THE EFFECTIVENESS OF GROUP GUIDANCE USING ACCEPTANCE AND COMMITMENT THERAPY (ACT) TECHNIQUES TO INCREASE STUDENTS' PHYSICAL SELF-ACCEPTANCE AT IMELDA JUNIOR HIGH SCHOOL

Nur Anissa [a*)], Alfin Siregar [a)]

[a)] *State Islamic University of North Sumatra, Medan, Indonesia*

[*)]*Corresponding Author: anissa303213109@uinsu.ac.id*

Abstract. This study aims to examine the implementation of group counseling services using the Acceptance and Commitment Therapy (ACT) technique to improve students' physical self-acceptance. The research employed a Quasi-Experimental approach with a Pre-Test Post-Test Control Group Design. The participants consisted of 16 eighth-grade students of SMP Imelda Medan, divided into two groups: 8 students in the experimental group and 8 students in the control group, selected using purposive sampling. The results of the Paired Sample T-Test showed a significant difference between the experimental and control groups, with a significance value of 0.000 < 0.05. Thus, the null hypothesis (Ho) is rejected and the alternative hypothesis (Ha) is accepted. This indicates that group counseling using the ACT technique is effective in improving students' physical self-acceptance. The average pre-test score in the experimental group was 79.13, which increased to 102.75 in the post-test. Meanwhile, the control group's pre-test average was 78.25 and post-test average was 85.75. The increase in post-test scores indicates a significant improvement in physical self-acceptance

Keywords: group counseling; acceptance and commitment therapy; act; physical self-acceptance.

I. INTRODUCTION

Adolescence is a time The transitional development between childhood and adulthood which includes biological, cognitive, affective, socio-emotional, moral, and social development changes [1]. According to WHO, adolescence is a developmental phase between childhood and adulthood that lasts between the ages of 12 and 24. William Kay said that during this transition period, every adolescent has developmental tasks. The physical changes that occur during puberty often cause discomfort and anxiety, especially if the student is unable to accept themselves as a whole [2].

These continuous demands of society form a bad view of oneself. Therefore, every individual is expected to have good self-acceptance. Self-acceptance is the level of an individual who is able to consider his personal characteristics and is willing to live with his personal characteristics. The trigger for self-acceptance by a person is because of his physical appearance or body shape, a person who has a positive body image, the higher his acceptance and vice versa [3].

Self-acceptance is related to a positive self-concept. A person with a positive self-concept can understand and accept facts that are so different from himself, one can adjust to his entire mental experience so that the evaluation of himself is also positive [4]. Positive physical self-acceptance is important for teens because it can affect their self-esteem, confidence, and body image. Teens who have good physical self-acceptance tend to be happier, mentally healthier, and

better able to cope with social pressure. In contrast, teens who feel dissatisfied with their physical appearance are at risk of problems such as anxiety, depression, eating disorders, and self-destructive behavior. However, not all students are able to accept their physical changes well, so appropriate interventions are needed to help them overcome negative feelings and improve self-acceptance [5].

The self-acceptance scale was created based on the theory put forward by Hurlock. Hurlock explained aspects of self-acceptance, including: having feelings of equality with others, being responsible, outward-oriented, taking an opinion, realizing one's limitations, and being able to accept one's human nature. A person with good self-acceptance will feel that he or she has the desire to always develop himself further [6].

This lack of physical self-acceptance often leads to loneliness behavior, low participation in school activities, and even some students experience psychological distress due to ridicule or negative comments from peers. Some students revealed that they felt uncomfortable when they were in the school environment because they were afraid of being compared to other students who were considered more physically attractive. This situation is further exacerbated by the influence of social media, where unrealistic beauty standards often make students feel inferior to themselves [7].

At Imelda Junior High School, every student is expected to feel comfortable and confident in their physical condition. However, in reality, there are still many students

who have difficulties in physical self-acceptance. This phenomenon is a concern because it can have an impact on their confidence, social interaction, and academic achievement. Some students feel insecure about their height, skin color, body shape, or even other physical conditions that make them different from their peers Therefore, one of the efforts to increase students' physical self-acceptance is to use group tutoring services. Group guidance is one of the effective approaches to help students overcome various psychological and social problems. Group coaching is a medium in an effort to guide individuals who aim to develop feelings of thinking, perception, insight, and attitude directed towards desired behavior by utilizing group dynamics [8].

Through techniques *Acceptance and Commitment Therapy(ACT)* is known as one of the theories developed from *Cognitive Behavior Therapy (CBT)*. However, unlike CBT which seeks to change disturbing thoughts/feelings, ACT invites counselors to accept the disturbing thoughts/feelings experienced. ACT encourages counselors to be open to uncomfortable feelings, and not overreact and learn to interact with those feelings, and not avoid getting involved in situations that cause those uncomfortable feelings [9].

In the ACT technique, don't get too hung up on negative thoughts. ACT is one of the therapies where clients are taught to accept disturbing and unpleasant thoughts by placing themselves according to the values they are adhered to so that they will accept with the existing conditions. ACT therapy emphasizes and teaches individuals to fight intrusive thoughts rather than just getting out of the problem they are experiencing [10].

Based on research conducted by Firmawati, Andi, and Nora The results of the research conducted show that there is an influence *Acceptance and Commitment therapy* (ACT) on the reduction of the risk of violent behavior at Tombulilato Hospital [10]. Then the research conducted by stefany, ananda with the title Effectiveness Metaanalysis *Acceptance and Commitment Therapy* to Deal with General Anxiety Disorder. Based on the results of this study, it was found that ACT is still quite effective in reducing GAD, although in the BAI measuring tool it was found that ACT is very effective[11]. Then based on the results of Sabrina's research, then it can be concluded that *Acceptance and Commitment Therapy* Proven to increase self-acceptance in adolescents from divorced families [12].

Departing from the above problems, research with *the Acceptance and Compliment (ACT)* technique is very feasible to be tested so that the extent to which group guidance with *the Acceptance and commitment (ACT) technique* can increase the physical self-acceptance of Imelda Junior High School students.

II. RESEARCH METHODS

This research uses a quantitative method, quantitative research is a research method to verify a theory or truth, show a statistical description and analyze the results with a systematic procedure with data in the form of numerical, numerical or graphic. The research design used in this study is *quasi-experimental* Shape design *Nonequivalent Control Group Design*. In this design, neither the

experimental group nor the control group was randomly selected. Two groups will be given *Pre-test* then the treatment and *Post-test*. Method *Quasi-experimental design* (pseudo-experiment) is a type of experiment that uses the entire subject as a whole (*Intact Group*) to be treated (*Treatment*) [13]. Said *Quasi Experimental Design*, because this design has a control group, but it cannot fully function to control the external variables that affect the execution of the experiment [14].

The population in this study is 46 students in grade VIII of Imelda Junior High School. In determining the sample seen from the same student characteristics, the sample taken in this study is 8 students in class VIII as the Experimental class and 8 people as the Control class. The sample determination technique used by the researcher is Technique *Nonprobability sampling* With the type of technique *purposive sampling*. According to Sugiyono *purposive sampling* is a technique for determining samples with certain considerations [15]. The research instrument used was in the form of a likert scale questionnaire. The questionnaire was prepared based on indicators of physical self-acceptance behavior and tested for validity and reliability before use. To meet the requirements for the analysis, normality and homogeneity tests were carried out. Because the number of samples is less than 30, a normality test is carried out. Data analysis was conducted using an independent sample t-test, and the entire analysis process was carried out with the help of 4software SPSS 25.0 for Windows.

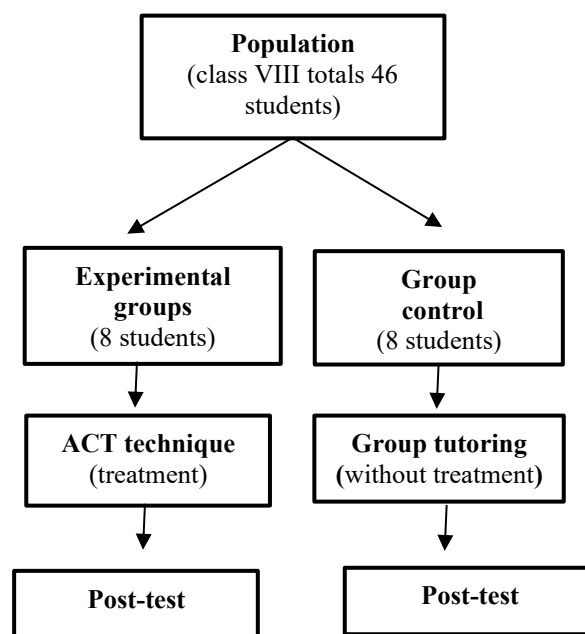**Nonequivalent research design** *(pretest and posttest)*

Figure 1. Control Group Desaign

III. RESULT AND DISCUSSION

The results of the descriptive analysis showed that in the experimental group, the average pre-test score of 79.13 with a standard deviation of 1.808 increased to 102.75 with a

standard deviation of 3.694 at the post-test. This shows an increase in score of 23.62 points after being given treatment in the form of group guidance using the Acceptance and Commitment Therapy (ACT) technique. Meanwhile, in the control group that did not receive treatment, the average score also increased, namely from 78.25 to 85.75 with a difference of 7.5 points and the standard deviation increased from 2.659 to 3.105. The results can be seen in the table below.

TABLE 1
Descriptive student physical self-acceptance score

						Std.
Descriptive Statistics						
	N	Range	Minimum	Maximum	Mean	Deviation
Pre-test Experiment	8	5	76	81	79.13	1.808
Post-test Experiment	8	10	98	108	102.75	3.694
Pre-test Control	8	8	73	81	78.25	2.659
Post-test Control	8	8	82	90	85.75	3.105
Valid N (listwise)	8					

Normality Test

The normality test is used to find out whether the data collected is normally distributed or not. The criterion used is that the data is said to be normal if the significance or value of the coefficient (Pvalue) in the output of One Kolmogorov-Smirnov Sample is greater than the specified alpha, which is 0.05. The following results from the One Sample Kolmogorov-Smirnov test with the help of SPSS 25.0 for Windows can be seen in the following table [16].

TABLE 2
Shapiro-Wilk Normality Test Results

	Class	Kolmogorov-Smirnova			Shapiro-Wilk		
Tests of Normality							
		Statistics	Df	Sig.	Statistics	Df	Sig.
Student learning outcomes	Pre-Test Experiment(SGDM)	.225	8	.200*	.885	8	.210
	Post-Test Experiment (SGDM)	.229	8	.200*	.919	8	.419
	Pre-Test Control (Conventional)	.194	8	.200*	.903	8	.310
	Post-Test Control (Conventional)	.187	8	.200*	.904	8	.314

Based on the results of the table above, it can be concluded that there is a significant pretest score between the experimental class and the control class, namely 0.210 for the experimental class and 0.310 for the control class. Thus, the data can be considered a normally distributed sample because its significance level is greater than 0.05. Similar things were also seen in the posttest significance level of the two classes, which was 0.595 for the experimental class and 0.143 for the control class. From the results of the significance of the data, it can be concluded that both pretest and posttest both classes show a normal distribution.

Homogeneity Test

The homogeneity test is used as a reference material to determine the results of statistical tests. According to Widiyanto, the basis or guideline for decision-making in the homogeneity test is as follows:

a. If the value is significant or Sig. < 0.05, then it is said that the variance of two or more data population groups is not the same (not homogeneous)

b. If the value is significant or Sig. > 0.05, then it is said that the variance of two or more data population groups is the same (homogeneous) [17].

TABLE 3
Test Results *of Homogenity of Variance*

	Test of Homogeneity of Variance				
		Living Statistic	df1	df2	Sig.
Student learning outcomes	Based on Mean	1.019	1	14	.330
	Based on Median	.940	1	14	.349
	Based on Median and with adjusted df	.940	1	12.748	.350
	Based on trimmed mean	1.009	1	14	.332

Based on the results of the homogeneity test, it is known that the average significance value (Sig.) of the pretest and posttest is 0.330. All of these significance values were greater than 0.05, which means that there was no significant difference in variance between the experimental group and the control group. Thus, it can be concluded that the data from both groups have homogeneous variance.

Uji Paired Sample t Test

Paired t-test is one of the hypothesis testing methods where the data used is not free (paired). The most common trait encountered in paired cases is that one individual (the object of the study) gets 2 different treatments. Even though using the same individual, the researcher still obtained 2 types of sample data, namely data from the first treatment and data from the second treatment [18].

Table 4.
Paired sample t test results

		Paired Differences			
Paired Samples Test					
		95% Confidence Interval of the Difference			Sig. (2-tailed)
		Upper	t	Df	
Pair 1	PreExperiment - PostExperiment	-20.43565	-17.516	7	.000
Pair 2	PreKontrol - PostKontrol	-3.70817	-4.677	7	.002

The results of the Paired Sample t-Test test in the **experimental group** showed a significant difference between the pre-test and post-test values with a significance value (Sig. 2-tailed) of **0.000**. This value is well below the threshold of 0.05, which means that the increase in physical self-acceptance after being given treatment in the form of group

guidance with the Acceptance and Commitment Therapy (ACT) technique at Imelda Junior High School is **very significant.** Meanwhile, in the **control group**, the difference between pre-test and post-test also showed significance with a value **of 0.002.** Although significant, this increase was relatively small when compared to the experimental group.

This study provided statement items on the pretest and postest questionnaires to 46 respondents using a questionnaire containing 30 statement items measured based on ten indicators of physical self-acceptance of grade VIII students of Imelda Junior High School. Furthermore, four group guidance using *the Acceptance and Commitment Therapy (ACT) technique* was given to the experimental group. Group guidance is carried out in several stages including the formation stage, the transition stage, the activity stage and the end stage.

The implementation of group guidance with *the Acceptance and Commitment Therapy (ACT) technique* was carried out in four sessions. In the first session, the counselor helps explore the student's physical condition and helps the student learn *to accept* and appreciate his physical condition. The second session is Choose, which helps students choose a positive way to deal with their physical dissatisfaction. The third session *of Take Action* is Helping students take real steps to accept and take care of their bodies. The fourth session is Evaluation and Ending, Evaluating students' achievements in improving physical self-acceptance and commitment to long-term change.

In this study, there was a significant increase in students' physical self-acceptance scores in the experimental group who were given treatment in the form of group guidance with the Acceptance and Commitment Therapy (ACT) technique. The average pre-test score of the experimental group was 79.13 and increased to 102.75 in the post-test, indicating an increase of 23.62 points. Meanwhile, in the control group, the increase in scores from pre-test to post-test was only 7.5 points, from 78.25 to 85.75. Significant improvements in the experimental group showed that interventions using the ACT approach were very effective in helping students better accept their physical condition.

This is in accordance with the results of **the Paired Sample t-Test**, which shows that there is a very significant difference between the pre-test and post-test scores of the experimental group with a significance value of **0.000 (< 0.05).** The control group also showed a significant difference (sig. value 0.002), but the increase was much smaller. This signifies that while time or environmental factors may have an effect, ACT treatment has a much greater impact on changes in students' physical self-acceptance.

This result is similar to the research conducted by Firmawati which stated that in the results of his research there are influence *Acceptance and Commitment therapy* (ACT) on the reduction of violent behavior risk symptoms, which initially became a high criterion after the provision of the service [10]. This means that students' physical self-acceptance is effective through group guidance services using techniques *Acceptance and Commitment therapy* (ACT), because by following the ACT method, one can let go of efforts to avoid, change, and get rid of worry. Similar results were also found in the research conducted by [12] Before the

intervention, the subjects' self-acceptance score had an average self-acceptance score of 29.8 and increased to 45.2 after the intervention was performed. The results of the descriptive analysis also showed a change in self-acceptance from the subject. Subjects who initially lack self-acceptance become accepted of their own circumstances and can also accept their environment.

Based on these findings, it can be concluded that group guidance using the *Acceptance and Commitment Therapy* (ACT) is significantly able to increase students' physical self-acceptance. This can be seen from the considerable increase in average score in the experimental group compared to the control group. The ACT technique helps to increase psychological flexibility from inflexible to more flexible. An inflexible psychological condition will make it more difficult to adjust to the situation they are experiencing, but the more flexible a person is, the easier it will be to accept and move towards the goals he wants to achieve [19]. This technique has been shown to be effective in helping individuals improve students' physical self-acceptance.

IV. CONCLUSIONS

Group guidance services with *the Acceptance and Commitment Therapy* (ACT) technique were effective in increasing students' physical self-acceptance, with *the results of the paired sample t-test* in the post-test experimental group showing a significance value of 0.000 (< 0.05), which means that there was a very significant difference between before and after treatment. The average result of the pre-test score of the experimental group was 79.13 and increased to 102.75 in the post-test, while in the control group the pre-test score was 78.25 and increased to 85.75 in the post-test. Thus, there was a significant difference in scores between the experimental group and the control group after the treatment was administered. The difference in scores in the experimental group of 23.62 points was much higher than the increase in the control group which was only 7.5 points. This suggests that group tutoring services with ACT techniques are more effective in helping students improve their physical self-acceptance. The ACT technique helps students to accept their physical condition, choose the right response, and take real action in the process of self-acceptance.

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