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Shedding Light on Healing: IPLT as a Brief Intervention for Psychological Recovery from Bullying. A Single-subject ABA Study Using DASS-21 Indicators

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ABSTRACT

Bullying among students has been identified as a source of major educational and psychological issues, which most of the time result in depression, anxiety, and stress. Despite increasing concern about bullying-related trauma, empirical evidence on brief and perceptual-based counselling interventions for psychological recovery remains limited. This research focused on determining the effectiveness of the Ifdil Perceptual Light Technique (IPLT), a trauma-informed counselling method used to alleviate the psychological impact of bullying. Through a single-subject A-B-A design, five students who scored highly on DASS-21 were monitored during baseline, intervention, and follow-up stages. The IPLT intervention consisted of five brief sessions lasting approximately 10-15 minutes each. Both visual and quantitative analyses showed substantial reductions in depression, anxiety, and stress, which were corroborated by effect size, Percentage of Non-Overlapping Data (PND), and Reliable Change Index (RCI) results.

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Social validation observed changes in emotional well-being, sleep quality, confidence, and social interaction. These findings suggest that IPLT may provide a promising approach for facilitating emotional recovery from bullying-related trauma. Due to its short and organised sessions, IPLT may offer a viable brief intervention for school counselling contexts. Additional research with a bigger sample size and longer follow-up periods is needed to ascertain the duration of the effects.

Keywords: Bullying, counselling, DASS-21, IPLT, psychological well-being

INTRODUCTION

Bullying has become a significant problem in educational settings worldwide and has been consistently associated with negative psychological outcomes among students (Bhatia, 2023; Han et al., 2025). UNESCO reports that approximately one in three students has experienced bullying at school, highlighting the widespread nature of this issue. In Indonesia, bullying remains a serious concern, with numerous cases reported each year and increasing exposure through both direct and digital forms of interaction (Borualogo, 2025; Ding et al., 2024).

Alongside its impact on education, bullying can cause severe psychological and emotional trauma. It is also capable of changing the brain's structure and function of adolescent victims in the long term as they grow up. A growing number of studies have shown that areas of the brain involved in emotion regulation, stress, and decision-making can be affected by being bullied (Menken et al.,2023; Paillere-Martinot et al.,2023; Palamarchuk & Vaillancourt, 2022). Neurologically, the limbic system of bullying victims tends to be hyperactive, which upsets the prefrontal cortex, thus affecting cognitive abilities as well as overall emotional regulation (H. Wang et al., 2024; Kenwood et al., 2022; Menken et al., 2023). The prolonged imbalance between these systems will increase the chances of cognitive impairment and difficulties in dealing with emotions such as anxiety, clinical depression, and even deviant behaviour (Bariyyah, Soejanto, et al., 2025; Gao et al., 2022; Suddell et al., 2023).

Students who are bullied often experience several types of emotional or psychological problems. These may include depression, anxiety, helplessness, anger, sleep problems, low self-esteem, and a feeling of being worthless. In extreme cases, these symptoms may resemble post-traumatic stress symptoms (Bhatia, 2023; Ifdil, Fadli, et al., 2019; Snodgrass et al., 2024). Studies consistently indicate that the trauma caused by bullying can have immediate and long-term effects. It not only hampers students' academic performance but also damages the quality of their social interactions and affects their overall mental health. Besides being bullied, victims of such behaviour may also become socially withdrawn, feel lonely, and may even lose interest in their surroundings (Franzen et al., 2021; Halliday et al., 2024; Kiing et al., 2025). Although school counselling is a

good initiative designed to support students who suffer from emotional problems, these services are mostly basic in nature and can take time before students really get help (Ifdil et al., 2024a; Ime, 2025; Manrique et al., 2020). In addition, such support may not be sufficient to heal the emotional damage caused by bullying trauma (Hikmat et al., 2024; Noret et al., 2025). Such drawbacks demonstrate the urgent need for more adaptive and focused counselling programmes to help bullying victims emotionally recover.

Different counselling methods have been introduced to reduce the psychological effects of bullying. CBT is one of the most popular methods, and it helps not only to lessen the signs of depression, anxiety, and thoughts of suicide but also to enhance students' empathy and coping skills (Ferraz De Camargo et al., 2023; Ime, 2025) Besides CBT, school-based interventions such as social support programmes, social skills training, and collaborative prevention initiatives involving teachers, parents, and students have shown potential in dealing with the trauma caused by bullying (Gaffney et al., 2021; Rizka et al., 2026). However, there are still some drawbacks that need to be addressed. A lot of these programmes demand several organised sessions and continued therapeutic interaction, which might pose significant challenges to schools with shortages of time and counsellor availability. Besides, students who have been subjected to severe or long-lasting bullying may still show traumatic symptoms after completing these programmes (Laninga-Wijnen et al., 2025; Salmivalli, 2023). Such drawbacks emphasise the necessity for quick and potent counselling techniques that can be more easily accommodated in school environments.

The Ifdil Perceptual Light Technique (IPLT) is an innovative, brief counselling method that has been researched for its therapeutic role in trauma-related distress and other psychological issues. IPLT is a perceptual light method that uses structured visual stimuli along with verbal suggestions to change one's sensory perceptual processing and emotional responses (Ifdil, Zola, et al., 2019). By altering perception, this method aims to help the brain reprocess traumatic memory and is a means of support for emotional regulation. In contrast to traditional counselling methods, IPLT is a short-term intervention model that is feasible to be carried out in a very short time, often within a single brief session (Ifdil et al., 2020a, 2022). Research has shown that it has been used to successfully treat different psychological issues, including specific phobias, social anxiety, nomophobia tendencies, and trauma-related symptoms (Arrahman et al., 2024; Ifdil et al., 2021). This evidence indicates that perceptual-based therapy, such as IPLT, can promote change in the way individuals view traumatic events and control their emotional reactions. It also offers a logical framework for the investigation of its possible use in the treatment of bullying-related trauma.

Multiple trauma-focused interventions, including Cognitive behavioural Therapy (CBT), Eye Movement Desensitisation

and Reprocessing (EMDR), and imagery-based exposure techniques, have been the primary treatment choice for trauma-related symptoms; however, these methods normally involve multiple structured sessions and intensive therapeutic settings (Gielkens et al., 2024; Simpson et al., 2025). With the Ifdil Perceptual Light Technique (IPLT), on the other hand, a completely new perceptual-based mechanism that uses controlled light stimulation together with guided suggestion to change emotional processing through sensory, perceptual pathways is presented. EMDR is a method for bilateral stimulation to encourage adaptive information processing, whereas IPLT is a method of perceptual light modulation aimed at neutralising emotionally disturbing memories through rapid sensory integration and suggestion-based reframing (de Jongh et al., 2024; Spicer, 2024). It works through perceptual modification of the light. It also helps towards the generation of new learning and the development of new perceptual frames of reference (e.g., through the provision of guided suggestions). This mechanism enables IPLT to be used as a brief and effective counselling intervention that can be carried out with minimal disruption in school counselling settings where time and resources are typically inadequate.

Considering the fact that bullying is widespread and psychological services in many schools have limited resources, the demand for short and well-researched methods to help students emotionally is increasing (Ifdil et al., 2024b; Pedrini et al., 2022). One of the approaches that previous research highlighted is that the IPLT may help in lowering psychological distress and be helpful in emotional regulation (Miftahhuddin et al., 2024; Zatrahadi et al., 2023). Nevertheless, there is very little direct evidence of its effectiveness for trauma related to bullying and especially a lack of those studies that are scientifically rigorous and use standard psychological measurements. This paper presents a single-subject A-B-A experimental design method to monitor psychological symptoms before, during and after intervention. This paper will use DASS-21 to measure results and present data that will give an insight into the potential application of IPLT as a brief counselling intervention that meets the psychosocial needs of school students in school settings.

In light of the widespread bullying issue and the limitation of psychological services in schools, brief, effective, and evidence-based interventions to support students' emotional recovery comprehensively are desperately needed. By lessening bullying victims' psychological symptoms and aiding them in building emotional resilience, IPLT is a viable option (Ifdil, Zola, et al., 2019; Miftahhuddin et al., 2024; Zatrahadi et al., 2023). However, the amount of scientific data that supports the use of IPLT for the recovery of post-bullying trauma is quite scarce, especially when considering rigid experimental studies that use objective and standardised psychological indicators. This research is aimed at filling this gap by conducting a single-subject ABA (A-B-A) experimental design that allows

for the detailed examination of changes in individuals' psychological symptoms before, during, and after the intervention. By employing DASS-21 as a legitimate and reliable measuring tool, this study seeks to make a pioneering contribution towards the development of evidence-based counselling that is adaptive, time-efficient, and responsive to the psychosocial needs of students in the school.

LITERATURE REVIEW

Ifdil Perceptual Light Technique (IPLT)

The Ifdil Perceptual Light Technique (IPLT) is a therapy method that was designed to help with various types of psychological problems, such as trauma, phobias, anxiety, and other stress-related issues (Ifdil, Zola, et al., 2019). This method is based on changing people's sensory-perceptual experiences by using controlled light stimulation along with therapeutic suggestions. In these therapy sessions, the clients are asked to shut their eyes, and the counsellor gives them certain visual stimuli and also structured suggestions that are aimed at changing emotional responses and cognitive perceptions. By using this method to modulate perception, IPLT hopes to assist people in reprocessing the emotional experiences that cause them distress and to develop perceptual frameworks that are more adaptive (Arrahman et al., 2024; Ifdil et al., 2022). From the standpoint of trauma-informed counselling, one can think of IPLT as a sensory perception-based intervention that works through the sensory perceptual pathways to help with emotional regulation and cognitive reframing. Being a brief intervention, the goal of IPLT is to bring about significant emotional change in a relatively short period of counselling, which is the main reason why it might be a good option in settings where time and resources for counselling are often limited.

Ifdil Perceptual Light Technique (IPLT) is an instrumental technique that allows students to come out of depression, anxiety, and stress that results from bullying. IPLT seamlessly integrates various approaches, namely perceptual, relational, and spiritual, through its systematic stages that encompass emotional discovery, strengthening the therapeutic bond, sensory stimulation involving light, and suggestion processes to alleviate psychological burdens (Ifdil et al., 2020a). This method is practised through five major sequential stages, namely:

The first encounter is the introduction stage, whereby the main objective is to create a safe environment and set up the structure of the counselling process. Besides putting client confidentiality into practice, the counsellor also elaborates on the goals, the principles, and the phases of counselling. This step serves to build trust and create an environment conducive to honest exploration that is indispensable for the next stages.

The second session is the exploration stage, where the counsellor delves into the emotional condition of the student and his/her experiences of bullying. The counsellor, through open-ended questions and client-exploration techniques, tries to get the client to be more communicative.

The third session is the interpretation stage. The counsellor organises and interprets the information provided by the student to identify the core issues and design an appropriate and personalised intervention strategy.

The fourth session is the intervention stage, which is carried out by applying the IPLTC procedure (Insight, Processing of Building Rapport, Lighting Techniques, Tools and Techniques, Closing and Follow-Up), consisting of:

1. Insight
The counsellor introduces IPLT to the student, explaining its benefits and how it works. Next, an assessment is conducted using scaling (0-10) to determine the level of anxiety and expectations for change. This stage also emphasises the client's sincerity as a form of spiritual readiness to undergo the recovery process.

2. Processing of Building Rapport
The counsellor builds psychological closeness and a good relationship with the client so that the client feels comfortable and trusting. When the client feels comfortable and trusts, other factors will not disrupt their focus. At this stage, the counsellor practices pacing, imitating the client's style, including body language, intonation, breathing patterns, and so on. The counsellor also needs to identify the client's dominant sensory modality (visual, auditory, kinesthetic, olfactory, gustatory) to facilitate the modification of the client's problems and then apply leading techniques to guide the client to reflect on traumatic experiences in a structured way.

3. Lighting Techniques
The client is asked to close their eyes and receive light stimulation from the IP Light. The client focuses on the visible colours and connects them to emotional experiences. The counsellor asks the client to mention the colours they see. This is done at least three times or until the client is focused on one colour.

4. Tools and Techniques
The counsellor provides direct suggestions such as: "Now the problem is gone. If it disappears, it becomes neutral. If it is neutral, it means the problem has already vanished" to neutralise negative perceptions of past trauma. The client is asked to recall disturbing events and then given direct suggestions to gradually neutralise their impact.

5. Closing and Follow-Up
The client is once again challenged to rate the severity of their issue on a 0-10 scale at this point in time. The counsellor keeps on offering support through positive affirmations and strengthening the change commitment by follow-up suggestions that bring about the newly changed psychological state.

The IPLT intervention is separated into three sessions, each happening on a different day within a week. The recovery

from trauma is the main theme of each session, the work is done step by step and deeply, and the ultimate goal is the students' psychological resilience reconstruction in the face of stress resulting from .

From a broader trauma-informed counselling perspective, IPLT can be conceptually situated alongside several established therapeutic approaches designed to process traumatic memories and regulate emotional responses. Trauma-focused CBT, for example, emphasises cognitive restructuring and emotional regulation to reduce trauma symptoms, while EMDR facilitates adaptive information processing through bilateral stimulation (Birkeland et al., 2025; Daniëls et al., 2025; Thielemann et al., 2022; Vanderschoot & Dessel, 2022). Sensory-based approaches and somatic interventions similarly aim to regulate emotional responses through perceptual and bodily experiences. In comparison, IPLT combines perceptual light stimulation with guided suggestion to facilitate rapid emotional reframing and sensory-perceptual integration. Positioning IPLT within this broader therapeutic landscape helps to clarify its role as a brief counselling approach that emphasises perceptual modulation within trauma recovery processes.

METHODS

Procedure

As an experimental paradigm, this study aims to explore the various effects of a treatment administered at a different time point on the research sample (Kinugasa et al., 2004). The research utilises a single-subject design, which highlights the monitoring and analysis of an individual's behaviour within a specified time frame to gauge the degree to which the intervention has contributed to the change of the individual's behavioural outcomes (Creswell & Creswell, 2017). The single-subject design in question was the A-B-A design, which involves a repeat of the baseline phase for the purpose of checking the condition of the experimental subject before as well as after the treatment. Thus, this facilitates the establishment of causal relations between independent and dependent variables (Riley-Tillman et al., 2020).

Nonprobability purposive sampling was the sampling method chosen, whereby the participants were picked based on the preset criteria (Stratton, 2023). The selection of respondents for the IPLT intervention was preceded by the initial assessment of 123 students conducted to have an overall idea of their levels of depression, anxiety, and stress. The assessment results of five students (N=5) who met the criteria for inclusion were used to select the students. These young people showed middle to high-grade depression, anxiety, and stress caused by bullying.

The single-case A-B-A experimental design comprising three principal stages: the first baseline (A1), the intervention (B), and the last baseline (A2) was what the intervention had. Through this design, the systematic observation of each subject's psychological changes, especially anxiety, depression, and stress brought about by bullying, was made possible.

Initial Baseline Phase (A1)

During this phase, individuals were evaluated through the DASS-21 tool to comprehend their mental state before the treatment. The outcomes were utilised to confirm score consistency and to check that the participants were in the divisions of anxiety, depression, or stress, which required additional intervention. In order to confirm the stability of scoring patterns, records were taken on three occasions.

Baseline stability was evaluated based on consistency of scores across three consecutive measurements without strong upward or downward trends prior to the intervention phase.

Intervention Phase (B)

This stage was the essence of the trauma recovery from bullying, and it was based on the Ifdil Perceptual Light Technique (IPLT). IPLT is a method under the guided relaxation technique that aims at emotional detoxification through perceptual stimulation and direct suggestion. The intervention was spread over five sessions. After each session, self-monitoring was done by the respondents to evaluate the intensity of their problems again. To follow up on the intervention, the changes that took place were recorded.

In this study, the term guided relaxation technique refers to a guided relaxation and focused attention process used to facilitate emotional processing, rather than formal clinical hypnotherapy.

Final Baseline Phase (A2)

The last baseline phase was carried out in order to assess the continuation of the psychological changes after the completion of all intervention sessions. Anxiety, depression, and stress levels were measured again by the DASS-21. Data from the A2 phase were compared with A1 and B data in order to determine the effectiveness of the intervention both visually and quantitatively.

Participants

The research respondents were five high school students aged between 15 and 17 years who had been victims of bullying and exhibited symptoms of depression, anxiety, and stress as assessed using the DASS-21. Participants were purposively selected based on baseline observational results. All respondents voluntarily agreed to participate in the intervention and had obtained parental or guardian consent. Pseudonyms were used to protect participants' identities. Brief profiles of each participant are presented below to offer a more detailed context of the individual characteristics and psychological states of the respondents before the intervention. This disclosure aims to deepen the analysis of the intervention effectiveness and to strengthen methodological transparency (Krisnanda et al., 2024; Palantza et al., 2025).

Raka (17 years old, male)

After Raka was verbally bullied, he experienced a lack of motivation to study; his sleep quality was impaired, and he

withdrew from the social community. The bullying included acts of calling Raka "fat and lazy" and pushing him into the classroom. His DASS-21 scores showed that he was experiencing moderate depression, anxiety, and stress.

Dina (15 years old, female)

Dina, a tenth-grade student, felt that her mother and brother were putting a lot of pressure on her psychologically after her parents got divorced. She perceived that she was being blamed, frequently fell ill, struggled with focusing, and suffered from social anxiety. The DASS-21 assessment of her placed her in the moderate category for depression, anxiety, and stress.

Aisyah (16 years old, female)

Aisyah was mentally and verbally abused by her family. As a result, she frequently became sick, fainted, and had severe anxiety. Aisyah reported that she experienced rejection, always felt scared, and avoided socialising. Her DASS-21 results showed that she was experiencing moderate symptoms of depression, anxiety, and stress.

Melati (16 years old, female)

Since middle school, Melati had been a victim of verbal bullying, which had followed her to the tenth grade, among which there was also verbal abuse by her father. She displayed symptoms of anxiety and low self-esteem. During social interactions, she would manifest physical symptoms such as cold sweats. According to her DASS-21 results, she was moderately depressed, anxious, and stressed.

Rara (17 years old, female)

Rara, a junior high school student, was socially pressured by peers in an organisation she was a part of after she was elected as the chairperson. She disclosed that fear, worrying, and being anxious about seeing them again at school were the things she felt. According to her DASS-21 assessment, her psychological symptoms were at the moderate level.

Given the single-subject design and small number of participants, the findings should be interpreted as preliminary evidence of intervention effects rather than results that can be generalised to broader populations.

Measurement

The current research utilises the Depression Anxiety Stress Scale (DASS-21), a questionnaire comprising 21 items that reflect the three main psychological aspects: depression, anxiety, and stress. The scale was created by S.H. Lovibond and P.H. Lovibond and, by now, has been tested in a variety of situations with both adolescent and adult groups and has been shown to be a credible tool for emotional disturbance evaluation. The study implemented a 4-point Likert scale to conduct the assessments, with the options ranging from 0 (does not apply) to 3 (applies very much). The DASS-21 is a highly reliable measure as it has a high Cronbach's alpha coefficient for

each of the three subscales and, therefore, can be considered a valid and reliable tool for tracking psychological changes of individuals during the research (Ifdil et al., 2022).

After the intervention and social validation were performed to understand participants' interpretation of their therapy experiences. Participants in the study took part in online focus group discussions (FGDs) with an independent moderator who led the discussions to reduce the chance of social desirability bias (Bariyyah, Andrianie, et al., 2025; Meisters et al., 2020; Zhu et al., 2024). The qualitative data generated through this process shed light on the effectiveness and perceived impact of the intervention as presented by the students. The open-ended questions used in the interviews aimed to elicit the respondents' points of view concerning the benefits, relevance, and influence of the Ifdil Perceptual Light Technique (IPLT) in their coping with emotional distress caused by bullying.

Data Analysis

The single-subject design applied in this study was the A-B-A model, consisting of three main stages: the initial baseline (A1), the IPLT intervention (B), and the final baseline (A2). This design was chosen to directly monitor changes in depression, anxiety, and stress levels among students who were victims of bullying after receiving the intervention. The collected data were analysed using visual graph analysis to map changes in depression, anxiety, and stress levels across phases A1, B, and A2. Conclusions were drawn based on patterns emerging from the data. These changes were evaluated through mean scores, stability levels, and trend directions (increasing or decreasing), which reflected the direct impact of the IPLT sessions on each student.

A downward trend in symptom severity served as an indicator of intervention success. Beyond visual analysis, the effectiveness of IPLT was also evaluated using the Percentage of Non-Overlapping Data (PND), calculated by determining the proportion of data points in the intervention phase (B) that did not overlap with the highest data point in the initial baseline (A1). PND provided evidence of the magnitude of change following the intervention. Furthermore, effect sizes were calculated using Cohen's formula, where values below 0.87 indicate a small effect, 0.87-2.67 indicate a medium effect, and values above 2.67 indicate a large effect. To ensure that observed changes in each student were psychologically significant, the Reliable Change Index (RCI) was also calculated, with values above 1.96 indicating meaningful change.

Ethical Approval

This study obtained ethical approval from the Research Ethics Committee of the Indonesian Counsellors Association under approval number 118/EC/IKI/VII/2025. All research procedures were conducted in accordance with the Ethical Principles of counsellors and the Professional Code of Ethics for counsellors. Informed consent

forms were signed by both respondents and IPLT practitioners. These forms contained information that was mutually agreed upon concerning the activities that were part of the study. As part of the first meeting, respondents were given an information sheet, and they provided written consent by which they allowed the use of the collected data for this study.

With the permission of the respondents, each intervention session was filmed, and they were allowed to have the right to stop the recording process whenever they wanted. Respondents were given the opportunity to look at their sensitive personal information before it was published. The research was carried out in accordance with the principles of confidentiality, psychological safety, and participant autonomy.

RESULTS

Depression

The results of the visual analysis of changes in depression across all research respondents in each phase are presented in Figures 1, 2, 3, 4, and 5. Overall, the findings indicate a significant decrease in depression levels. Statistical analysis of depression is presented in Table 2. Raka showed a significant reduction (d = 31.75) in total depression scores from the pre-test phase (M = 22.67, SD = 0.58) to the intervention phase (M = 4.33, SD = 0.58), and further to the post-intervention phase (M = 2.33, SD = 0.58). Dina experienced a significant decrease (d = 11.67) from the pre-test (M = 20.33, SD = 0.58) to the intervention (M = 8.67, SD = 4.73) and post-intervention phases (M = 3.33, SD = 0.58). Aisyah demonstrated a significant reduction (d = 22.52) in total depression scores from the pre-test (M = 19.33, SD = 0.58) to the intervention (M = 6.33, SD = 0.58) and post-intervention (M = 5.33, SD = 0.58). Melati showed a significant decrease (d = 28.87) from the pre-test (M = 19.67, SD = 0.58) to the intervention (M = 2.67, SD = 1.00) and post-intervention (M = 1.67, SD = 0.58). Rara experienced a significant reduction (d = 8.66) from the pre-test (M = 17.67, SD = 1.15) to the intervention (M = 9.33, SD = 5.77) and post-intervention (M = 1.67, SD = 0.58). The calculation of the Reliable Change Index (RCI) confirmed significant changes for Raka, Dina, Aisyah, Melati, and Rara.

Stress

An overall decrease in the stress level of the respondents in different phases, as per their visual perception, was depicted in Figures 1, 2, 3, 4, and 5. A formal statistical treatment of these changes is illustrated in Table 2. Raka showed a significant reduction (d = 11.55) from the pre-test (M = 10.67, SD = 0.58) to the intervention (M = 4.00, SD = 0.00) and post-intervention phases (M = 2.00, SD = 0.00). Dina experienced a significant decrease (d = 3.08) from the pre-test (M = 12.00, SD = 1.73) to the intervention (M = 6.67, SD = 3.06) and post-intervention (M = 4.33, SD = 0.58). Aisyah showed a significant reduction (d = 4.04) from the pre-test (M = 18.33, SD = 2.89) to the intervention (M = 6.67, SD = 0.58) and post-intervention (M = 2.33, SD = 0.58).

Melati experienced a significant decrease (d = 23.83) from the pre-test (M = 14.33, SD = 0.58) to the intervention (M = 5.33, SD = 0.58) and post-intervention (M = 2.00, SD = 1.73). Rara showed a significant reduction (d = 19.78) from the pre-test (M = 12.00, SD = 1.73) to the intervention (M = 2.67, SD = 0.58) and post-intervention (M = 1.33, SD = 0.58). The RCI results confirmed significant changes for all five respondents: Raka, Dina, Aisyah, Melati, and Rara.

Anxiety

Figures 1, 2, 3, 4, and 5 show the outcomes of the visual analysis of the anxiety level changes of each respondent during all the phases, which generally pointed to a considerable reduction. The statistical analysis of anxiety changes is shown in Table 2. Raka showed a significant reduction (d = 9.24) from the pre-test (M = 13.67, SD = 0.58) to the intervention (M = 8.33, SD = 0.58) and post-intervention phases (M = 3.33, SD = 0.58). Dina experienced a significant decrease (d = 8.37) from the pre-test (M = 15.67, SD = 1.15) to the intervention (M = 6.00, SD = 2.00) and post-intervention (M = 4.67, SD = 0.58). Aisyah demonstrated a significant reduction (d = 16.17) from the pre-test (M = 16.33, SD = 0.58) to the intervention (M = 7.00, SD = 1.00) and post-intervention (M = 5.00, SD = 1.00). Melati showed a significant decrease (d = 9.33) from the pre-test (M = 14.67, SD = 0.58) to the intervention (M = 3.33, SD = 0.58) and post-intervention (M = 1.67, SD = 0.58). Rara experienced a significant reduction (d = 6.93) from the pre-test (M = 14.33, SD = 0.58) to the intervention (M = 10.33, SD = 2.08) and post-intervention (M = 3.00, SD = 1.73). The RCI calculations confirmed significant changes for all respondents: Raka, Dina, Aisyah, Melati, and Rara

The findings indicate a shift in criteria from moderate depression, stress, and anxiety to normal levels among all research respondents (Table 1). To further examine the magnitude of the intervention effect, statistical calculations using the Percentage of Non-Overlapping Data (PND) were conducted. The results showed that the PND value was 100% for all respondents, indicating that the IPLT intervention was highly effective in reducing depression, stress, and anxiety in all participants.

Social Validation

The findings reveal that the criteria have shifted from moderate depression, stress, and anxiety to normal levels among all the research subjects. For further effect, a statistical assessment of the intervention impact by the Percentage of Non-Overlapping Data (PND) method was used. The PND value was 100% for all respondents; therefore, the IPLT intervention was highly effective in reducing depression, stress, and anxiety in all participants.

Consequently, social validation was leveraged to gather more evidence in support of the results presented above. Respondent Raka shared that before the intervention, the insults like "fat and lazy" and the rough treatment from his peers made him feel

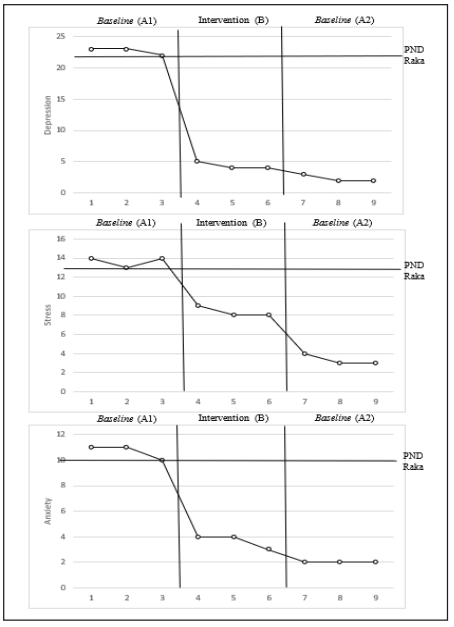

Figure 1. The results of the visual analysis of depression, anxiety, and stress changes for respondent 1

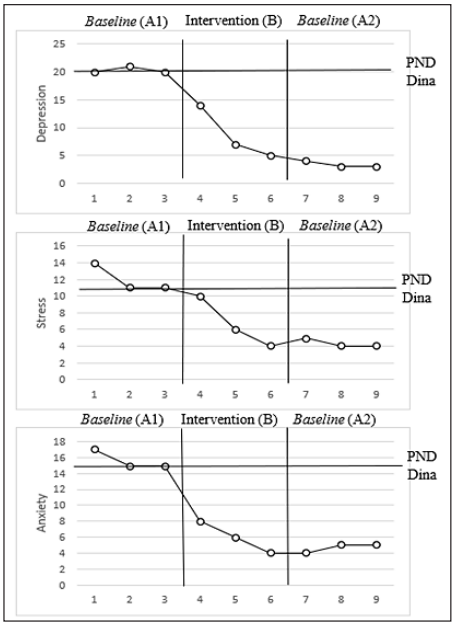

Figure 2. The results of the visual analysis of depression, anxiety, and stress changes for respondent 2

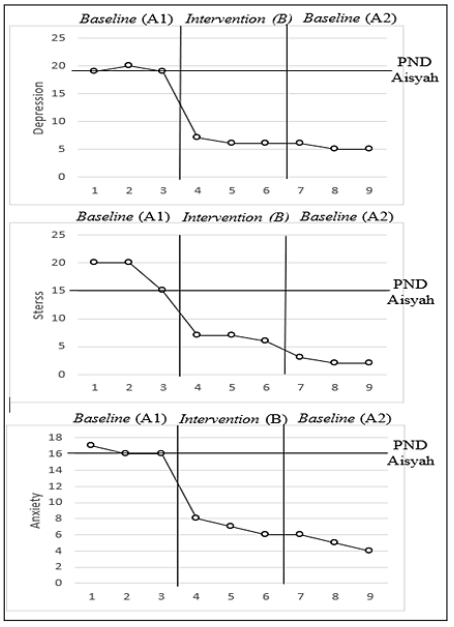

Figure 3. The results of the visual analysis of depression, anxiety, and stress changes for respondent 3

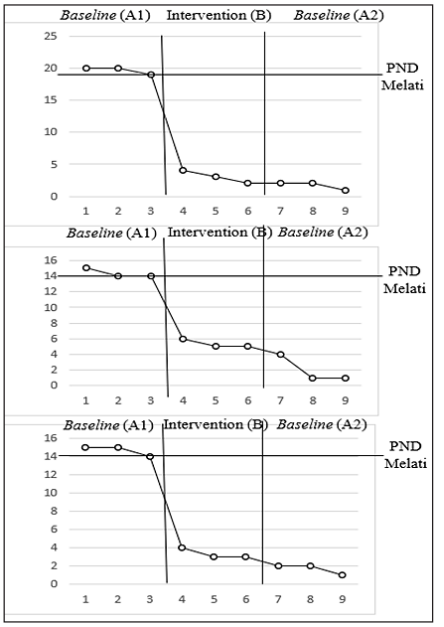

Figure 4. The results of the visual analysis of depression, anxiety, and stress changes for respondent 4

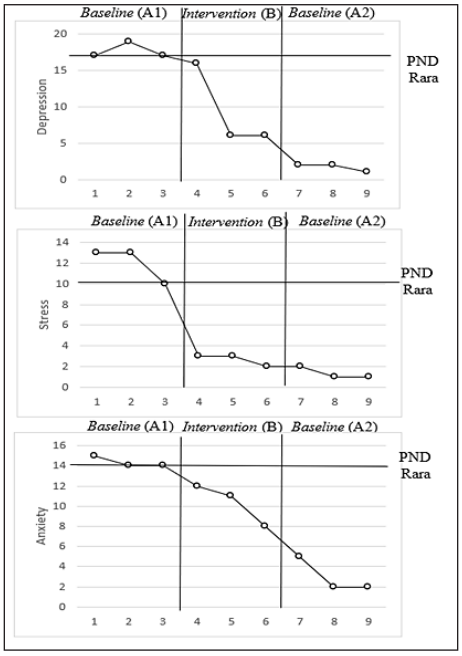

Figure 5. The results of the visual analysis of depression, anxiety, and stress changes for respondent 5

worthless, lose his motivation to study, and withdraw from his social environment. However, after several sessions of the IPLT, Raka started to experience changes in himself: he felt calmer, less easily provoked, and was able to sleep better. He also mentioned that the serene atmosphere experienced during light visualisation made his mind feel lighter; it was no longer filled with anger or shame. Raka expressed that he became more confident and less affected by the insults that used to throw him into a deep pit of pain. This experience shows that IPLT was instrumental in Raka's emotional recovery as a victim of bullying.

Respondent Dina shared that the IPLT method helped her a lot in the reduction of the anxiety that she was feeling because of verbal and emotional pressure from her family. Prior to the intervention, Dina, who saw herself as a burden after her parents' divorce, was overwhelmed with anxiety, had disturbed sleep, and would often faint. She said that the blaming and comparing done by her mother and brother were the factors that caused her fear and anxiety the most. Through relaxation, light visualisation, soft music, and positive affirmation sessions of IPLT, Dina's anxiety level dropped from 10 to 3. She became capable of facing distressing memories in a neutral manner, felt emotionally lighter, and even smiled after the sessions. This is evidence that IPLT was successful in emotional recovery for Dina; it also helped her to regain calmness and develop new hope.

Respondent Aisyah was similarly positive about the effects of the IPLT.

Table 1
Changes in DASS-21scores across baseline, intervention, and follow-up phases

	Pre-test (Baseline 1)		Post-test (Intervensi)		Baseline 2		Gain	RCI	Effect size	PND
	M	SD	M	SD	M	SD				
Raka										
Depression	22.67	0.58	4.33	0.58	2.33	0.58	18.33	74.85	31.75	100
Stress	10.67	0.58	4.00	0.00	2	0.00	6.67	27.22	11.55	100
Anxiety	13.67	0.58	8.33	0.58	3.33	0.58	5.33	21.77	9.24	100
Dina										
Depression	20.33	0.58	8.67	4.73	3.33	0.58	11.67	47.63	20.21	100
Stress	12.00	1.73	6.67	3.06	4.33	0.58	5.33	7.26	3.08	100
Anxiety	15.67	1.15	6.00	2.00	4.67	0.58	9.67	19.73	8.37	100
Aisyah										
Depression	19.33	0.58	6.33	0.58	5.33	0.58	13.00	53.07	22.52	100
Stress	18.33	2.89	6.67	0.58	2.33	0.58	11.67	9.53	4.04	100
Anxiety	16.33	0.58	7.00	1.00	5.00	1.00	9.33	38.10	16.17	100
Melati										
Depression	19.67	0.58	3.00	1.00	1.67	0.58	16.67	16.67	28.87	100
Stress	14.33	0.58	5.33	0.58	2.00	1.73	9.00	13.76	23.83	100
Anxiety	14.67	0.58	3.33	0.58	1.67	0.58	11.33	9.33	16.17	100
Rara										
Depression	17.67	1.15	9.33	5.77	1.67	0.58	8.33	20.41	8.66	100
Stress	12.00	1.73	2.67	0.58	1.33	0.58	9.33	46.63	19.78	100
Anxiety	14.33	0.58	10.33	2.08	3.00	1.73	4.00	16.33	6.93	100

During the social validation session, she reported that after the sessions she was feeling calmer and less likely to panic. Earlier, Aisyah was regularly gripped with fear, experienced excessive anxiety, and had physical complaints like headaches and fainting - symptoms that were the result of continuous verbal and emotional abuse carried out by her family; among the abuses was the mentioning of "you should just die." Through the implementation of the gentle touch method, positive affirmations, and favourite music during relaxation, Aisyah was able to experience emotional progress step by step. She shared that she became stronger, was no longer in the "guilt" or "fear" trap and felt more social. Her fear rating was reduced from 8 to 4 after intervention. Additionally, she noted that the emotional moment of letting go through crying during the session was very helpful. This is an example of how IPLT diminished Aisyah's psychological symptoms and, at the same time, gave her a safe place for emotional healing and confidence rebuilding.

Respondent Melati shared that IPLT counselling was a great help to her as it

provided a secure area where she could relax her mind, which was under the emotional pressure brought about by verbal bullying that she had experienced since junior high school. Before the intervention, she was constantly nervous, lacked confidence, and was even accompanied by some physical issues, such as cold sweat while interacting with her peers. She was downhearted by the insults directed at her, such as being called "slow learner" or mocked with her father's name, and that pushed her confidence further down. Through the use of the IPLT method, which consisted of visual relaxation, favourite music, and positive affirmations, Melati became aware of the difference that by the end of the programme she was able to calm down, felt less tense physically, and more at ease in social situations. Her anxiety score, which was initially 7, was reduced significantly to 2 after the intervention. She also became very confident in talking to the class and was no longer afraid of her peers' comments. This proves that IPLT not only helped Melati to lessen her anxiety symptoms but also gave her confidence and a feeling of power during her social interactions.

Respondent Rara shared her experience of the positive changes after the IPLT counselling. She was able to remain calm and handle her anxiety better when it was caused by the scolding from her peers that she used to get and that made her nervous a lot. Upon reflection, she shared that her emotional state was better, as evidenced by her decreased anxiety score from 8 to 6 and then to 4. She said that visualisation and affirmation during IPLT helped her to view the scary events that she had experienced before in a more detached and less emotionally burdensome manner. Moreover, Rara was more confident about school, and the same fears did not trouble her anymore. Social validation here shows that Rara saw the benefits of IPLT in providing her with the necessary skills to manage post-bullying anxiety within her school organisation context.

It should be realised that effect sizes of a very large magnitude are typical in single-subject designs because of the limited number of participants and the repeated measurements. Hence, these figures should, on one hand, be considered with great care as evidence of intervention-related patterns of change, and, on the other hand, not be regarded as precise estimates of effect size at the population level.

DISCUSSION

This study presented evidence that the Ifdil Perceptual Light Technique (IPLT) is an effective counselling method to reduce symptoms of depression, anxiety, and stress. Psychological monitoring of individuals was improved with the help of an A-B-A experimental design, and the results of all individuals showed that after the intervention, their DASS-21 scores had fallen. This design was successful in determining the effect of IPLT on the psychological background, as each participant was in his/her own control, which thus reduced the inter-individual differences (Saputra et al., 2024; Sugara &

Fadhilah, 2024). As per earlier research, the A-B-A design gives a chance to the scientists to register the variations in different stages, find out if the changes happening in phase B are due to the intervention and check if such changes are kept or the baseline level is restored when the intervention is stopped (Ledford & Gast, 2018; Sugara & Fadhilah, 2024).

A closer examination of the findings for each subject revealed consistent patterns of psychological improvement across the intervention phases. During the baseline phase (A1), all participants demonstrated relatively high levels of depression, anxiety, and stress, reflecting the psychological distress associated with their bullying experiences. After the IPLT intervention was introduced in phase B, a gradual decrease in DASS-21 scores was observed for each subject, indicating a positive response to the counselling process. Although the magnitude of change varied slightly among participants, the overall pattern showed a consistent reduction in emotional distress during the intervention phase. In the follow-up phase (A2), the reduced scores remained relatively stable, suggesting that the intervention effects were maintained beyond the active treatment phase. These individual patterns indicate that IPLT may contribute to emotional regulation and trauma processing among bullying victims, supporting previous findings that perceptual-based brief interventions can facilitate meaningful psychological change within a relatively short therapeutic duration (Ifdil et al., 2020b, 2022; Ifdil, Zola, et al., 2019)

These results are consistent with studies disclosing the neuropsychological impact of bullying, which include hyperactivity of the limbic system and dysfunction of the prefrontal cortex, which are the main sources of emotion regulation and decision-making (Cubillo, 2022; Nesin et al., 2025; Sugara et al., 2025). Such malfunctioning in these areas of the brain makes the victims of bullying have a hard time controlling their emotions and making decisions adaptively (Camodeca & Nava, 2022; Urano et al., 2020; H.-Y. Wang et al., 2024). By means of perceptual stimulation coupled with suggestion, IPLT gets to the emotional level of the implicitly stored memory and hence can change this memory, which in turn supports the revival of the balance between the systems that regulate emotions and cognitive functioning. In this way, IPLT agrees with trauma-informed intervention models that aim at rebuilding the brain connections related to fear, shame, and threat (Marvar et al., 2021; Moallem et al., 2024; Ressler et al., 2022).

Various statistical methods were used to check the changes brought about by the IPLT, such as Cohen's d effect size, the Percentage of Non-Overlapping Data (PND), and the Reliable Change Index (RCI), which all pointed to the fact that IPLT had a considerable influence on the depression, anxiety, and stress of the bullied individuals. The improvements that had been observed were not only the natural fluctuations, but also the changes made by the IPLT intervention, which were the direct causes of these improvements.

This discovery provides more evidence that short counselling interventions, if done in a structured and measurable way, can be very effective and therefore, can be considered as an evidence-based practice in school counselling (Lin et al., 2025; Markussen et al., 2021).

Moreover, the qualitative data from social validation also point in the same direction as these outcomes. The respondents reported that among the improvements they had experienced were emotional clarity, reduction of negative emotions, better sleep quality, reduction of feelings of shame and anxiety, increase of self-confidence, and gaining the courage again to engage with people socially. The qualitative accounts mirror the quantitative data, showing the reduction of depressive, anxious, and stress-related symptoms that were measured using the DASS-21. These findings are consistent with the previous IPLT studies that proved its ability to significantly reduce ophidiophobia, social anxiety, nomophobia, trauma, psychological problems in general, and pathological anxiety, especially after IPLT sessions, among other things (Arrahman et al., 2024; Ifdil et al., 2023; Lika et al., 2024). The intervention of success may be explained by the negative emotional memory reprocessing into more adaptive ones. In this way, IPLT helps people to visualise bullying in a positive manner, which in turn lessens the psychological burden and increases mental well-being (Ifdil, Zola, et al., 2019).

In summary, the outcomes of the present study endorse IPLT as a timely, flexible, and trauma-sensitive psychological intervention that can effectively be utilised for bullied students. As brief as it is, IPLT still offers a powerful and convenient way to tackle the issue; since the procedure takes around 15 minutes, the method does not interfere with the students' routine of attending classes, and yet, it brings about significant therapeutic results. The organised method of IPLT, which makes use of visual stimulation, encouraging affirmations, and personalised sensory techniques, helps the individual's sense of security and trauma processing; hence, it aligns with the principles of brief therapy and trauma-informed counselling (Briere & Scott, 2012; Budman & Gurman, 2002).

This research enhances the scientific understanding of trauma-based models that involve the rapid and yet impactful reprocessing of negative emotional memories. It supports the theoretical basis that perceptual-based interventions like IPLT are capable of achieving deep emotional reprocessing within a short period of time. Moreover, the results presented here also advocate for the employment of the A-B-A design as a tool sensitive to capturing the changes happening within the same individual in the case of mild trauma. On a practical level, the IPLT has demonstrated that it is a well-performing school counselling method that could be utilised in schools, especially in scenarios where there is a scarcity of time and resources.

However, its implementation requires appropriate training for school counsellors

to ensure that the intervention is delivered consistently and ethically. Counsellors need structured guidance regarding the stages of the IPLT procedure, the use of perceptual light stimulation, and the application of guided suggestions during counselling sessions. In addition, ethical safeguards such as informed consent, participant comfort, and professional supervision should be considered when applying brief trauma-focused interventions in school settings.

Future studies should consider the use of randomised controlled trials (RCTs) with a larger number of participants. In addition to that, it is quite essential to assess the long-term effectiveness of the IPLT through follow-up meetings and include physiological indicators like heart rate and heart rate variability as complements to psychological data. Another priority should be the development of formal training courses for school counsellors so that they may deliver IPLT in a uniform and ethical manner. Lastly, incorporating IPLT into educational policies as well as evidence-based psychosocial support programmes will extend the intervention's systemic.

CONCLUSION

This research reveals that the Ifdil Perceptual Light Technique (IPLT) effectively reduced depression, anxiety, and stress symptoms among students who experienced bullying. The A-B-A design used in this study helped directly recognise psychological changes brought about by the intervention. Quantitative results were supported by qualitative data obtained from social validation. Participants indicated that after IPLT sessions, they felt more emotional clarity, better sleep quality, and more vibrant social interaction. These results show that IPLT not only relieves the symptomatic distress of bullying victims but also promotes their psychosocial recovery on a broader level.

Additionally, IPLT is advantageous for its short duration, simple execution, and a flexible approach to students' mental states, which makes it a very appropriate school counselling service that offers practical yet significant interventions.

As a next step, the researchers should consider including more participants in their studies and adopting a randomised controlled trial (RCT) design to enhance the generalisability of their findings. It will also be important to measure the long-term effects and add physiological indicators to determine the sustainability and depth of IPLT's impact. Moreover, the creation of well-organised training programmes for school counsellors is vital in facilitating the use of this method in evidence-based school counselling.

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CONFLICT OF INTEREST

The authors declare no conflict of interest in this paper.

DECLARATION OF ARTIFICIAL INTELLIGENCE (AI) USE

The authors declare that artificial intelligence (AI) was used solely for checking grammar, spelling, and improving the language quality in this manuscript. AI was used as an aid to ensure readability and language accuracy, but all conclusions and interpretations remain the sole responsibility of the authors. AI did not replace the authors' critical thinking or scientific judgment in the research and writing process.

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