

Conference Paper

The Application of Quality of Life Therapy via Teletherapy during COVID-19 to Reduce Depression in Early Adulthood (When caused by bullying during adolescence)

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Abstract

One of the effects of bullying in adolescence is the emerging of depression tendency in early adulthood even when the bullying has stopped. This long-term impact can require psychological therapy. One of the psychological therapies that helps to reduce depression tendencies is Quality-of-Life-Therapy (QOLT). QOLT could increase happiness and overall quality of life by increasing satisfaction in several areas from 16 specific areas of life through the 5 stages of CASIO. The purpose of this study is to determine the effect of QOLT on the depression tendencies in early adulthood victims of adolescent bullying. The research design used in this study was a single case experimental design with ABA pattern. The instrument used in this study was the 21-items Beck Depression Inventory. There were two subjects in this study, each with a high level of depression tendency based on the BDI score. The QOLT was conducted online for 8 sessions and administered by a psychologist. In addition, the QOLT module guide was used as a reference for implementing the therapy that has been validated by expert. The data were subjected to visual and descriptive analysis and the results show the decrease of depression tendency.

Keywords: depression tendency, quality of life therapy, bullying victims, early adulthood, pandemic covid-19.

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1. Introduction

Bullying is a serious and threatening problem for the younger generation in Indonesia. The Indonesian Child Protection Commission (KPAI) noted there were 2,473 cases of bullying in Indonesia from 2011 to 2019 and the trend potentially continue to increase (Komisi Perlindungan Anak Indonesia, 2020). The survey conducted by the Global Student-based Health Survey (GSHS) found that in Indonesia, 50% of total 13-15 year olds children have experienced bullying by their peers at school (Fataruba, 2016). Bullying is an aggressive act of physical, verbal, or social exclusion behaved repeatedly with the aim of hurting, injuring, frightening, or threatening others.

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Recently, providing interventions to overcome the effects of bullying tends to be more widely applied to adolescents. On the other hand, the impact caused by bullying itself is very broad in scope, specifically the short-term and long-term impact on the victims who experience it. This is noticeable from research showing that bullying has an adverse impact on adolescents and able to last until adulthood even when the bullying has stopped for a long period (Arseneault, 2017). Adolescents who are victims of bullying are at risk of having psychiatric disorders as an early adult (Wolke & Lereya, 2015)

One of the impacts that early adults potentially have from bullying as adolescents is depression (Bowes, Joinson, Wolke, & Lewis, 2015; Copeland, Wolke, Angold, & Costello, 2013; Ttofi, 2015; Wolke & Lereya, 2015). Depression in early adulthood possibly lead to low levels of education and career satisfaction, low self-esteem, marital and parenting problems, substance abuse and dependence (Gayman, Lloyd, & Ueno, 2011; Kuwabara, Van Voorhees, Gollan, & Alexander, 2007). Furthermore, depression in early adults potentially affects the way individuals deal with their developmental tasks, namely intimacy vs. isolation (Marasco, 2012). In addition, bullying in adolescence possibly cause the early adults to assume that the world is opposing them, and the world as an unsafe place where no one is trustworthy. Therefore, they will have difficulty in starting and maintaining a friendship/romantic relationship with others or even having a bad friendship/romantic relationship as an early adult (Carlisle & Rofes, 2007; Sigurdson, Undheim, Wallander, Lydersen, & Sund, 2015). Bullying in adolescence that causes depression in early adulthood possibly lead to hopelessness and suicidal behavior (Meltzer, Vostanis, Ford, Bebbington, & Dennis, 2011).

From the above explanations, it is remarkable that bullying in adolescence has a serious psychological effect on early adulthood who were victims of bullying as teenagers, so psychological therapy is necessary to overcome the depression. The psychological therapy that are able to help early adults who were bullying victims as adolescents in lowering depression tendencies is Quality of Life Therapy (QOLT). QOLT is a form of psychological intervention with a positive psychological approach. In QOLT, subjects will be delivered interventions to increase satisfaction in several areas of 16 areas of life that are useful for improving satisfaction and overall quality of the life [14].

This study used QOLT because it more emphasizes clients to learn accessing schematic and constructive ways of thinking and deactivate cognitive distortions than other cognitive therapies which tend to focus on the negative parts or problems that are owned by clients. This is because depressed individuals are not only have negative self-schemes or cognitive distortions but also fail to access more positive and constructive self-schemes that can improve an individual's vital resources. When

depressive individuals successfully access more positive and constructive self-schemes, the scheme will help them to have a cognitive basis to live a healthy life, accomplish achievements, be creative, be independent, and be more optimistic [14].

Since the Corona Virus Disease 2019 (COVID-19) pandemic, many training activities or seminars are conducted online. In addition, telehealth and teletherapy are also more widely used than ever before (Pfender, 2020). This is due to the government's recommendation to implement social and physical distancing to prevent the spread of COVID-19. On social and physical distancing, individuals are encouraged to limit physical and social contact with others, especially the crowd. Because of this, the Quality Of Life Therapy in this study were also conducted online, where researcher, psychologist, and subjects would not have any direct contact. There are several studies showing that internet-based psychotherapy for depression, anxiety disorders, and other psychiatric conditions potentially produce similar results with traditional face-to-face psychotherapy. Internet-based CBT therapy is effective for lowering general mental health problems such as depression and anxiety disorders (Andrews, Cuijpers, Craske, McEvoy, & Titov, 2010; Hedman, Ljótsson, & Lindefors, 2012). Therefore, the author is interested in conducting a study titled "*Quality of Life Therapy via Teletherapy during Pandemic COVID-19 to Reduce Depression Tendencies of Early Adulthood Due to Bullying during Adolescence*".

2. Literature Review

2.1. Depression

Depression is a multifactorial disorder involving a specific set of behavioral or motoric symptoms (such as crying, poor use of language, messy appearance, motor slowdown and addiction), cognitive symptoms (such as cognitive distortions in the form of negative evaluation of themselves and the environment as well as the emergence of pessimism), and biological symptoms (such as weight gain and loss that are not caused by dietary behaviors, insomnia or hypersomnia, loss of energy and appetite, changes in sexual function, asthenia or fatigue, pain in muscles and joints, and restlessness) which causes individuals to have difficulty in daily functioning (Bernard, 2018). In individuals with depression, there are emotional disturbances persist for a long time and drive them to be malfunctioned in his environment. Factors that cause depression in individuals are biological, genetic, and psychosocial factors. Depression could be treated by providing psychological therapies such as cognitive behavioural therapy, behaviour activation,

mindfulness-based cognitive therapy, interpersonal therapy, and positive psychology therapy.

2.2. Quality of Life Therapy

QOLT is a psychological therapy developed by Frisch (2006) by combining two approaches, namely positive psychology and cognitive theory of Beck. QOLT can be applied to clients with or without psychological or psychiatric disorders by fulfilling several areas of total 16 life areas to improve happiness, well-being, satisfaction, and overall quality of life through five stages of CASIO (Circumstances, Attitudes, Standards, Importance, and Overall). Sixteen areas in QOLT that are able to improve overall quality of life are health, self-esteem, goals & values/spiritual life, money, work, play, learning, creativity, helping, love, friends or friendship, children, relatives, home, neighborhood, and community. The main purpose of QOLT is to promote satisfaction in the valuable and valued areas of life for individuals [14]. Individuals will be taught theories, principles, and skills that aim to assist them in determining, following and achieving goals, needs and desires in various valuable areas of life (Hashemi, Rahimi, & Mohammadi, 2018). The cognitive models on QOLT help individuals with depression to be able to access more positive and constructive schemes as well as disable negative cognitive process [14].

2.3. Teletherapy

Telehealth is a providing health care service through various media include video conference, internet, and telephone (Mozer, 2008). One of telehealth services is teletherapy, which refers to the use of video conference in administering the psychological therapies that are usually provided directly. Teletherapy sessions are conducted in the same way as face-to-face therapy. The significant difference between them is that therapists and clients are not in the same room for teletherapy [22]. As in traditional therapy (face-to-face), teletherapy is also scheduled at the time and day approved by each party. Through video conference, therapists and clients are able to see and hear each other in real time. Then, teletherapy will be performed using the same technique as in face-to-face therapy sessions [22].

3. Method

This research is an experiment research with single case experimental design or single subject research. In the single subject research, sample selected in the study is one participant (one subject) or a number of individuals considered one group (Lorraine, Geoffrey E. Mills, & Airasian, 2012). The study used single-case experiment design with an A-B-A design. The subjects in this study were two early adults who were victims of bullying as adolescents. The subjects were selected by purposive sampling with the following criteria: a) an early adult with an age range of 18-25 years; b) an early adult who were victims of bullying as an adolescents; c) had a depression tendencies indicated by the BDI-II score.

The instrument used in this study was BDI-II (1996) which is a modification of Beck Depression Inventory instrument. BDI-II is an instrument of Aaron T. Beck consisting of 21 questions about the description of client's feelings in recent week relating to signs and symptoms of depression. From the 21 statements of the questionnaire, depression levels were obtained. This study used a BDI-II instrument to measure the level of depression experienced by participants and to evaluate their conditions after intervention. In addition, researchers also conducted semi-structured interviews to elaborate the problem of bullying that the subject had experienced.

Researcher did not conduct BDI instrument validation because the BDI-II questionnaire has been widely used by previous researchers and a standardized test that has been tested and accepted in both international and Indonesia (Septianto, 2014). Ginting (2013) conducted the reliability and validity test of the Indonesian version of the BDI-II instrument to 720 subjects of general population, 215 subjects of the people with heart disease population, and 102 subjects of the people with depression population with Cronbach Alpha results of 0.90.

The QOLT implementation guide module is constructed based on Frisch's book *Quality of Life Therapy* (2006), a journal written by Solati titled *Efficacy of Quality of Life Therapy on Mental Health in the Families of Patients with Chronic Psychiatric Disorders* (Solati, 2016) as well as modification comments and suggestions to several tasks and exercises of QOLT based on module expert test by psychologists. After the module is revised according to comments, expert advice and added modifications made by experts, the module is returned to expert back for use as a guide of the QOLT implementation in this study.

Before starting the therapy session, the researcher measured baseline 1 (A1) or pretest 3 times namely baseline 1, baseline 2, and baseline 3 with the distance between each

baseline measurement was one week. It aims to see the stability of the data on the baselines so that QOLT is providable. In addition, in the A1 measurement, the researcher conducted interviews with the two subjects to get an overview of the bullying cases experienced by both subjects.

This QOLT research is administered by psychologist with the constructed and validated module book. The therapy is conducted for 8 sessions of meetings 2 times a week online through WhatsApp video call. The summary of the therapy session is:

- First session: introduction, raising confidently, introducing QOLT, delivery of therapeutic metaphor, ending the session.
- Second session: opening, introducing three pillars of QOLT, introducing sweet 16, giving assignments, and ending the session.
- Third session: opening, reviewing homework, introducing CASIO circumstances, giving assignments, and ending the session.
- Fourth session: opening, reviewing homework, introducing CASIO attitudes, giving assignments, and ending the session
- Fifth session: opening, reviewing homework, introducing CASIO standards, giving assignments, and ending the session.
- Sixth session: opening, reviewing homework, introducing CASIO importances, giving assignments, and ending the session.
- Seventh session: opening, reviewing homework, introducing CASIO overall, giving assignments, and ending the session.
- Eighth session: opening, reviewing homework, preventing recurrence, ending the session.

Then, after all sessions were completed, the researcher measured baseline 2 (A2) or post-test conducted 2 times namely post-test 1 and post-test 2. Measurements of post-test 1 were performed at the end of session 8 while post-test 2 were performed in the span of one week after post-test 1 to evaluate if the changes tend to be permanent or temporary. The data is then analyzed with graph visual analysis and descriptive analysis.

4. Result and Discussion

Based on the interviews conducted by telephone, both subjects experienced verbal and written bullying by being mocked and called with inappropriate nicknames, such as *gajah* (elephants), *sapi* (cow), and *kerbau* (buffalo). Based on the type, the bullying

categorized as verbal bullying which aims to hurt the victims (Gordon, 2018). In addition, the two subjects experienced bullying which included in relational behavior where it aims to ruin the victim's reputation and their relationship with others (Gordon, 2018). Subject 1 experienced relational behaviors such as the provocation of the bullies to isolate and not befriend with subject written in their school wall. While Subject 2 received relational behaviors such as the bullies posted harrasing picture of the subject in WhatsApp group with some inappropriate captions without the subject knowing. It is considered as relational behavior bullying type where it is acted by posting harrasing picture and writing negative comments in physical and electronic spaces without the victim's permission and knowledge (Gordon, 2018).

Both subjects experienced bullying repeatedly as an adolescent. This corresponds to the key word in bullying is repetition, where victims of bullying receive embarrassing and painful experiences repeatedly and the consequences will persist for many years (Berger, 2017)ber. The short-term impact of bullying on Subject 1 is not having good friends in school and often absent at school for fear of bullying. This is because bullying can make victims feel unsafe at school and tend to unparticipate (ditch) for fear of bullying (Sanchez, 2019). The other impacts of bullying experienced by the subject are: 1) the negative perspective of self, 2) feeling that there is nothing precious about themselves, 3) losing self-confidence, 4) never feeling satisfied with his body, 5) being ashamed and not confident to meet people or enter a new circle, and 6) difficult to trust others. This is in accordance with expert opinions stated that bullying as an adolescent potentially lead to become an early adults having low self-esteem, difficulty trusting others and fear of new situations (Carlisle & Rofes, 2007).

The impacts of bullying experienced by Subject 2 include 1) loss of confidence, 2) difficulty in trusting people, 3) having negative perspective regarding friendships and 4) fear of making friends with new people caused by fear of experiencing bullying again. Early adults who had experienced bullying as adolescents would have difficulty developing trust in friendships because they assume that no one else is trustworthy, there is no safe place for them, and the world is opposing them (Copeland et al., 2013). The other impact is that bullying makes Subject 2 have to be hospitalized every month and loses 20 kilograms in 2019 and 2020. This is in accordance with expert opinion that states early adults who were bullying victims as adolescents are more likely to experience worse general health problems compared to other individuals who do not experience bullying (Wolke & Lereya, 2015).

In addition, the two subjects in this study committed self-harm more than once. They committed self-harm by scratching their arms with a sharp object or clenching their

hand and hitting the wall until their hands are injured. Both subjects used self-harm as a strategy to deal with problems or stressors because they assumed there is no place to release their emotions and nobody is trustworthy to hear their stories. It is because there is a relation between depression, self-harm and the desire to commit suicide in adults who were victims of bullying (Dantchev, Hickman, Heron, Zammit, & Wolke, 2019). Furthermore, self-harm develops due to high emotional distress such as depression and being used as a way to express that distress (Lundh, Wångby-Lundh, Paaske, Ingesson, & Bjärehed, 2010).

Another impact of bullying on both subjects is the depression tendency indicated by the scores in baseline A1 that written in **Table 1** below:

TABLE 1: Baseline A1 of Two Subjects.

	Maximal Score	Score of Subject 1	Category	Score of Subject 2	Category
<i>Baseline 1</i>	63	43	High	35	High
<i>Baseline 2</i>	63	38	High	29	High
<i>Baseline 3</i>	63	48	High	30	High

The three measurements conducted at baseline A1 in **Table 1** show that both subjects had high depression tendencies with a score range of 35 – 48. It is because all types of bullying during school can increase the trend of depression in early adulthood even when the bullying has stopped for a long time (Ttofi, 2015).

The depression tendency of the subject is caused by psychosocial factors. This psychosocial factor is the occurrence of life events as a trigger of the emergence of depression. In this case, bullying is a psychosocial factor that triggers the emergence of depression tendencies and characterized by cognitive distortion. Depression could arise due to cognitive distortions where the individual has a negative perspective of themselves and causes them to feel worthless or useless [32].

The cognitive distortion that Subject 1 has is the negative view of self as fat, ugly, short, and worthless. On the other hand, the cognitive distortion that Subject 2 has is the thought that maybe when they are not exist then her friends will become happier and tend to assume that they are the biggest trouble maker in a problem being faced. This is because a depressed individual will view events happening around in a very negative way and tend to lose hope in life. In addition, the cognitive distortions that both subjects have which are also one of the cognitive symptoms of depression where the depressed individual will have is a negative evaluation of self (Hedman et al., 2012).

Furthermore, depressed individuals will focus on their own flaws [33]. It is supported by Subject 2 statement that they becomes afraid to be in a social environment because

of fear of other people’s views about her, such as fear of being judged as weirdly dressed or afraid of being considered unsuitable with the environment because they has a big body. On the other hand, Subject 1 assumed that they always considers herself as fat, no matter how much weight they have loss. Then, Subject 1 will only show head to shoulders part when posting photos of her on social media because they finds herself very fat.

After QOLT is completely delivered, both subject were re-measured the depression tendency with BDI. The results of baseline A2 in this study are described in **Table 2**, as follows:

TABLE 2: Baseline A2 of Two Subjects.

	Maximal Score	Score of Subject 1	Category	Score of Subject 2	Category
Post-test 1	63	0	Low	6	Low
Post-test 2	63	0	Low	2	Low

The three measurements conducted at baseline A2 in **Table 2** show that both subjects had low depression tendencies with a score range of 0 – 6. It indicates that both subjects have a decrease in depression tendencies based on BDI score, specifically high depression tendency become low depression tendency after the QOLT intervention.

5. Descriptive Analysis

Data obtained by BDI scores on baselines 1, 2 and 3 and post-tests 1 and 2 were used to determine the decreased depression tendency of the subjects after intervention. The BDI scores based on subjects’ baseline and post-test results are displayed in **Table 3**:

TABLE 3: Data Results of BDI Baseline and Post-test Scores of Two Subjects.

	Subject	Score	Category		Subject	Score	Category
Baseline 1	1	43	High	Post-test 1	1	6	Low
	2	35	High		2	0	Low
Baseline 2	1	38	High	Post-test 2	1	2	Low
	2	29	High		2	0	Low
Baseline 3	1	48	High				
	2	30	High				
Total		223		Total		8	
Mean		37.17		Mean		2	
Min		29		Min		0	
Max		48		Max		6	

Table 3 shows that at baselines 1, 2 and 3, both subjects have scores in the range of 29-48 with a high classification of depression tendencies. From the three scores, it indicates that the stable baseline scores describe that the depression tendencies of both subjects are classified as high before the intervention is implemented. Then, the post-test BDI scores (post-test 1 and 2) of both subjects were in the range of 0-6 and decrease into normal category or no depression tendency.

In addition, after the QOLT intervention is delivered for approximately a month, there is a decrease of BDI score from 48 to 6 for Subject 1 and 30 to 0 for Subject 2. In other words, the depression tendencies of both subjects are classified as high before the intervention and decrease into normal category or no depression tendency after the intervention.

One week after post-test 1, the depression tendencies of both subjects are re-measured using BDI (post-test 2) and resulted scores of 2 for Subject 1 and 0 for Subject 2. Both scores are categorized as normal category or no depression. This indicates that changes in depression tendencies in both subjects tend to be maintained and settled after the intervention.

Table 3 displays the means score of depression tendencies for both subjects before the intervention is 37.13. After the intervention, the means score of depression tendency for both subjects decreased to 4. The difference of the total mean score before and after the intervention is -33.17. Negative sign on the means score indicates a decrease in depression tendencies for both subjects based on BDI. Therefore, the means of depression tendency score for both subjects decreased after QOLT intervention.

Furthermore, the lowest BDI score obtained by both subjects before the intervention is 30. After intervention, the lowest BDI score decreases to 0. Then, the highest BDI score of both subjects before the intervention is 48 then decreased to 6 after the intervention. It can be concluded that there is a decrease in the minimum and maximum scores of both subjects after being given Quality Of Life Therapy intervention. In addition, to observe the decrease of depression tendencies for both subjects, the pre-test and post-test results are shown in **Graph 1** below.

Graph 1 displays that there is a difference in scores of both subjects between before and after intervention. Both subjects show a downward trend in the line direction of the chart. This suggests that the depression tendency of both subjects decreased after being administered the Quality of Life Therapy intervention

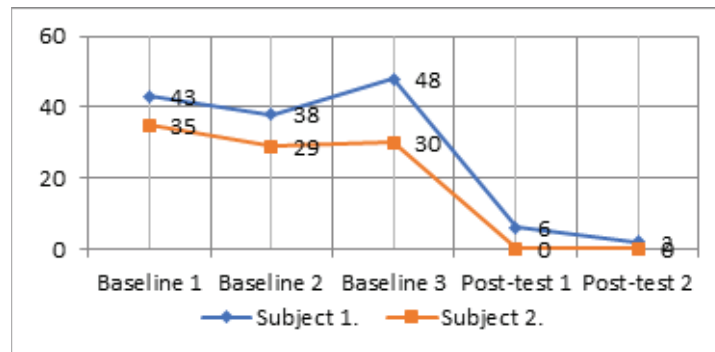


Figure 1: Pre-test and Post-test Analysis.

6. Graph Visual Analysis

Visual analysis of graphs is a method frequently used in single subject research compared to statistical analysis. Graph visual analysis consists of within-condition analysis and between-conditions analysis. Within-condition analysis conducted in this study displayed in **Table 4**.

TABLE 4: Within-condition Analysis Result of Both Subjects.





Within-condition analysis	Baseline A1	Baseline A2	Baseline A1	Baseline A2
	Subject1		Subject 2	
Condition length	3	2	3	2
Estimated trend direction	 (+)	 (-)	 (-)	 (=)
Stability tendencies	33,33% (Variable)	0% (Variable)	66,67% (Variable)	0% (Variable)
The level of stability and range	Variable (38-48)	Variable (2-6)	Variable (29-35)	Stable (0-0)
The level of change	48-40 (-8)	6-2 (+4)	35-30 (+5)	0-0 (=0)

Table 4 shows that Subject 1 has an unstable baseline A1 (pre-test) phase and tends to increase and baseline A2 (post-test) phase is unstable but tends to decrease. In baseline A1 condition, the subject’s depression tendency condition worsened prior to intervention, which noticeable through the estimated trend of direction and the level of change indicates the number of -8 which means there is an increase by 8 in the BDI score. At baseline A2, changes in the condition of depression tendency in Subject 1 tend to improve which can be seen in the estimated trend direction and the level of change indicates the number of +4, which means there is a decrease in the BDI score by 4. **Table 4** shows that the depression tendency of Subject 1 decreases from a range of 38-48 to a range of 2-6.

Table 4 indicates that Subject 2 has an unstable baseline A1 (pre-test) phase and tends to decrease, while the baseline A2 (post-test) phase is stable. In baseline A1, the subject's depression tendency condition improved before the intervention, which implied by the estimated trend direction and the level of change indicating the number of +5 which means there is a decrease in BDI score by 5. At baseline A2, the change in the depression tendency condition of Subject 2 is stable implied through the estimated trend direction and the level of change indicating the number of 0. **Table 4** shows that the depression tendency condition of Subject 2 decreases from a range of 35-29 to 0.

Kemudian, analisis antar kondisi yang telah dilakukan pada penelitian ini dapat dilihat pada **Tabel 5** dibawah ini.

TABLE 5: Between-conditions Analysis Result of Both Subjects.



Condition comparison	Baseline A1:Baseline A2	Baseline A1:Baseline A2
The number of modified variable	1	1
Changes in Trend Effects	 (+)	 (-)
Change in Trend Stability	Variable to Variable	Variable to Stable
Level of stability and range	48 – 6 (+42)	30 – 0 (+30)
Overlap Percentage	0/2x100% 0%	0/2x100% 0%

Table 5 implies that the level of change from baseline 1 to baseline 2 in both subjects is increasing (+). This indicates that the subject's condition is improving or there is a decrease in the depression tendency. Furthermore, **Table 5** shows the percentage of overlap. Overlap is a condition similarity between the conditions before and after the intervention. The smaller the overlap value, the better the effect of the intervention on target behavior. Based on the calculations, the value of the percentage overlap between the two subjects is 0%, which means that the intervention has a very good effect on the subject's depression tendency.

Apart from the graph visual analysis and descriptive analysis above, a decrease in the depression tendency in both subjects indicated by the subject answers on the reflection sheet. The reflection sheet in this study aims to determine the benefits of giving intervention. The subject answers showed that they obtain new knowledge about 1) how to control and overcome negative emotions and feelings through PMR exercises, 2) understand the characteristics, talents and positive principles of self, 3) able to evaluate a situation from the positive side, 4) begin to know and appreciate self, and 5) determine the goals and priorities needed in life to be happier.

7. Discussion

The Coronavirus (COVID-19) outbreak, which began in December 2019, then developed into a global pandemic, which resulted in significant behavioral changes in individuals (Balkhi, Nasir, Zehra, & Riaz, 2020). The pandemic has created various challenges to adapt to change (Moya, Peniche, Kline, & Smaldino, 2020). One of them is social distancing, which reduces interaction between individuals to slow down the spread of the virus and this has become a new norm in society (De Vos, 2020). As a result of this, the provision of QOLT in this study was conducted online via Whatsapp Video Call and administered by a psychologist to prevent the spread of the COVID-19 virus to clients, therapists, and researchers. The implementation of therapy in this study is classified as teletherapy category where video conference is used in providing psychological therapy, which is usually conducted directly. Therapy was conducted for 8 meeting sessions divided into 2 times a week via WhatsApp video call. The QOLT sessions via teletherapy administered to clients are equal to those used in face-to-face therapy sessions. The therapy assignments were delivered in advance to the client with each task for each session entered in a separate and sealed folder to avoid bias.

Based on the results of the reflection sheet, it can be seen that both subjects have a more positive view of themselves, are able to appreciate themselves, understand themselves more positively, are able to evaluate situations more positively, and understand how to control and deal with negative emotions and feelings. Cognitive models on QOLT that help individuals to be able to access more positive schemas and deactivate negative cognitive processing to increase happiness through several skills, theories, and assignments during therapy sessions [14].

A more positive scheme about self is also found in BAT exercise where it is useful for increasing self-esteem by raising awareness of talents, strengths, achievements, and blessings [14]. After doing BAT in third session, Subject 2 wrote that they knew herself better and had a more positive view of herself on the reflection sheet while Subject 1 used BAT as a way to prevent a relapse and recall the blessings, achievements, talents and principles owned. This indicates that the two subjects have a more positive scheme and have an awareness of the positive things that are in them.

QOLT encourages individuals to learn to assess and evaluate the concepts they have about a situation and find positive responses and strategies against their negative thoughts to get happiness in a valuable area of life (Hashemi et al., 2018). This is in accordance with the objectives of the lie detector and stress diary in the fourth session, which aims to record and evaluate maladaptive thoughts and provide positive and

realistic alternative answers to these thoughts [14]. On the reflection sheet, the two subjects wrote that they learned to look at things from the positive side, understand the situation, and learn to act properly in dealing with problems. This indicates that the two subjects are able to assess and evaluate the concepts they have about bullying they experienced and find positive responses and strategies against their negative thoughts about it.

Furthermore, QOLT also encourages individuals to change their attitudes and control excessive negative feelings they have (Hashemi et al., 2018). In this study, controlling the negative feeling is conducted through Progressive Muscle Relaxation (PMR) exercises that have been explained. PMR is a relaxation technique as a first step for individuals to calm down when the signs of stress appear so they can deal with it more positively [14]. Implied from the reflection and feedback sheets, both subjects performed PMR outside the therapy sessions when experienced a stressful situation. This means QOLT is able to encourage both subjects to control negative feelings in a stressful situation and feel a positive impact of the application of the PMR.

QOLT also has a general or universal view of life and its purpose in each intervention session relating to the general purpose of the subject so they could perceive the relationship between the intervention, the task, and its relation in daily life (Jenaabadi, Nejad, & Fatehrad, 2015). In each session of QOLT and CASIO's 5 stages which always emphasizes the meaningful area of life for the subject and their purpose in the area. At the beginning of the session, the psychologist always conducts a question and answer session to get an idea about the subjects' meaningful area of life and being their concern. In several tasks, subjects are required to recall events had occurred so they could see the relationship between the task in intervention and the relation in daily life. For example, in lie detectors and stress diary tasks, both subjects recall events when they were receiving bullying. After the lie detector task, both subjects have a new, more positive view of the events. In addition, subjects are also required to implement the tasks in daily life in to feel the benefits.

This study found that the most concerned and valuable area of life for the subjects is friendship. Both subjects rank friendship area as the most important area. It is implied from the pie happiness exercise where both subjects describe the friendship area as the largest piece. In addition, during the therapy process both subjects always express that friends are able to help them in dealing with stressful situations. It is because for early adults, most of social support comes from friends (Sakyi, Surkan, Fombonne, Chollet, & Melchior, 2015). This social support possibly help early adults in reducing symptoms

of internalization problems such as depression (Berkman, Glass, Brissette, & Seeman, 2000).

Another valuable area of life for the subjects is family. At the beginning of the session, the family area is one of the intervention targets on Subject 2. This is based on a psychologist's statement where Subject 2 wrote the objectives in the vision quest exercise unconcretely, which indicates that there are problems in that area. In the 6th session, the area of family life is included in subjectpriority described in happiness pie exercise. This indicates that both subjects consider that family is an important priority and it is controllable to increase overall happiness and satisfaction. This is because most of the after-bullying recovery is achievable when the individual maintains contact with a supportive family (Rivara & Le Menestrel, 2016). Contact with family is one of the important things because individuals who experience bullying isolate themselves and try to deal with the consequences of the bullying that they have experienced by themselves, which is able to worsen the impact of bullying.

Based on the results of this study, it could be concluded that Quality of Life Therapy via teletherapy could reduce the depression tendency of the early adults who were victims of bullying as adolescent. This is congruent with studies showing that telephone psychotherapy for depression is as effective as face-to-face psychotherapy (Mohr et al., 2012). In this study, the decrease in depression tendency includes the existence of a positive scheme by the subjects, which is characterized by a positive view of themselves, being able to appreciate themselves, understand themselves positively, being able to evaluate situations more positively, and understand how to control and deal with negative emotions and feelings.

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