (%) |
|----------|----------|------------------|-------------|
| VERY LOW | < 84     | 11               | 18,3        |
| LOW      | 85 – 94  | 9                | 15          |
| TALL     | 95 – 104 | 32               | 53,3        |

| VERY HIGH | 104 – 120 | 8  | 13,3 |
|-----------|-----------|----|------|
| SUM       |           | 60 | 100  |

Based on Table 1, it is known that of the 60 students who were in the study population, it was found that after being given a pretest, 11 students (18.3%) had a very low level of anti-bullying self-resilience, 9 students (15%) were in the low category, 32 students (53.3%) were in the high category and 8 students (13.3%) were in the very low category. The next 20 students in the very low and low categories will be used as samples in this study. Of the 20, it will be divided into 2 groups, namely 10 students in the experimental class who are treated using visualization techniques and 10 students in the control class without being treated. These results show that most students still have weak adaptive abilities to bullying situations and require intervention. Therefore, the experimental group was given group guidance services with visualization techniques as an effort to increase self-resilience.

Table 2. Pretest Experimental and Control Samples

# No Pretest Experimental Control Group Posttest Group

|    | Name    | Pretest<br>Results | Category | Name   | Pretest<br>Results | Category |
|----|---------|--------------------|----------|--------|--------------------|----------|
| 1  | RAM     | 71                 | Very Low | FMS    | 91                 | Low      |
| 2  | PMJ     | 91                 | Low      | THF    | 72                 | Very Low |
| 3  | MFC     | 79                 | Very Low | RAR    | 92                 | Low      |
| 4  | SNS     | 76                 | Very Low | KA     | 93                 | Low      |
| 5  | MAP     | 93                 | Low      | MMZ    | 81                 | Very Low |
| 6  | NHD     | 83                 | Very Low | ZZY    | 90                 | Low      |
| 7  | WS      | 91                 | Low      | FZL    | 71                 | Very Low |
| 8  | FN      | 67                 | Very Low | MONTHS | 84                 | Very Low |
| 9  | AFS     | 87                 | Low      | NQS    | 92                 | Low      |
| 10 | IN      | 84                 | Very Low | RJP    | 83                 | Very Low |
|    | Sum     | 822                |          |        | 849                |          |
|    | Average | 82                 | Very Low |        | 85                 | Low      |

Based on Table 2 above shows that all students in the experimental class are in the very low category with *a Bullying Resilience Scale* score ranging from 67 to 91, with an average score of 82. Meanwhile, the results in the control class were in the low category

with the Bullying Resilience Scale ranging from 71 to 93, with an average score of 85. These results show that, in general, both groups had a low and almost equal level of Resilience Scale Bullying before being given treatment. This equivalence is important as a basis for comparing treatment outcomes in experimental groups fairly. Group counseling services with visualization techniques were carried out for 4 meetings on experimental samples. Treatment was carried out by the researcher as a group leader under the supervision of the BK teachers. After the treatment is completed, the researcher gives a post-test to the experimental sample and the control sample, in order to determine the effectiveness of group counseling services with visualization techniques when given to experimental samples, with those who are not given techniques in the control sample.

**Table 3.** Post-test Experimental and Control Samples

| N  | CONTRO  | OL GROUP PRI       | ETEST        | CONTROL GROUP POSTTEST |                     |              |  |
|----|---------|--------------------|--------------|------------------------|---------------------|--------------|--|
| O  | Name    | Pretest<br>Results | Category     | Name                   | Posttest<br>Results | Categor<br>y |  |
| 1  | RAM     | 109                | Very<br>High | FMS                    | 89                  | Low          |  |
| 2  | PMJ     | 101                | Tall         | THF                    | 82                  | Very<br>Low  |  |
| 3  | MFC     | 104                | Very<br>High | RAR                    | 96                  | Tall         |  |
| 4  | SNS     | 101                | Tall         | KA                     | 93                  | Low          |  |
| 5  | MAP     | 100                | Tall         | MMZ                    | 94                  | Tall         |  |
| 6  | NHD     | 98                 | Tall         | ZZY                    | 90                  | Low          |  |
| 7  | WS      | 110                | Very<br>High | FZL                    | 80                  | Very<br>Low  |  |
| 8  | FN      | 97                 | Tall         | MONTH<br>S             | 87                  | Low          |  |
| 9  | AFS     | 99                 | Tall         | NQS                    | 95                  | Tall         |  |
| 10 | IN      | 97                 | Tall         | RJP                    | 86                  | Very<br>Low  |  |
|    | Sum     | 1016               |              |                        | 892                 |              |  |
|    | Average | 102                | Tall         |                        | 89                  | Low          |  |

In Table 3 above, it can be seen that after the treatment was given, the level *of Resilience Scale Bullying* in the experimental class increased significantly, the scores ranging from 97 to 109, with an average score of 102 being in the high category. Meanwhile, the control

class remained in the low category with scores ranging from 80 to 95, with an average score of 89. This means that the control group that was not treated with visualization techniques did not have an increase in anti-bullying self-resistance.

Table 4. Descriptive Statistical Test Results of Experimental Class and Control Class

| <b>Descriptive Statistic</b> | S  |       |             |             |        |                 |    |
|------------------------------|----|-------|-------------|-------------|--------|-----------------|----|
|                              | N  | Range | Minimu<br>m | Maximu<br>m | Mean   | Hours deviation | of |
| Pre-Test<br>Experiment       | 10 | 26    | 67          | 93          | 82,20  | 8,842           |    |
| Post-Test<br>Experiment      | 10 | 13    | 97          | 110         | 101,60 | 4,671           |    |
| Pre-test check-ups           | 10 | 22    | 71          | 93          | 84,90  | 8,225           |    |
| Post-Test Control            | 10 | 16    | 80          | 96          | 89,20  | 5,473           |    |
| Valid N (listwise)           | 10 |       |             |             |        |                 |    |

Based on the descriptive statistical table above, the results of pretest and posttest measurements in the experimental class and the control class are shown, each with a sample of 10 students. In the experimental class, the pretest score had a minimum score of 67 and a maximum of 93, with an average score of 82.20. After treatment, the posttest score in the experimental class increased significantly, with a minimum score of 97 and a maximum of 110, with an average score of 101.60. This shows a very significant increase in scores after treatment in the experimental class. Meanwhile, in the control class, the pretest score had a minimum score of 71 and a maximum of 93, with an average of 84.90. After being given a posttest, the score in the control class had a minimum score of 80 and a maximum of 96, with an average score of 89.20. The change in scores in the control class was very small, which meant that there was no significant effect.

Overall, this data explains that the treatment given in the experimental class is effective in increasing anti-bullying self-resilience behavior. Meanwhile, in the control class, there was no change. The distribution of data in each class is also quite homogeneous, as can be seen from the relatively small standard deviation values. This shows that group coaching services with visualization techniques to improve anti-bullying resilience. After obtaining the data from the pretest and posttest, the next normality test will be carried out to ensure that the data is distributed normally if the p-value is >0.05.

## **Normality Test**

Fahmeyzan et al., (2018) Normality test is an assessment process that is carried out to assess the pattern of data distribution in a data set or variable, which aims to find out whether the distribution pattern is in accordance with the normal distribution or not. The presence of a normal distribution pattern in a sample is very important because it is a key

requirement for using statistics to test hypotheses. There are various methods to test normality, but the Shapiro-Wilk method was used in this study. The researcher analyzed the results of normality by utilizing the SPSS version 26 Shapiro-Wilk test. The reason the researcher sticks to the results of this test is that the required sample size amounts to less than 30. The basis for the decisions taken in this study is:

- 1) If the sig > 0.05, it means that the data is distributed normally.
- 2) If the p-value < 0.05, it means that the distributed data is abnormal.

**Table 5.** Normality Test Results

| Tests | Tests of Normality        |         |            |         |              |    |         |  |  |  |  |  |
|-------|---------------------------|---------|------------|---------|--------------|----|---------|--|--|--|--|--|
|       | Class                     | Kolmogo | rov-Smirne | ova     | Shapiro-Wilk |    |         |  |  |  |  |  |
|       |                           |         | Df         | Itself. | Statistic    | Df | Itself. |  |  |  |  |  |
| lt    | Pre-Test<br>Experiment    | ,140    | 10         | ,200*   | ,941         | 10 | ,566    |  |  |  |  |  |
|       | Post Test<br>Experiment   | ,251    | 10         | ,074    | ,858         | 10 | ,071    |  |  |  |  |  |
|       | Before the test check-up. | ,232    | 10         | ,134    | ,852         | 10 | ,062    |  |  |  |  |  |
|       | Post Test<br>Control      | ,156    | 10         | ,200*   | ,943         | 10 | ,591    |  |  |  |  |  |

In Table 5, it can be concluded that the pretest and posttest of the experimental sample had a significant level of 0.566, the posttest of the experimental sample 0.071, the pretest of the control sample 0.062, and the posttest of the control sample 0.591. With a sig > 0.05, it can be concluded that the data is declared to be distributed normally, so the next stage is to conduct a data homogeneity test.

## **Homogeneity Test**

Homogeneity testing is used to measure the similarity or uniformity of several parts of a sample. This includes assessing whether variation between samples comes from the same population. (Ayidah Nasution & Alfin Siregar, 2024). The homogeneity test of the two variants between the experimental class and the control class was carried out using the Levene test. The basis for decision-making in this study is:

- 1) If sig is 0.015, it means that the data is homogeneous.
- 2) If the sig < 0.05, it means that the data is inhomogeneous.

Table 6. Homogeneity Test Results

| Test of Homogeneity of Variance |                                      |                     |     |        |         |  |  |  |  |  |  |
|---------------------------------|--------------------------------------|---------------------|-----|--------|---------|--|--|--|--|--|--|
|                                 |                                      | Levene<br>Statistic | df1 | df2    | Itself. |  |  |  |  |  |  |
| Result                          | Based on Mean                        | ,372                | 1   | 18     | ,550    |  |  |  |  |  |  |
|                                 | Based on Median                      | ,530                | 1   | 18     | ,476    |  |  |  |  |  |  |
|                                 | Based on Median and with adjusted df | ,530                | 1   | 17,842 | ,476    |  |  |  |  |  |  |
|                                 | Based on the trimmed mean            | ,438                | 1   | 18     | ,517    |  |  |  |  |  |  |

The results of the homogeneity test table analysis showed that the average significance value of the pretest and posttest data was 0.550, which showed that the probability value was > 0.05; this indicates the same variance in the population. Therefore, based on these significant results, it can be concluded that the populations in the experimental class and the control class have comparable variants or are homogeneously distributed. The analysis of the data above shows normal distribution data and homogeneously distributed data, so the researcher will carry out a parametric paired sample t-test and an independent sample t-test.

# Uji Paired Sample t Test

Kumala et al., (2024) The Paired Sample t-Test is used to assess the difference between the average score before and after a certain process or treatment is performed. This method is specifically designed to compare two sets of data that come from the same subject, but undergo different conditions or treatments. One of the important requirements for using a paired sample t-test is that the data must be normally distributed.

**Table 7.** Paired Sample T Test Results

| Pair       | Paired Samples Test            |          |             |                       |                               |          |                |            |      |  |  |  |
|------------|--------------------------------|----------|-------------|-----------------------|-------------------------------|----------|----------------|------------|------|--|--|--|
|            |                                | Paired I | t           | d                     | Sig.                          |          |                |            |      |  |  |  |
|            |                                |          |             | Std.<br>Error<br>Mean | 95%<br>Interval<br>Difference |          | f              | (2-tailed) |      |  |  |  |
|            |                                |          | n           |                       | Lower                         | Upper    |                |            |      |  |  |  |
| Pai<br>r 1 | Pre-<br>Experimen<br>t – Post- | •        | 9,8792<br>7 | 3,1241                | -<br>26,46720                 | 12,33280 | -<br>6,2<br>10 | 9          | ,000 |  |  |  |

|            | Experimen t               |        |             |             |          |         |                |   |      |
|------------|---------------------------|--------|-------------|-------------|----------|---------|----------------|---|------|
| Pai<br>r 2 | Prekontrol  Postkontro  l | 4,3000 | 4,8545<br>5 | 1,5351<br>4 | -7,77274 | -,82726 | -<br>2,8<br>01 | 9 | ,021 |

The results of the analysis of the Paired Sample t Test of the experimental class showed that the value of sig. (2-tailed) of 0.000 < 0.05 rejecting the accepted Ho and Ha hypothesis. Therefore, group guidance services with visualization techniques are effective in increasing anti-bullying resilience at MTsN 2 Medan. Meanwhile, in the control group, 0.021 > 0.005, who accepted the Ho and Ha hypotheses, it was rejected. Therefore, the group guidance service does not use visualization techniques that are not effective in increasing anti-bullying self-resilience at MTsN 2 Medan. Then, in order to identify significant differences between the experimental and control classes, an independent sample t-test was carried out.

# Uji Independent Sample T-Test

Pane & Siregar, (2023) An independent test of the T sample was used to determine whether there was an average difference between two unpaired samples. This test is a test of parametric statistics, where the test requires assumptions of normality and homogeneity. The independent analysis of t-test samples against the experimental group and the control group aims to find out whether there is or is not a significant difference in the posttest value between the experimental group and the control group. It is said to be significant if the t-calculation > the t-table for a significant level of 5% and the P value < 0.05. The following are the results of the Independent Sample T-Test.

**Table 8.** Independent Sample T Test Results

| Independent Sa | amples                                 | Test        |        |         |                  |                        |                                 |  |       |
|----------------|--|-------------|--------|---------|------------------|------------------------|---------------------------------|--|-------|
|                | Leven<br>Test<br>Equal<br>of<br>Varian | for<br>ity  | t-test | for Equ | ality of         | Means                  |                                 |  |       |
|                |  | Itsel<br>f. | T      | df      | Sig. (2-taile d) | Mean<br>Differen<br>ce | Std.<br>Error<br>Differen<br>ce | 95%<br>Confid<br>Intervative<br>the<br>Differ<br>Low<br>er | al of |

| Resu<br>lt | Equal varianc es assume d      | ,550 | 5,44<br>9 | 18         | ,000 | 12,400 | 2,275 | 7,61<br>9 | 17,1<br>81 |
|------------|--------------------------------|------|-----------|------------|------|--------|-------|-----------|------------|
|            | Equal varianc es not assume d. |      | 5,44<br>9 | 17,5<br>67 | ,000 | 12,400 | 2,275 | 7,61<br>1 | 17,1<br>89 |

The results of *the independent sample t-test*, in equal variances, assumed value of a significance level of one-sided p as large as, showing the value of Sig. (2-tailed) 0.000 < 0.05, meaning that there was a significant difference in the experimental sample and the control sample. Therefore, group counseling services with visualization techniques have a significant effect on the anti-bullying self-resilience of students at MTsN 2 Medan. The results showed that there was a significant improvement in the anti-bullying self-resilience score after being given group guidance services with visualization techniques in the experimental group. This can be seen from the increase in the average score of the pretest from 82 (very low category) to 102 (high category) in the posttest. Meanwhile, the control group that did not receive treatment experienced only a small increase from 85 to 89, and was still in the low category.

Visualization techniques in *Rational Emotive Behavior Therapy* (REBT) have been shown to help students manage negative emotions, strengthen positive beliefs, and increase resilience to social pressures such as bullying. The results of the *paired sample t-test statistical test showed a significance value of* 0.000 < 0.005, *indicating a statistically* significant difference between the pretest and posttest results in the experimental group. In contrast, the significance value of the control group was 0.021 > 0.005, meaning there was no significant change. Furthermore, the results of *the Independent Sample t-Test* also strengthened that the treatment of group guidance with visualization techniques was effective in increasing anti-bullying self-resilience, with a sig value. (2-tailed) of 0.000 < 0.05. This indicates that visualization techniques are able to facilitate learners to build better self-resilience to bullying or bullying behavior.

This result is in line with the opinion (Ellis, 2001) and (Dryden, 2007), which states that visualization techniques are able to reduce irrational thoughts and form more adaptive cognitive responses. Practically, this shows that group guidance services with a visualization technique approach can be used as one of the effective interventions by BK teachers in dealing with bullying issues in schools. The visualization techniques in the Rational Emotive Behavior Therapy (REBT) approach help students visualize positive situations and form more adaptive responses to social pressures. Visualization is an effective technique in reducing anxiety and increasing confidence (Ellis, 2001; Dryden,

2007). Visualization also supports the regulation of emotions, which plays an important role in the formation of resilience or self-resilience (Rich et al., 2019).

This research reinforces the findings of (David et al. 2018), who state that cognitive interventions such as REBT can strengthen an individual's confidence, self-control, and emotional resilience. In addition, Irawan et al. 2024) in their systematic study also mentioned that the group guidance approach is very useful in strengthening the resilience of students who are victims of bullying. Self-resilience, as the ability to recover from social pressure or trauma, is closely related to coping and social support skills (Shaheen et al., 2018). Through group dynamics, learners not only gain new insights but also emotional support from peers that can strengthen their resilience.

Theoretically, these findings support the concept of resilient development from Ungar (2011), which states that resilience is not only formed from within the individual but also through supportive social interactions. Visualization techniques provide positive cognitive experiences that can correct negative thinking schemes, strengthen self-identity, and motivate individuals to persevere and adapt to difficult situations. In addition, it is important to understand that students' self-resilience is not only affected by psychological interventions such as visualization techniques, but also by social support from the surrounding environment. A classic study from Werner (1993) shows that children who grow up under conditions of stress and risk can still develop healthily if they have one or two stable and supportive adult figures in their lives.

Utami (2020) Resilience skills include emotional and behavioral self-regulation (appropriately regulating the modulation of attention, mood, and action), proactive orientation (taking initiative, being confident), and adaptability (being flexible in behavior). In the context of schools, teachers, counselors, and peers play a big role in creating a supportive environment. Group tutoring services provide a safe space for students to share experiences, gain emotional validation, and build a sense of self-worth. (Garmezy, 1991) emphasizes that the characteristics of resilience consist of self-efficacy, internal control, problem-solving skills, and the ability to establish healthy social relationships. All of these aspects can be developed gradually through visualization techniques that are given consistently in a supportive group setting. The implementation of this service also has the potential to be integrated into the school's social-emotional learning (SEL) curriculum, which prioritizes the importance of self-awareness, emotion management, empathy, and social relations skills. Thus, visualization-based group tutoring services not only serve as individual or small group therapy, but also serve as a long-term preventive strategy in realizing a safe and inclusive school culture.

Counseling guidance teachers (BK) can use this approach as part of preventive and curative intervention services for bullying cases. The results of this study are also in line with the opinion (Prayitno et al., 2017) that group guidance is able to create a safe space for emotional exploration, as well as improve students' problem-solving abilities collectively. Sazatul Asmal et al. (2024) emphasized that bullying has a direct impact on

students' concentration and learning process. Therefore, visualization technique-based group tutoring services are not only relevant as a therapeutic approach, but also as a preventive strategy integrated in the school program to improve students' psychological well-being. The practical implications of this study suggest that visualization techniques can be integrated into BK services in schools to strengthen students' adaptive capacity. In the long run, this strategy can be part of a child-friendly school program that upholds students' psychological well-being and social security.

## **CONCLUSION**

Group guidance services with visualization techniques have proven to be effective in increasing the anti-bullying self-resilience of MTsN 2 Medan students. The average pretest score of the experimental group before being treated was 82 in the very low category, and the posttest results of the experimental group after being given treatment of 102 were in the high category. Meanwhile, the control group of 85 was in the low category, and the posttest results in the control group obtained a score of 89, still in the low category. The results of the paired sample t-test statistical test showed a significance value of 0.000 < 0.005, indicating a statistically significant difference between the pretest and posttest results in the experimental group. In contrast, the significance value of the control group was 0.021 > 0.005, which means there was no significant change. The results of the independent sample t-test showed a significance value of 0.000 < 0.005. There was a significant improvement with the results of the independent t-test samples in the experimental group, while the control group did not experience significant changes. This suggests that visualization techniques can be an effective method in improving antibullying resilience in schools. Thus, BK teachers are advised to integrate this technique into counseling guidance programs that are oriented towards strengthening students' character and self-resilience.

## REFERENCES

Asmal, S., Ramadhani, S. H., & Ningsih, S. R. (2024). Dampak bullying terhadap proses pembelajaran siswa-siswi di MTs Laboratorium UINSU. Algebra: Jurnal Pendidikan, Sosial dan Sains, 3(4). https://doi.org/10.58432/algebra.v3i4.759

Ayidah Nasution, & Alfin Siregar. (2024). Efektivitas Layanan Bimbingan Kelompok Dengan Teknik Assertive Training Untuk Meningkatkan Komunikasi Interpersonal Siswa MTsN 1 Medan. *G-Couns: Jurnal Bimbingan dan Konseling*, 8(3), 1653–1664. https://doi.org/10.31316/gcouns.v8i3.6148

Balaka, Yani. 2022. Metodologi Pendidikan kuantitatif. Bandung. Widina bakti persada.

Bradley T.Erford, 40 Tekhnik yang Harus Diketahui Setiap Konselor, (Yogyakarta: Pustaka Pelajar, 2017), h.141.

David, D., Cotet, C., Matu, S., Mogoase, C., & Stefan, S. (2018). 50 tahun terapi rasional-emotif dan kognitif-perilaku: Sebuah tinjauan sistematis dan meta-analisis. Jurnal Psikologi Klinis, 74(3), 304-318.

Dryden, W. (2007). Rational Emotive Behaviour Therapy: Distinctive Features.

Ellis, A. (2001). Rational Emotive Behavior Therapy: A Therapist's Guide.

Fadillah Karim, & Mulyati. (2023). Analisis Dampak Bullying Terhadap Hasil Belajar Siswa Sekolah Dasar Karena Kurangnya Berkomunikasi (Studi Kasus Pada Siswa SDN 9 KayuAgung). *Kontribusi : Jurnal Pengabdian Masyarakat*, 1(2), 85–91. Retrieved from https://digamed.net/index.php/kontribusi/article/view/13

Fahmeyzan, D., Soraya, S., & Etmy, D. (2018). Uji Normalitas Data Omzet Bulanan Pelaku Ekonomi Mikro Desa Senggigi dengan Menggunakan Skewness dan Kurtosi. *Jurnal VARIAN*, 2(1), 31–36. https://doi.org/10.30812/varian.v2i1.331

Irawan, T. M. I. A., Hamzah, R. M., & Mulyati, S. (2024). Layanan Bimbingan dan Konseling untuk Meningkatkan Resiliensi Siswa Korban Bullying: Sebuah Kajian Sistematis. *Jurnal Bimbingan Dan Konseling Ar-Rahman*, 10(1), 70-83.

Jo, B. (2023). Data Kasus Bullying Terbaru 2023 dari Cilacap hingga Balikpapan. Tirto.Id, September, 1–19. https://tirto.id/kasus-bullying-terbaru2023-dari-cilacap-hingga-balikpapan gQCM Kamore, S. K.

Kumala, D., Siregar, K., & Syarqawi, A. (2024). *Efektivitas layanan informasi dengan teknik modeling untuk meningkatkan aspirasi karir pada siswa sekolah menengah atas.* 10(1), 757–765.

Latipun. (2017). Psikologi eksperimen. Malang: UMM Press

Munawaroh, S., Degeng, N. S., Atmoko, A., & ... (2023). Prevalence Aggressive Behavior from the Perspective of Bullying Victims and Demographic Characteristics: An Evaluation Environment Survey of the School. Pegem Journal of ..., 1(4). https://doi.org/10.47750/pegegog.1

Nabila, P. A., Suryani, S., & Hendrawati, S. (2022). Perilaku Bullying Dan Dampaknya Yang Dialami Remaja. *Jurnal Ilmu Keperawatan Anak*, 5(2), 1–12. https://doi.org/10.32584/jika.v5i2.1246

Pane, Y. K., & Siregar, A. (2023). Efektivitas Layanan Bimbingan Klasikal Teknik Small Group Discussion (SGD) Untuk Meningkatkan Pemahaman Siswa Dalam Pemilihan Karir Pada Siswa SMA. *G-COUNS: Jurnal Bimbingan dan Konseling*, 7(3), 646–655.

Potter & Perry. Fundamental Of Nursing edisi 7. (Jakarta: Salemba medika, 2010), h.25.

Prayitno, dkk . (2017). Layanan Bimbingan Kelompok dan KonselingKelompok yang Berhasil. Bogor: Ghalia Indonesia

Putri, S.R.A., Ismaya, Erik Aditia, and Fardani, Much. Arsyad. (2021). *Penomenon Of Verbal Bullying In The Pedawang Society. NATURALISTIC: Jurnal Kajian Penelitian Pendidikan Dan Pembelajaran*, 5 (2): 792-796

Rich, B. A., Shiffrin, N. D., Cummings, C. M., Zarger, M. M., Berghorst, L., & Alvord, M. K. (2019). ResilienceBased Intervention with Underserved Children: Impact on Self-

Regulation in a Randomized Clinical Trial in Schools. International Journal of Group Psychotherapy, 69(1), 30±53. https://doi.org/10.1080/00207284.201 8.1479187

Saracho, O. N. (2017). Bullying Prevention Strategies in Early Childhood Education. Early Childhood Education Journal, 45(4), 453±460. https://doi.org/10.1007/s10643-016-0793-y

Shaheen, A. M., Hammad, S., Haourani, E. M., & Nassar, O. S. (2018). Factors Affecting Jordanian School \$GROHVFHQWV¶ ([SHULHQFH RI %HLQJ Bullied. Journal of Pediatric Nursing, 38, e66±e71. https://doi.org/10.1016/j.pedn.2017.0 9.003

Suhendar, R. D. (2018). Faktor-faktor penyebab perilaku bullying siswa di SMK triguna utama ciputat tangerang selatan (Bachelor's thesis, Jakarta: Fakultas Ilmu Dakwah dan Ilmu Komunikasi Universitas Islam Negeri Syarif Hidayatullah).

Sulistyowati, L. A. N. (2015). Layanan Bimbingan Kelompok Untuk Meningkatka Keterampilan Belajar Siswa. Edukasia: Jurnal Penelitian Pendidikan Islam, 10(2), 413–430.

Tumon. (2014). *Studi Diskriptif Perilaku Bullying Pada Remaja*. Calypatra: Jurnal Ilmiah Mahasiswa Universitas Surabaya, 3(1)

Ungar, M. (2011). The Social Ecology of Resilience: Addressing Contextual and Cultural Ambiguity of a Nascent Construct. *American Journal of Orthopsychiatry*, 81(1), 1–17.

Utami, R. (2020). LITERATURE REVIEW: EFEKTIVITAS PROGRAM ANTI-BULLYING BERBASIS KETAHANAN DALAM MENCEGAH PERILAKU BULLYING Resti. *Jurnal Kesehatan dr. Soebandi*, 8(1), 27–33. https://doi.org/10.36858/jkds.v8i1.164