ART THERAPY ON BULLYING-VICTIMS BEHAVIOR AGED 5-6

Susianti Selaras Ndari, Fadilah Tasya*
University of Muhammadiyah Prof. Hamka
Corresponding e-mail: * tasyafadilah227@gmail.com

Abstract

This study aims to examine the effectiveness of art therapy on the behavior of children aged 5-6 years who are victims of bullying. Single Subject Research with A-B-A design is the method used. The subject of this study was one early childhood who experienced psychological bullying. This study used a description test, observation, and documentation. The results show that A (1) and A (2) the overall average score of subjects (AL) in Baseline 1 (A1) conditions is 47, which is categorized as poor, on intervention baseline data, it gets 64.2, and after intervention baseline 2 (A2) of 69.3 so that during and after the intervention the results revealed that art therapy was quite good as an intervention for children who were victims of bullying. Thus, the effectiveness of therapy in children who experience bullying is successful. This study recommends using drawing activities to provide intervention against psychological problems in children who are victims of bullying.

Keywords: Art Therapy, Bully, behavior, drawing

Abstrak

Penelitian ini bertujuan untuk melihat efektivitas terapi menggambar terhadap perilaku anak usia 5-6 tahun yang menjadi korban perundungan. Metode penelitian yang digunakan adalah Single Subject Research dengan design A-B-A. Subjek penelitian ini adalah 1 anak usia dini yang mengalami perundungan psikis. Instrumen penelitian ini menggunakan tes uraian, observasi dan dokumentasi. Hasil penelitian ini adalah kondisi baseline A (1) dan A(2) skor rata-rata keseluruhan subyek (AL) pada kondisi Baseline 1 (A1) sebesar 47 yang dikategorikan kurang baik, pada baseline intervensi diperoleh data 64.2 dan setelah intervensi baseline 2 (A2) sebesar 69.3 sehingga selama dan setelah intervensi dikategorikan cukup baik. Dengan demikian efektivitas terapi menggambar pada anak yang mengalami perundungan psikis dapat dikatakan berhasil. Penelitian ini merekomendasikan untuk menggunakan kegiatan menggambar sebagai salah satu upaya untuk memberikan intervensi pada masalah psikologi bagi anak yang mengalami perundungan (bullying).

Kata Kunci: art theraphy, bully, tingkah laku, menggambar
Introduction

Bullying comes from the word bully, which is a word that refers to the notion of a threat made by someone to another person (who is generally weaker or "lower" than the perpetrator) which causes psychological disturbances for the victim (the victim is called a bully boy or bully girl) in the form of stress. It appears in physical or psychological disorders, for example, difficulty eating, physical pain, fear, low self-esteem, depression, anxiety, and others (Kaltiala-Heino et al. 2000); (Sourander et al. 2000).

The Program for International Students Assessment (PISA) research shows that 41% of students in Indonesia experience bullying. This figure is far above the average of 22.7% of OECD member countries. It puts Indonesia in the fifth-highest rank out of 78 countries as the country with the most students experiencing bullying. Students in Indonesia have also experienced acts of intimidation as much as 15%, threats 14%, being ostracized, 19%, humiliated and taken for granted as much as 22%, encouraged by friends 18%, and bad news spread 20% (Jayani, 2019). From the data from the research, it can be seen that students who experience acts of humiliation and their belongings are confiscated, being the highest with a percentage of 22%. This action is included in verbal bullying (Amalia, Hendriana, dan Vinayastri 2021).

On its official website, Indonesian Child Protection Commissioner (KPAI) wrote that in these nine years, starting from 2011 to 2019, there were 37,381 complaints about violence against children and bullying within the scope of education and social media. The number alone reached 2,473 reports, and the cases continued to increase. In this bullying case, KPAI said that the incident of a student whose finger had to be amputated, until a student who was a victim was challenged to death, is an extreme and most fatal illustration of physical and psychological bullying by students against their friends in February 2020 (Pratiwi dan Sugito 2021).

Bullying can appear in childhood or early age. Children aged three years can and at the same time participate in acts of bullying (Ririn dan Dian Ayu 2018). Research in recent years has shown that early childhood can be involved in bullying. Hartati et al. (2020), on 165 children aged 4-6 years in East Jakarta, found that 35% of children had done bullying in pinching, hitting, pushing, punching, and hiding toys, destroying a friend's toy, spitting, threatening, mocking, teasing, and abusive speech. Bullying in early childhood has also occurred in Yogyakarta, but the research that discusses the number of cases does not yet exist; However, Rahayu et al. (2020) in Yogyakarta have found that bullying occurs in kindergarten due to unfavorable environmental conditions, namely the lack of supervision when children are actively playing and the teacher’s lack of knowledge about the signs of bullying. (Widaningtyas dan Sugito 2022).
The impact of bullying is tremendous when it is done by relatives rather than by others. From the admissions of children bullied by their siblings several times a week, they are twice as likely to experience depression up to 12.3%, anxiety 16%, and a 19% chance of self-harm. From the cases described above, bullying can have a higher risk of developing depression, excessive anxiety, and even self-harm due to bullying experienced by victims and perpetrators.

If bullying occurs and is left unchecked, it can harm children's social, mental, and physical development (Hasjim dan Komalasari t.t.; Ayuni 2021; Ningrum dan Wardhani 2021), (Fauziyah, Mugara, dan Lestari 2021). The impact is not only felt by the victim but also the bully (Kirves dan Sajaniemi 2012; Karatas dan Ozturk 2011; Saracho 2017). Therefore, efforts are needed to prevent and deal with bullying. There is agreement from teachers and parents that intervening in bullying requires the cooperation of parents, teachers, the community, and the children involved. (Mishna, Pepler, dan Wiener 2006).

Children who are bullies or victims of bullying will experience trauma. Children who are victims of bullying will experience emotional disturbances such as lack of confidence, fear of others. One of them is the school that will be studied by researchers, which is located at Lab school Permata UHAMKA, East Jakarta. Two children experience bullying, namely a boy with the initials AR, where he physically bullies his friend. Furthermore, the girl with the initials AL, AL became a victim of psychological bullying at her school. She saw her peers fighting, so AL did not want to go to school or leave the house.

Several studies have shown that victims of bullying tend to develop characteristics of a depressive disorder and withdraw from social interactions (Aryuni 2017). Not only victims but bullies also have a higher risk of engaging in criminal behavior as adults and cannot empathize (Hawker dan Boulton 2000).

In addition, other children who can be said to be witnesses to bullying incidents are at risk of having the wrong perception as if bullying is allowed (Muthmainnah, Astut, dan Fatimaniemgrum 2014). It can impact other children who may become perpetrators or imitators for fear of becoming targets or victims (Puspita dan Herdiana 2020).

Wahyuni & Pransiska identified many cases of bullying by children aged 5-6 years in one of the kindergartens in the Padang area, Indonesia (Wahyuni dan Pransiska 2019), which explains that there is bullying behavior in the form of physical, verbal, and psychological. These behaviors are observed and repeatedly occur every day with the same perpetrators and the same target victims. Children who become perpetrators are considered vital by their friends, while those who become victims tend to look weak.
Wahyuni & Pransiska (2019) also explained that the incident of repeated bullying could also be due to the non-optimal role of teachers when dealing with such cases at school. It can be seen from the examples of bullying cases in Jakarta. Children who are victims of bullying in early childhood can reduce the trauma experienced by play therapy. With play therapy, children can reduce the trauma they have experienced so far.

Art therapy is a form of therapy with an assessment function, especially as a projection test tool. Art therapy can be an art-based assessment tool (Apyanggun, Satiadarma, dan Basaria; 2018). Negi’s research explores the underlying thoughts of victims of school bullying through an analysis of their images. The respondents expressed various thoughts regarding direct or indirect coping, reasons related to victimization, and reasons related to bullying as measured by their images. The findings of this study are interpreted within developmental-ecology research and framework. The article points out the implications for future research and professionals to help victims of bullying in schools (Negi 2020).

According to Rubin (2010), art can be used as a medium to express the nature of the human unconscious, especially for people who have difficulty communicating themselves verbally, helping the healing process of illness and mental or emotional disorders. (Rubin 1999). Malchiodi (2012) explains that the use of drawing or painting activities in art therapy is based on the assumption that drawing is an effective form of communication because, in its use, children rarely do resistance, even giving children a way to express their thoughts and feelings with less feeling of being threatened than verbal communication (Gilroy, Tipple, dan Brown 2012).

The importance of doing play therapy on children who are victims of bullying so that children can play as usual. Because when children become victims of bullying, children become passive in playing, quiet, and close themselves to their parents and peers. Furthermore, play therapy conducted by researchers is the art of drawing therapy. Drawing is an art activity that requires exciting materials for children, including paper, pencil, and crayons. The benefit of drawing for children who are victims of bullying is that children can channel the feelings they are facing through pictures. This study aims to determine how effective art therapy is as a method that can help uncover and understand the psychological needs of children who are victims of bullying.

**Methods**

The research method used by the researcher is the experimental method. The experimental method used in this research is an experimental method with a single research subject or known as Single Subject Research (SSR). SSR (Single Subject Research) is a design used to evaluate individuals (Karyanti, Atmoko, dan Hitipeuw
The Single Subject Research (SSR) research method aims to obtain data by looking at the impact and testing the effectiveness of a treatment or treatment using drawing media for children who are victims of bullying at Lab school Permata UHAMKA.

Single-subject experimental research designs have several design variations. "The single-subject experimental design is the A-B-A design (Sunanto, Takeuchi, dan Nakata 2005). This study's single-subject research design pattern is the A-B-A design form. The A-B-A design has shown a causal relationship between the dependent and independent variables. In this study, the purpose of using the A-B-A design pattern is to determine the magnitude of the effect of drawing art therapy on children who are victims of bullying aged 5-6 years. This design procedure is based on what is known as baseline logic. Baseline logic shows a repetition of behavior measurement or target behavior in at least two conditions: baseline condition (A) and intervention condition (B). Therefore, in conducting research with a single case design, there will always be a measurement of the target behavior in the baseline phase and its repetition in at least one intervention phase. (Sunanto et al. 2005). The following is an explanation of the A-B-A design pattern, namely:

A-1 (baseline-1) is the symbol of the baseline data (baseline). Baseline is the initial condition of bullying trauma faced by children before being given treatment or intervention. Measurements in this phase were carried out in 3 sessions of drawing activities with a duration of time that was adjusted to the needs (30 minutes). Baseline-1 measurement is carried out until the data is stable.

B (intervention) describes the bullying trauma the child faces during the intervention or treatment repeatedly by looking at the results at the intervention time. At this stage, the child will be given treatment using the art of drawing therapy repeatedly until stable data are obtained. The intervention was carried out for six sessions. The intervention process each session takes 30 minutes.

A-2 (baseline-2) is a repetition of the baseline-1 condition as an evaluation of how the given intervention affects the trauma experienced by the child. Measurements were carried out using percentages by looking at how much the trauma experienced by children with drawing therapy was reduced. It was carried out until the data was stable. To be more precise, the research design of Single-Subject Research in the form of A-B-A design was described as follows:
Results and Discussion

This research data is described in the form of quantitative data presentation. Qualitative data to see the percentage increase in each baseline. The results of the effectiveness of drawing therapy on the behavior of children who experience bullying on research subjects from pre-intervention, baseline A to intervention results are presented in the following graph:

Table 1. baseline A (1) dan A(2) overall average score

| Session | Condition          | Time (30 minutes) |
|---------|--------------------|-------------------|
| 1       | Baseline 1 (A1)    | 40                |
| 2       |                    | 43                |
| 3       |                    | 58                |
| Average |                    | 47                |
| 4       |                    | 39                |
| 5       |                    | 73                |
| 6       |                    | 76                |
| 7       | Intervention(B)    | 39                |
| 8       |                    | 48                |
| Average |                    | 64.2              |
| 9       | Baseline 2 (A2)    | 67                |
| 10      |                    | 69                |
| 11      |                    | 72                |
| Average |                    | 69.3              |
| Overall Average |               | 60.9              |
Visually, the data above is presented in the following graph:

Figure 2. Data Visual

Figure 3. Directional Trends in Baseline A1, Baseline B, and Baseline A2.
Based on the graph above, the trend from Baseline A-1 to Intervention increases, and from Intervention to Baseline A-2 also increases.

Figure 4. Baseline A-1 is between the lower limit of 42.5 and the upper limit of 51.5; the average value of Baseline A-1 is 47

Figure 5. Intervention Graph
Based on the graphic image, the intervention is between the lower limit of 58.8 and the upper limit of 69.6; the average value of the intervention is 64.2.
**Condition of Baseline 1 (A')**

- Friday/31 January 2020/The 4th Week

**Figure 6. Condition of Baseline 1**

**Data of Baseline A-2**

**Figure 7. Baseline Data A-2**
Baseline A-2 is between the lower limit of 63.9 and the upper limit of 74.7; the average value of Baseline A-2 is 69.3.

Based on the data in Table 4.4 for baseline conditions A (1) and A (2), the average overall score of the subject (AL) in Baseline 1 (A1) conditions was 47, which was categorized as poor at the baseline intervention data obtained 64.2. After the intervention, baseline 2 (A2) is 69.3, so that during and after the intervention is categorized as good enough.

| Condition of Baseline 2 (A²) |
|-------------------------------|
| Tuesday/18 February 2020/ The 3rd Week |
| Wednesday/19 February 2020/ The 3rd Week |
| Thursday/ 20 February 2020/ The 3rd Week |
| Friday/ 21 February 2020/ The 3rd Week |

Figure 8. Condition of Baseline A-2

Thus, the effectiveness of drawing therapy in children who experience psychological bullying can be said to be successful. After applying play therapy, namely drawing and coloring pictures, the level of anxiety decreased, from miserable anxiety to being happy. Drawing therapy reduces depression due to trauma experienced by children. Often children who experience psychological bullying experience depression due to emotional characteristics that result in destructive behavior. Drawing therapy can be used to improve children who experience a decrease in their academic learning experience due to psychological bullying.

It is in line with the research results, which state that art therapy, including drawing, is one solution in helping children overcome trauma and return to healthy individuals both mentally and develop optimally. Art drawing therapy can also reduce a sense of lack of confidence; with art drawing therapy, children's confidence increases (Hartanto, Nisa, dan Agustriyana 2017).
Powers et al. (2016) stated that trauma in early childhood could become a latent memory that can reappear in adulthood. So child violence is a significant concern to be followed up in handling and prevention (Barthes dan Marc, 2016). It can be understood that children who are victims of violence need to get serious attention, especially concerning the psychological impact caused, so there is a need for a comprehensive and sustainable handling process (Hartanto et al. 2017).

It is in line with the research results, which state that art therapy can be a significant intervention, especially for children (Mousavi dan Sohrabi 2014). Art therapy can also reduce excessive levels of anxiety in children. There is an influence of image coloring therapy on anxiety in hospitalized children (Rusmariana, Faridah, dan Ariyani 2013).

Art therapy has many advantages in helping and understanding children with emotional and behavioral disorders. Besides being applied to various age groups, art therapy can also be done in various ways, including painting, drawing, coloring, making sculptures, or making pottery. The most straightforward art therapy to apply is painting, drawing, and coloring.

According to Hirawan (2014), socially and emotionally, drawing and coloring activities can release feelings of tension and reduce anxiety, process self-confidence, facilitate emotional identification and expression, and awareness of individuality and uniqueness. In addition, in communication, through drawing and coloring, children can develop nonverbal expressions, emotions, channel ideas, promote relationships and interactions with others, and convey verbal expressions spontaneously (Udayana 2016).

The use of art therapy is one of the creative techniques to help the learning and socializing process, which children like because it is exciting and fun. Art therapy is an activity of making personal artistic expression, both audio, visual, audio-visual, and kinesthetic, that can help improve learning, emotional and social skills (Marheni 2017).

Conclusion

Based on the research results and the general discussion of this study, namely the provision of drawing therapy to children who are victims of psychological bullying, including lack of confidence, excessive anxiety, depression, decreased academic learning experience, and increased sensitivity levels. In particular, the behavior of children who are victims of psychological bullying lack self-confidence, excessive levels of anxiety, depression, decreased academic learning experience, and increased sensitivity levels in subjects (AL) before being given drawing therapy in the inferior category, where subjects (AL) tend to not accustomed to free drawing therapy so reluctant to do it when drawing in the morning with his friends, especially when male friends join in. Furthermore, during and after the
administration of drawing therapy, the subject (AL) had reached a reasonably good category where the subject was getting used to various kinds of drawing patterns even though they still made some mistakes in a free drawing.

References

Amalia, Rezza, Benny Hendriana, dan Amelia Vinayastri. 2021. “Pengembangan Media Komik Elektronik untuk Mengurangi Bullying pada Siswa Anak Usia Dini.” *EDUKATIF: JURNAL ILMU PENDIDIKAN* 3(5):2391–2401.

Apryanggun, Desti, Monty P. Satiadarma, dan Debora Basaria. 2018. “Art Therapy Sebagai Art-Based Assessment Pada Anak Oppositional Defiant Disorder (Odd) Di Panti Asuhan X Dan Y.” *Psibernetika* 11(1).

Aryuni, Muthia. 2017. “Strategi Pencegahan Bullying Melalui Program ‘Sekolah Care’ Bagi Fasilitator Sebaya (Bullying Prevention Strategies Through The ‘Care School’ Program For Peer Facilitator).” *Asian Journal of Environment, History and Heritage* 1(1).

Ayuni, Despa. 2021. “Pencegahan Bullying dalam Pendidikan Anak Usia Dini.” *Journal of Education Research* 2(3):93–100.

Fauziyah, Afina Latifah, Ronny Mugara, dan Ririn Hunafa Lestari. 2021. “Upaya Guru Dalam Menangani Kasus Bullying Verbal Anak Usia Dini.” *CERIA (Cerdas Energik Resposif Inovatif Adaptif)* 4(2):119–24.

Gilroy, Andrea, Robin Tipple, dan Christopher Brown. 2012. *Assessment in art therapy*. Vol. 725. Routledge New York, NY.

Hartanto, Agit Purwo, Athia Tamyizatun Nisa, dan Nur Astuti Agustriyana. 2017. “Intervensi Play Therapy Untuk Mengatasi Trauma Kekerasan Pada Anak Usia Dini.” *G-Couns: Jurnal Bimbingan dan Konseling* 1(2).

Hasjim, Filyan Kusumas, dan Dewi Komalasari. t.t. “Perilaku Bullying Pada Aktivitas Bermain Anak Umur 5-6 Tahun (Studi Kasus).”

Hawker, David S. J., dan Michael J. Boulton. 2000. "Twenty years' research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies." *The Journal of Child Psychology and Psychiatry and Allied Disciplines* 41(4):441–55.

Kaltiala-Heino, Riittakerttu, Matti Rimpelä, Päivi Rantanen, dan Arja Rimpelä. 2000. "Bullying at school—an indicator of adolescents at risk for mental disorders." *Journal of adolescence* 23(6):661–74.
Karatas, Hulya, dan Candan Ozturk. 2011. "Relationship between bullying and health problems in primary school children." *Asian Nursing Research* 5(2):81–87.

Karyanti, Karyanti, Adi Atmoko, dan Immanuel Hitipeuw. 2015. "The Effectiveness of Assertive Skill Training to Improve Assertive Behaviour of Bullying Victims Students in Senior High School." *Jurnal Pendidikan Humaniora* 3(2):116–21.

Kirves, Laura, dan Nina Sajaniemi. 2012. "Bullying in early educational settings." *Early Child Development and Care* 182(3–4):383–400.

Marheni, Ag Krisna Indah. 2017. “Art therapy bagi anak slow learner.” *Prosiding Temu Ilmiah Nasional X Ikatan Psikologi Perkembangan Indonesia* 1.

Mishna, Faye, Debra Pepler, dan Judith Wiener. 2006. "Factors associated with perceptions and responses to bullying situations by children, parents, teachers, and principals." * Victims and Offenders* 1(3):255–88.

Mousavi, Masoumeh, dan Nadereh Sohrabi. 2014. "Effects of art therapy on anger and self-esteem in aggressive children." *Procedia-social and behavioral sciences* 113:111–17.

Muthmainnah, Muthmainnah, Budi Astuti, dan Arumi Savitri Fatimainingrum. 2014. “Pelatihan Penanganan Bullying Pada Anak TK.” *Jurnal Pendidikan Anak* 3(2).

Negi, Rekha. 2020. "Exploring Thoughts of Victims of School Bullying Through Drawings." *Indian Journal of Forensic Medicine & Toxicology* 14(3).

Ningrum, Mallevi Agustin, dan Andhea Mahendra R. K. Wardhani. 2021. “Pengembangan Buku Panduan Anti-Bullying untuk Mengembangkan Keterampilan Sosial-Emosional Anak Usia Dini.” *Golden Age: Jurnal Ilmiah Tumbuh Kembang Anak Usia Dini* 6(3):131–42.

Pratiwi, Nanda, dan Sugito Sugito. 2021. “Pola Penanganan Guru dalam Menghadapi Bullying di PAUD.” *Jurnal Obsesi: Jurnal Pendidikan Anak Usia Dini* 6(3):1408–15.

Puspita, A. S. L., dan Ike Herdiana. 2020. “Penelitian Aksi Terhadap Guru PAUD dan TK: Meningkatkan Pengetahuan Pendidik Tentang Bullying di Sekolah melalui Kegiatan Psikoedukasi.” *Jurnal Psikologi Udayana* 7(2):1–15.

Ririn, Ambarini, dan Zahraini Dian Ayu. 2018. “Antisipasi Pencegahan Bullying Sedini Mungkin: Program Anti Bullying Terintegrasi untuk Anak Usia Dini.” *Journal of Dedicator Community UNISNU Jepara* 2(2):1–19.

Rubin, Judith Aron. 1999. *Art therapy: An introduction*. Psychology Press.
Rusmariana, Aida, Nur Faridah, dan Rieza Ariyani. 2013. “Efektifitas Terapi Bermain Menggambar Terhadap Kecemasan Anak Usia Pra Sekolah Akibat Hospitalisasi.” Jurnal Ilmiah Kesehatan 5(2):96627.

Saracho, Olivia N. 2017. "Bullying prevention strategies in early childhood education." Early Childhood Education Journal 45(4):453–60.

Sourander, Andre, Leila Helstelä, Hans Helenius, dan Jorma Piha. 2000. "Persistence of bullying from childhood to adolescence—a longitudinal 8-year follow-up study." Child abuse & neglect 24(7):873–81.

Sunanto, Juang, Koji Takeuchi, dan Hideo Nakata. 2005. “Pengantar Penelitian Subjek Tunggal.” Tsukuba: Criced.

Udayana, Jurnal Psikologi. 2016. “Gambaran Kebutuhan Psikologis pada Anak dengan Gangguan Emosi dan Perilaku (Tinjauan Kualitatif dengan Art Therapy sebagai Metode Penggalian Data) AA Ayu Wulan Dwi Anggaswari dan IGAP Wulan Budisetyani.” Jurnal Psikologi Udayana 3(1):86–94.

Wahyuni, V., dan R. Pransiska. 2019. “Perilaku bullying pada Anak Usia 5-6 Tahun Studi Kasus di Taman Kanak-Kanak.” Journal of Family, Adult, and Early Childhood Education 1(2):160–66.

Widaningtyas, Lestari, dan Sugito Sugito. 2022. “Perspektif Orang Tua dan Guru Mengenai Bullying Pada Anak Usia Dini di Taman Kanak-kanak.” Jurnal Obsesi: Jurnal Pendidikan Anak Usia Dini 6(4):462–79.