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The Influence of Cognitive Behavioral Therapy in Addressing Bullying Behavior among Seventh Grade Students

A Case Study at a Faith-based Private High School, Gowa, Indonesia

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ABSTRACT

This study investigates the effectiveness of Cognitive Behavior Therapy (CBT) in reducing bullying behavior among seventh-grade students at a Faith-based Private High School, Gowa, Indonesia. Utilizing a quantitative associative research design, the study examines the relationship between CBT implementation and changes in students' behavioral patterns. The sample was selected using purposive sampling techniques, with data collected through validated and reliable questionnaires. The results of the t-test revealed a significant negative effect of CBT on bullying behavior, while the F-test confirmed the overall model's significance. These findings demonstrate that CBT can effectively restructure distorted cognitions and reduce aggressive tendencies in school settings. The intervention not only addresses the cognitive and emotional aspects of bullying but also supports the development of a healthier classroom climate. The study contributes to the growing body of evidence supporting CBT as a practical and impactful approach in school-based mental health and behavioral interventions. Further research is encouraged to evaluate the long-term effects and scalability of CBT within diverse educational contexts.

Keywords
Behavioral Intervention
Bullying
Cognitive Behavior
Educational Psychology
Student Mental Health

Introduction

Bullying represents a significant barrier to a child's self-actualization. The term "bullying" refers to acts of repression, intimidating behaviors enacted by individuals or groups in positions of greater power toward those who are more vulnerable. Such behavior undermines a sense of safety and comfort, leading victims to feel inferior and devalued. Consequences include difficulties in academic focus, social withdrawal, school avoidance, low self-confidence, and impaired communication skills [1].

Bullying manifests in various forms, including verbal, physical, sexual, and relational aggression. Physical bullying may involve hitting, kicking, or throwing objects in retaliation for peer ridicule [2]. Perpetrators often perceive these acts as harmless play or joking [3]. Moreover, such behavior is frequently normalized and even reinforced by peer groups, who interpret the actions as efforts to build camaraderie. Butar and Karneli [4] revealed that students who engage in bullying often regard their actions as humorous rather than harmful. This misconception is further supported by the passive responses of bystanders who, instead of intervening, accept the behavior as part of maintaining social bonds [5]. CBT is an effective strategy in addressing bullying. Gökkaya and Sütcü [6] identified cognitive restructuring techniques as fundamental to mitigating bullying tendencies among students. Supporting this, Zuroida [7] emphasized that restructuring irrational beliefs enables students to make appropriate decisions in distressing situations, thereby improving emotional regulation and promoting healthier peer interactions.

However, the prevalence of bullying among students adversely affects classroom climate, disrupting learning environments and creating psychological distress. Bullying is characterized as deliberate, aggressive behavior perpetrated repeatedly over time by individuals or groups who exploit a power imbalance.

Bullying is a widespread issue in many countries, with high rates reported among students. Cognitive distortions play a key role, as students often perceive harmful behavior as harmless fun. Various factors contribute to bullying, including prior victimization, the desire for recognition, peer pressure, and exposure to violent media. Many children imitate scenes, actions, and dialogue from movies without understanding their negative impact. These findings highlight the need for interventions that address awareness, empathy, and critical thinking. Counselors can intervene in these cognitive processes by helping students identify and challenge negative automatic thoughts (NATs) and underlying irrational beliefs that perpetuate bullying. The ABC model (Activating events, Beliefs, and Consequences) of CBT can be employed to restructure thought patterns, ultimately leading to healthier emotional responses and more adaptive behaviors.

This aligns with Gokkaya's research [8], which demonstrated that a 13-week CBT intervention significantly reduced bullying among elementary students. The findings suggest that irrational beliefs are central to bullying behavior, wherein perpetrators deny the harm inflicted and expect conformity from others, necessitating cognitive restructuring as a key intervention. Similarly, Muslim et al. [9] employed CBT counseling to improve students' understanding of bullying. Their findings underscore CBT's efficacy in enhancing awareness and reducing tendencies to engage in harmful behavior. Through cognitive restructuring and belief modification, students became more capable of recognizing and avoiding actions that could contribute to bullying. Supporting this, Selvia et al. [10] reported that CBT interventions with cognitive restructuring were effective in reducing bullying among junior high school students. The approach involved helping students articulate negative and positive thoughts, enabling them to transform maladaptive cognitions into constructive ones.

CBT, also referred to as Cognitive Behavior Modification, is a therapeutic method that leverages cognition as a central mechanism for behavior change. Therapists assist clients in identifying and replacing dysfunctional thought patterns with rational alternatives. The approach combines cognitive and behavioral strategies to address psychological concerns effectively. The cognitive component emphasizes identifying faulty beliefs and self-talk, such as "My life is miserable," which can impair goal setting. CBT integrates elements of both Cognitive Therapy and Behavioral Therapy [11]. While the former focuses on correcting distorted thinking, the latter encourages the development of new behavioral responses to current challenges, placing emphasis on the present rather than past experiences.

Generally, CBT follows a structured process comprising an opening, a core phase, and termination [12]. CBT is thus defined as a counseling model that targets the restructuring of distorted cognitions resulting from adverse physical or psychological experiences, with the ultimate goal of enhancing mental health. The intervention focuses on modifying cognitive, emotional, and behavioral functions, treating the brain as the central processor in evaluating and responding to stimuli. Behaviorally, CBT seeks to establish appropriate associations between problematic situations and healthy coping responses, empowering individuals to reshape both thought and behavior to achieve desired outcomes.

Cognitive Response Systems illustrate how stimulus networks in the brain shape thinking, emotion, and action [13]. As humans possess the capacity for both rational and irrational thought, CBT aims to recalibrate maladaptive cognitive functions by promoting self-awareness and decision-making. Through modifying thought patterns and emotional responses, CBT facilitates behavioral change from negative to positive orientations. It is a proactive and structured therapeutic approach in which counselors employ various

techniques to influence cognition, emotions, and behavior [13], [14]. These techniques are adapted to the counselee's specific needs and typically involve goal-setting, cognitive restructuring, and behavioral experiments (see Fig. 1).

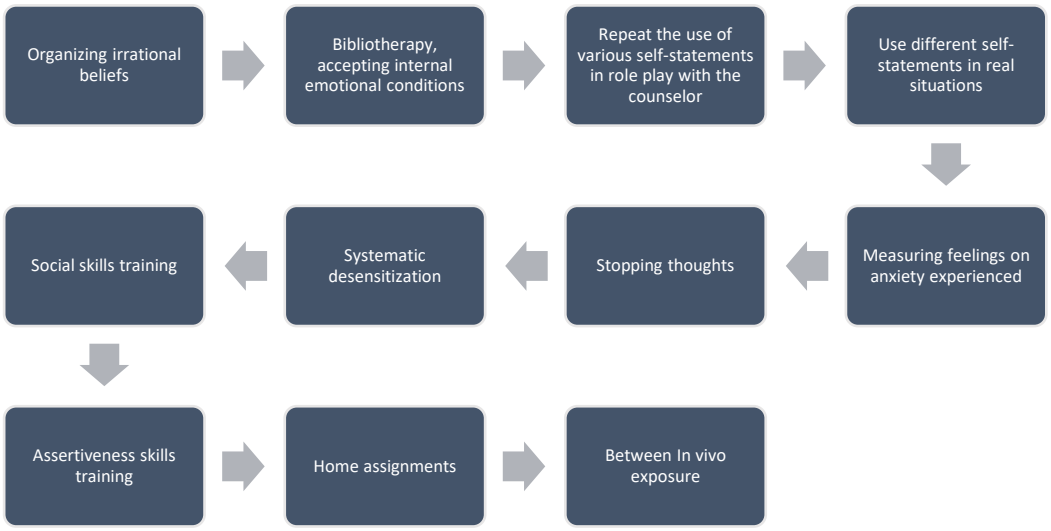

Fig. 1. CBT Techniques

Initial observations conducted by the researchers at a faith-based high school in Gowa identified prevalent bullying behaviors among students. Documented cases included mocking, physical aggression without provocation, inciting conflict, senior-student violence, verbal abuse, assigning derogatory nicknames, and cyberbullying via social media. The current study aims to assess the impact of CBT in addressing and reducing such bullying behaviors within the school context.

Methods

This study employed an associative quantitative research design, aimed at examining the relationship or influence between variables. The population in this study refers to the entire group of research subjects [15], which, in this case, includes all students enrolled at MTs Muhammadiyah Lempangang. The sample represents a subset of this population, selected based on specific characteristics relevant to the research objectives. The sampling technique utilized in this study was purposive sampling. Purposive sampling is defined as a technique for selecting data sources based on specific considerations. The rationale for employing this method is that not all members of the population possess attributes that align with the phenomenon under investigation.

This research includes two primary variables. The independent variable, often referred to as the stimulus or predictor variable, is CBT. The dependent variable (commonly referred to as the criterion or outcome variable) is bullying. The dependent variable is impacted by the

independent variable and serves as the primary focus of the study, particularly in evaluating the effects of CBT intervention.

The instrument used for data collection was a structured questionnaire, which was tested for validity and reliability to ensure measurement accuracy. The data collection process involved the distribution of these questionnaires to participants who met the predefined sampling criteria. The analysis process includes organizing data by variable and respondent type, tabulating the data, performing calculations to address the research questions, and testing the proposed hypotheses.

Hypothesis testing was conducted to evaluate the validity of provisional answers to the research questions, which were formulated in the form of interrogative statements [16]. The hypotheses were tested using both the t-test and the F-test. The null hypothesis (H_0) posits that there is no statistically significant influence of the independent variable on the dependent variable. Conversely, the alternative hypothesis (H_a) suggests the presence of a significant relationship or effect. Specifically, the t-test was employed to assess the individual impact of CBT on bullying behavior. The statistical analysis was performed using SPSS for Windows Version 21.

Results and Discussion

A. Instrument Testing of Variables

1. Reliability Test for Variable X (CBT)

The reliability of the instrument measuring Variable X (CBT) was assessed using the SPSS software. The analysis yielded a Cronbach's Alpha value of 0.935. According to the accepted standard for internal consistency, an instrument is considered reliable if the Cronbach's Alpha exceeds 0.60. Therefore, it can be concluded that the instrument used to measure CBT is reliable, as the value obtained (0.935) exceeds the threshold criterion.

2. Reliability Test for Variable Y (Bullying)

Similarly, the reliability analysis for Variable Y (Bullying) produced a Cronbach's Alpha value of 0.914. As this value also surpasses the minimum requirement of 0.60, the instrument measuring bullying is deemed to possess a high level of internal consistency, indicating strong reliability.

Table 1. Reliability Statistics

Variable	Cronbach's Alpha	Number of Items
X (CBT)	0.935	24
Y (Bullying)	0.914	41

3. Validity Test for Variable X (CBT)

Validity testing was conducted by comparing the calculated Pearson correlation coefficient (r-calculated) of each indicator item with the critical r-table value of 0.3246. An

item is considered valid if its r-calculated value exceeds the r-table value. Based on the results, all 24 indicators for the CBT variable displayed r-calculated values ranging from 0.496 to 0.787, each surpassing the r-table threshold. This confirms that all items in the instrument for Variable X are valid and contribute meaningfully to the construct being measured.

Table 2. Validity Test for Variable X (CBT)

Indicator	r-table	r-calculated	Indicator	r-table	r-calculated
X1.1	0.3246	0.787	X1.13	0.3246	0.643
X1.2	0.3246	0.646	X1.14	0.3246	0.574
X1.3	0.3246	0.519	X1.15	0.3246	0.653
X1.4	0.3246	0.722	X1.16	0.3246	0.772
X1.5	0.3246	0.650	X1.17	0.3246	0.558
X1.6	0.3246	0.659	X1.18	0.3246	0.556
X1.7	0.3246	0.619	X1.19	0.3246	0.614
X1.8	0.3246	0.665	X1.20	0.3246	0.625
X1.9	0.3246	0.496	X1.21	0.3246	0.689
X1.10	0.3246	0.553	X1.22	0.3246	0.645
X1.11	0.3246	0.659	X1.23	0.3246	0.624
X1.12	0.3246	0.703	X1.24	0.3246	0.615

4. Validity Test for Variable Y (Bullying)

Validity testing for the bullying variable followed the same procedure, using the critical r-table value of 0.3246. The r-calculated values for the 41 indicators of Variable Y ranged from 0.350 to 0.634, all of which exceeded the minimum threshold. Thus, it can be concluded that all items used to measure the bullying construct are statistically valid.

Table 3. Validity Test for Variable Y (Bullying)

Indicator	r-table	r-calculated	Indicator	r-table	r-calculated
Y1.1	0.3246	0.403	Y1.22	0.3246	0.488
Y1.2	0.3246	0.403	Y1.23	0.3246	0.478
Y1.3	0.3246	0.551	Y1.24	0.3246	0.363
Y1.4	0.3246	0.350	Y1.25	0.3246	0.634
Y1.5	0.3246	0.389	Y1.26	0.3246	0.462
Y1.6	0.3246	0.553	Y1.27	0.3246	0.534
Y1.7	0.3246	0.369	Y1.28	0.3246	0.471
Y1.8	0.3246	0.603	Y1.29	0.3246	0.488
Y1.9	0.3246	0.370	Y1.30	0.3246	0.593
Y1.10	0.3246	0.465	Y1.31	0.3246	0.539
Y1.11	0.3246	0.399	Y1.32	0.3246	0.423
Y1.12	0.3246	0.458	Y1.33	0.3246	0.455
Y1.13	0.3246	0.543	Y1.34	0.3246	0.621
Y1.14	0.3246	0.423	Y1.35	0.3246	0.524
Y1.15	0.3246	0.529	Y1.36	0.3246	0.532
Y1.16	0.3246	0.532	Y1.37	0.3246	0.460
Y1.17	0.3246	0.469	Y1.38	0.3246	0.463
Y1.18	0.3246	0.547	Y1.39	0.3246	0.360
Y1.19	0.3246	0.558	Y1.40	0.3246	0.505
Y1.20	0.3246	0.416	Y1.41	0.3246	0.442
Y1.21	0.3246	0.401			

B. Hypothesis Testing

1. T-Test (Partial Significance Test)

The results of the t-test analysis using SPSS are presented in Table 4. The t-test was conducted to examine the partial effect of CBT on bullying behavior among students.

Table 4. T-Test Results (Partial Significance)

Model	Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	t	Sig.
(Constant)	154.589	10.742	–	14.391	0.000
Cognitive Behavior Therapy	-0.806	0.151	-0.680	-5.324	0.000

Remark: Bullying is the Dependent Variable

As shown in Table 4, the calculated t-value for the CBT variable is -5.324, with a significance level of 0.000. When compared to the critical t-table value (2.03693), the absolute value of the t-statistic is greater (|-5.324| > 2.03693), and the p-value is less than 0.05. Based on these criteria, the null hypothesis is rejected, and the alternative hypothesis is accepted.

This indicates that CBT (X) has a statistically significant and negative influence on bullying behavior (Y) among seventh-grade students. In other words, the implementation of CBT is effective in reducing bullying tendencies among students.

2. F-Test (Simultaneous Significance Test)

The F-test was performed to determine whether CBT, as an independent variable, collectively influences bullying behavior. The results are summarized in Table 5.

Table 5. F-Test Results (Simultaneous Significance)

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	4971.414	1	4971.414	28.344	0.000[b]
Residual	5791.492	33	175.499	–	–
Total	10765.886	34	–	–	–

Bullying is a Dependent Variable:
Predictors: (Constant), Cognitive Behavior Therapy

Based on the ANOVA results shown in Table 5, the calculated F-value is 28.344, which is substantially higher than the critical F-table value of 3.27. Furthermore, the significance value (p = 0.000) is lower than the alpha level of 0.05. Thus, it can be concluded that the regression model is statistically significant and that CBT, when tested collectively, has a significant effect on bullying behavior.

In summary, both the t-test and F-test results affirm that CBT exerts a meaningful and statistically significant influence on reducing bullying among students. Therefore, the application of CBT may serve as an effective intervention strategy in educational settings to mitigate aggressive behaviors.

Discussion

The findings from the hypothesis testing indicate that CBT has a statistically significant negative effect on bullying behavior among seventh-grade students. Specifically, the t-test result confirms that CBT effectively reduces bullying (Table 4), and the F-test supports the collective significance of the model in explaining variance in bullying behavior (Table 5).

These results corroborate existing empirical evidence on the efficacy of CBT in addressing bullying and its psychological impacts. For instance, Muslim et al. [9] demonstrated that CBT-based interventions improved students' understanding of bullying through cognitive restructuring and belief modification, showing significant positive outcomes. Similarly, Gökkaya and Sütcü [6] documented that a 13-week CBT group intervention significantly reduced bullying behaviors among primary school children. The consistency among these findings reinforces the theoretical rationale that CBT, by targeting maladaptive cognitions, fosters healthier emotional regulation and behavioral responses.

Beyond behavioral outcomes, the therapeutic effects of CBT extend to improving emotional and mental health among bullying victims. Rajabi et al. reported that CBT group therapy produced significant reductions in anxiety, depression, and somatic complaints among students exposed to bullying, while promoting adaptive coping strategies [17]. These results align with broader research indicating that CBT can help victims reframe cognitive distortions, thereby alleviating internalizing symptoms and promoting resilience [18], [19].

Additionally, the literature suggests that CBT-based group counselling can lower worry among individuals subjected to verbal bullying [20] and enhance empathy and bystander intervention when implemented as part of broader school-based prevention programs for younger students [21]. Collectively, these outcomes highlight the multifaceted benefits of CBT for reducing aggressive behavior, enhancing social understanding, and improving emotional well-being.

These improvements correspond with the international implementation of school-based interventions using evidence-based methods. For example, the KiVa program in Finland has shown significant reductions in bullying rates and improved mental health outcomes in over 7,000 students [22]. Similarly, school-wide behavior initiatives in Australia, such as the Classroom Mastery program and Parent-Child Interaction Therapy clinics, have yielded marked improvements in disruptive and aggressive behaviors, reflecting the effectiveness of cognitive-behavior interventions in creating positive classroom climates [23].

From a theoretical standpoint, the present study aligns with Olweus's conceptualization of bullying as aggressive, repetitive behavior involving a power imbalance, which can be addressed by changing cognitions and social-attribution patterns [24]. CBT interventions achieve this by identifying automatic thoughts related to bullying, challenging distorted beliefs (e.g., "bullying is harmless"), and replacing them with adaptive cognitions.

This process enhances empathy, self-regulation, and social perspective-taking as the key components of prosocial functioning [25].

CBT facilitates cognitive restructuring, enabling students to recognize and modify maladaptive thoughts and beliefs that often underlie aggressive behaviors. Irrational cognitions and distorted interpretations of peer interactions significantly contribute to bullying [26]. By focusing on changing these cognitive patterns, CBT helps students develop more prosocial responses and emotional regulation strategies.

However, several limitations must be acknowledged. The sample in this study was drawn from a single educational institution and limited to one grade level, which constrains the generalizability of the findings. Broader demographic and geographic representation is essential for future research to validate the applicability of CBT across different school settings. Furthermore, the absence of longitudinal data restricts insights into the sustainability of behavioral changes over time. Long-term follow-up assessments would provide a clearer understanding of whether the effects of CBT are durable beyond the immediate intervention period.

Additionally, the current study employed a quasi-experimental design without a randomized control group, which may introduce potential biases. Future investigations should adopt randomized controlled trials with larger and more diverse populations to establish more robust causal inferences and assess differential effects across demographic groups. Integrating CBT within multi-tiered intervention frameworks could enhance ecological validity and amplify outcomes [24].

There is also growing evidence that emotional and spiritual intelligence play critical roles in mitigating bullying tendencies. Programs that cultivate empathy and emotional awareness have shown promise in reducing bullying behavior among students [23], [25]. For instance, empathy training has been demonstrated to significantly reduce the incidence of bullying in middle schools by encouraging students to adopt the perspective of others and improve emotional self-regulation [27]. This suggests that CBT, when complemented by interventions that foster empathy and values-based education, may yield even greater behavioral improvements.

In summary, this study contributes to the growing body of literature supporting CBT as a viable and effective intervention for bullying. It provides practical implications for school counselors, psychologists, and educators seeking to implement evidence-based programs to reduce bullying. A multi-dimensional approach that combines cognitive interventions, emotional skills training, and systemic school support offers a holistic pathway to promote student well-being and create safer, more inclusive educational environments [26], [28].

Conclusions

This study provides empirical evidence that CBT is an effective intervention for reducing bullying behavior among seventh-grade students. The results from both the t-test and F-test analyses indicate a statistically significant and negative correlation between the application of CBT and the incidence of bullying, demonstrating that CBT can meaningfully alter maladaptive cognitive patterns and reduce aggressive behaviors in educational settings.

The implications of these findings are both theoretical and practical. Theoretically, this study reinforces the cognitive-behavioral model, which posits that behavior is influenced by distorted cognitions that can be restructured to achieve healthier emotional and behavioral outcomes. Practically, the results support the implementation of CBT as a school-based intervention to address bullying, not only targeting perpetrators' belief systems but also enhancing students' emotional regulation and social problem-solving skills.

The adoption of CBT within school counseling frameworks can contribute to the development of a safer and more inclusive learning environment. Moreover, these findings suggest that early intervention using cognitive-behavioral strategies may prevent the escalation of bullying behavior into more severe psychosocial problems, such as anxiety, depression, or academic disengagement.

This research also highlights the importance of integrating psychological interventions with broader educational policies on student well-being. To maximize impact, future studies are encouraged to explore longitudinal outcomes, expand sample diversity, and combine CBT with systemic, school-wide anti-bullying programs. In doing so, CBT can become a core component of holistic efforts to foster respectful, empathetic, and supportive school communities.

Conflict of Interest

The authors declare that there is no conflict of interest.

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