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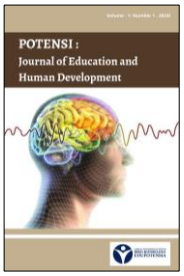

Hypnosis-Oriented Counseling to Enhance Resilience among Students from Dysfunctional Families

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ABSTRACT

Family dysfunction, often triggering severe emotional distress, is linked to a decline in adolescents' resilience, affecting their personal well-being and relational support. This study examined the effectiveness of hypnosis-oriented counseling in improving the resilience of adolescents from dysfunctional families. Using a single-case A-B-A design, two adolescents participated in five individual counseling sessions focused on emotional release, therapeutic suggestion, mental imagery, anchoring, and self-hypnosis. Repeated measurements before, during, and after the intervention showed improvements in participants' resilience, with gains maintained during the follow-up phase. The findings indicate that hypnosis-oriented counseling is a promising approach for strengthening resilience among adolescents experiencing family-related distress. Further research is needed to examine long-term effectiveness in larger and more diverse samples

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Introduction

Adolescence is a developmental period characterized by significant emotional, social, and cognitive changes. During this stage, adolescents strive to establish their personal identity, develop healthy interpersonal relationships, and adapt to various developmental challenges (Santrock, 2018). The family environment serves as one of the most influential contexts in adolescent development because it provides emotional support, security, guidance, and opportunities for social learning. However, when family functioning is disrupted, adolescents may experience a variety of psychological and social difficulties that interfere with their adjustment and well-being. One family condition that can negatively affect adolescent development is a dysfunctional family. Dysfunctional families are characterized by persistent conflict, ineffective communication, emotional neglect, inconsistent parenting practices, violence, or other maladaptive family dynamics that hinder the fulfillment of family functions (Bradshaw, 1996). Adolescents who grow up in such environments are more likely to experience emotional distress, behavioral problems, low self-confidence, and difficulties in social adjustment (Masten & Barnes, 2018). These conditions not only affect adolescents' psychological well-being but may also reduce their ability to cope effectively with adversity and life challenges.

An essential capacity that adolescents need to develop in order to overcome adverse family experiences is resilience. According to Ungar (2011), resilience refers to an individual's ability to navigate and negotiate for psychological, social, cultural, and environmental resources that sustain well-being in the face of adversity. Unlike traditional perspectives that view resilience primarily as an individual trait, Ungar emphasizes that resilience is a dynamic process involving interactions between individuals and their surrounding environments. Therefore, resilience is influenced not only by personal strengths but also by the availability of supportive relationships and resources within the social environment. Research indicates that adolescents with higher levels of resilience tend to demonstrate better emotional regulation, stronger problem-solving abilities, healthier

interpersonal relationships, and greater psychological well-being (Jefferies et al., 2019). In contrast, adolescents with lower levels of resilience are more vulnerable to stress, emotional difficulties, and maladaptive coping behaviors when confronted with adverse life experiences (Ungar, 2011). These findings suggest that resilience plays a crucial role in helping adolescents maintain positive functioning despite experiencing significant family-related challenges.

In addition to theoretical perspectives, empirical studies have consistently supported the importance of resilience among adolescents. Jefferies et al. (2019) found that personal and relational resilience contribute significantly to adolescents' ability to adapt to challenging life circumstances. Borualogo and Jefferies (2019) demonstrated that supportive relationships with caregivers, family members, and significant adults are strongly associated with higher levels of resilience among Indonesian adolescents. Other studies have shown that resilient adolescents are more likely to maintain psychological well-being and exhibit positive adjustment despite exposure to adversity and stressful life events (Ungar, 2011). These findings reinforce the view that resilience constitutes an important area of study, particularly among adolescents who experience dysfunctional family conditions. Adolescents with strong resilience are more capable of adapting positively to family-related difficulties, while limited resilience may increase vulnerability to various psychological and social problems. Therefore, efforts to strengthen resilience can make a meaningful contribution to adolescent development and well-being.

Beyond its theoretical significance, resilience also carries important practical implications for guidance and counseling services. School counselors need to understand factors that help students overcome adversity and maintain positive adjustment. If resilience can be strengthened through appropriate interventions, guidance and counseling services may assist students in developing adaptive coping skills, improving emotional regulation, and enhancing their capacity to deal with family-related stressors. Such efforts are particularly important for students who experience dysfunctional family environments and require additional psychological support. One intervention that has the potential to enhance resilience is hypnosis-oriented counseling. Hypnosis-oriented counseling utilizes focused attention, relaxation techniques, and therapeutic suggestions to facilitate positive cognitive and emotional changes (Elkins et al., 2015). Evidence from reviews and meta-analyses indicates that hypnosis can reduce anxiety and psychological distress and may strengthen the effects of other psychological interventions (Hammond, 2010; Valentine et al., 2019). These outcomes are closely related to resilience development, suggesting that hypnosis-oriented counseling may serve as an intervention for adolescents experiencing dysfunctional family conditions.

Research on resilience and hypnosis has grown considerably in recent years. However, studies specifically examining the effectiveness of hypnosis-oriented counseling in improving resilience among adolescents experiencing dysfunctional families remain limited. This gap highlights the need for further investigation regarding the potential contribution of hypnosis-oriented counseling to resilience enhancement among adolescents facing family-related adversity

Method

Participants

Two high school students from SMAN 8 Tasikmalaya, West Java, Indonesia, participated in this study. The participants were selected through a purposive screening process from students who completed the Child and Youth Resilience Measure–Revised (CYRM-R) and the Family Functioning Scale. Eligibility criteria included: (1) experiencing dysfunctional family conditions, (2) demonstrating low resilience, (3) being psychologically suitable for hypnosis-oriented counseling, and (4) providing written informed consent together with parental consent. Although several students met the initial screening criteria, only two participants completed the entire intervention protocol and were therefore included in the study. Participant 1was a 17-year-old student who experienced persistent family conflict related to her father's harsh behavior, emotional instability, and unequal treatment within the family. Frequent parental arguments and feelings of being less valued than her step-sibling contributed to emotional distress, avoidance of communication with her father, and reduced psychological well-being. Despite these challenges, AFF identified her mother as an important source of emotional support and expressed a desire to improve her emotional regulation and family relationships. Participant 2 was a 16-year-old student who experienced emotional distress associated with her father's extramarital relationship, which created prolonged conflict within the family. These experiences resulted in disappointment toward her father, withdrawal from the home environment, and a strong need for emotional security and social support. Despite these difficulties, R remained engaged in school activities and viewed supportive relationships with teachers as an important protective factor during the counseling process

Measure

The instrument used to measure resilience was the Child and Youth Resilience Measure–Revised (CYRM-R), developed by Jefferies et al. (2019) and adapted into Indonesian by Borualogo and Jefferies (2019). Following construct validation, 16 valid items were retained, covering personal resilience and caregiver/relational resilience. Each item was rated on a five-point Likert scale from 1 to 5, producing total scores ranging from 16 to 80; higher scores indicated higher resilience. The Indonesian version of the CYRM-R demonstrated excellent internal consistency, with a Cronbach's alpha of .902. Item-total correlations were positive and statistically significant, supporting its use for assessing resilience among Indonesian adolescents.

Procedure

This study received ethical approval from the Research Ethics Committee of Universitas Muhammadiyah Tasikmalaya and was conducted in accordance with the Declaration of Helsinki (World Medical Association, 2013). Written informed consent was obtained from parents or legal guardians, and written assent was obtained from all participants. Participation was voluntary, and participants could withdraw at any time without consequences. The study employed a single-case A–B–A design consisting of Baseline-1 (A1), Intervention (B), and Baseline-2 (A2). Participants were selected through screening of 323 eleventh-grade students at SMAN 8 Tasikmalaya using the Indonesian version of the Child and Youth Resilience Measure-Revised (CYRM-R), followed by purposive sampling. Based on the inclusion criteria, two adolescents with low resilience and dysfunctional family backgrounds were selected.

The intervention consisted of five individual hypnosis-oriented counseling sessions, each lasting 45–60 minutes and delivered twice a week. The counseling followed the ARISE model, which includes emotional release, positive emotion enhancement, relationship building, meaning-making, and self-acceptance. Resilience was measured repeatedly across the three phases using the CYRM-R. Intervention effectiveness was evaluated through visual analysis, Percentage of Non-overlapping Data (PND), and the Reliable Change Index (RCI) (Jacobson & Truax, 1991; Scruggs & Mastropieri, 1998).

Hypnosis-oriented Counseling Intervention

The hypnosis-oriented counseling intervention implemented in this study was developed based on the principles of Hypnotic Relaxation Therapy (HRT) and the hypnosis-oriented counseling framework proposed by Sugara and Fadhilah (2024). The intervention was adapted into the ARISE Model, a structured five-session program designed to enhance resilience among adolescents experiencing dysfunctional family conditions by integrating hypnotic relaxation, therapeutic suggestion, emotional processing, and self-regulation strategies. Each counseling session consisted of four components: building therapeutic rapport, hypnotic induction and deepening, therapeutic intervention, and post-hypnotic suggestions. Hypnotic induction techniques, including Elman Induction, Progressive Relaxation, Eye Closure Induction, and the Flower Method, were selected according to participants' responsiveness. Therapeutic techniques and self-hypnosis exercises were subsequently provided to strengthen therapeutic outcomes beyond the counseling sessions (Lynn et al., 2020; Sugara & Fadhilah, 2024).

The ARISE Model comprises five sessions. The first session, Release Negative Emotions, focuses on emotional expression and regulation. The second session, Intensify Positive Emotions, aims to strengthen positive emotions and self-acceptance. The third session, Strengthen Relationships, emphasizes social support and interpersonal functioning. The fourth session, Knowing Life's Meaning, facilitates meaning-making and future orientation. Finally, the fifth session, Strengthening Self-Acceptance, consolidates therapeutic gains and promotes long-term emotional stability. Across these sessions, techniques such as guided imagery, forgiveness therapy, parts therapy, the circle of excellence, anchoring, and self-hypnosis training were used to foster resilience and adaptive functioning among adolescents from dysfunctional families.

Table 1. Schedule and sequence of counseling sessions

Phase	Session	Goal	Main activities
Releasing Negative Emotions	1	Identify and release negative emotions associated with dysfunctional family experiences.	Therapeutic rapport; eye-fixation induction; breathing and deepening; direct suggestions; emotional release; reflection; emotion-journal worksheet.
Forgiveness Therapy	2	Develop positive emotions, calmness, and self-acceptance.	Review of progress; Flower Method induction; forgiveness therapy; self-compassion and acceptance suggestions; reflection; relaxation practice.
Strengthening Relationships	3	Strengthen interpersonal support and integrate conflicting emotional responses.	Identify support figures; eye-closure induction; Parts Therapy; internal dialogue; emotional control; interpersonal trust; reflection.
Meaning in Life	4	Reinterpret difficult experiences and strengthen personal values and internal resources.	Progressive relaxation; Circle of Excellence; identification of strengths and achievements; self-efficacy and optimism suggestions; values worksheet.
Commitment to Positive Change	5	Consolidate resilience and commitment to continued adaptive growth.	Eye-fixation and breathing; future-oriented imagery; direct suggestion; anchoring; self-hypnosis; action planning; final evaluation.

Social validation

Social validation data were collected following the completion of the hypnosis-oriented counseling intervention to explore participants' perceptions of the intervention and its perceived impact on their resilience. Social validation provides complementary qualitative information that enriches the interpretation of intervention outcomes by examining the social significance, acceptability, and usefulness of the intervention from the participants' perspectives (Wolf, 1978). After completing the fifth counseling session, each participant took part in an individual semi-structured interview conducted by the researcher. The interviews were carried out in a private setting to encourage participants to share their experiences openly and honestly. Participants were informed that their responses would be kept confidential and would be used solely for research purposes. Each interview was audio-recorded with the participants' consent.

The interview consisted of open-ended questions exploring participants' experiences throughout the counseling process, including their perceptions of the relevance and usefulness of the intervention, changes in emotional regulation, self-acceptance, interpersonal relationships, coping abilities, and resilience following hypnosis-oriented counseling. The qualitative responses were used to complement the quantitative findings and provide a more comprehensive understanding of the intervention's effect

Data Analysis

Data were analyzed in accordance with the Single Subject Research (SSR) A–B–A design to evaluate the effectiveness of hypnosis-oriented counseling in enhancing adolescents' resilience. Visual analysis was conducted using repeated measurements collected across the Baseline-1 (A1), Intervention (B), and Baseline-2 (A2) phases. The data were presented graphically to examine changes in level, trend, variability, immediacy of effect, and data overlap across phases, enabling the identification of resilience changes following the intervention (Ledford et al., 2018). Visual analysis also aimed to determine the stability of the baseline data before the intervention was introduced and to examine whether resilience scores changed in the expected direction after the intervention (Lane & Gast, 2014). To strengthen the interpretation of intervention effects, quantitative analyses were performed using the Nonoverlap of All Pairs (NAP) statistic. NAP was calculated by comparing all possible pairs of observations between the baseline and intervention phases to determine the magnitude of the intervention effect (Parker & Vannest, 2009). Higher NAP values indicate stronger intervention effects, with values below .66 representing weak effects, values between .66 and .92 indicating moderate effects, and values above .92 indicating strong intervention effects (Parker & Vannest, 2009).

The Reliable Change Index (RCI) was subsequently calculated to determine whether the observed changes in resilience exceeded measurement error and reflected clinically meaningful improvement (Jacobson & Truax, 1991). An RCI value greater than 1.96 was interpreted as indicating a statistically reliable change following the

intervention. The magnitude of the intervention effect was further evaluated using Cohen's effect size (d) to determine the practical significance of hypnosis-oriented counseling. Effect sizes were interpreted according to Cohen (1988), in which values of approximately 0.20 indicate a small effect, 0.50 indicate a medium effect, and 0.80 or greater indicate a large effect.

Results

This study examined the effectiveness of hypnosis-oriented counseling in enhancing resilience among adolescents experiencing dysfunctional family conditions using an A–B–A single-case design. Visual analysis of the resilience trajectories (Figure 2) revealed a consistent upward trend during the intervention phase (B) for both participants, with further improvement observed during the follow-up phase (A2). These findings indicate a positive and sustained intervention effect on adolescents' resilience. All participants demonstrated clinically and statistically significant improvements in total resilience. Percentage of Non-overlapping Data (PND) analysis indicated strong intervention effects for both participants, with AFF achieving a PND of 100% and R achieving a PND of 80%. Reliable Change Index (RCI) values exceeded the clinical significance criterion (RCI > 1.96) for overall resilience in both participants (AFF = 3.34; R = 14.16), confirming that the observed changes were reliable. Effect size analysis further demonstrated the magnitude of improvement, ranging from large (AFF, d = 1.25) to very large (R, d = 5.30).

A comprehensive summary of mean scores, standard deviations, PND values, RCI values, and effect sizes across all phases and resilience dimensions is presented in Table 2. This table provides a detailed overview of individual participant progress, enabling comparison of changes in total resilience and its dimensions (Personal Resilience and Relation Resilience) from baseline through the follow-up phase. Across the resilience dimensions, consistent improvement was observed following the intervention. Personal Resilience demonstrated a large effect for AFF (d = 1.27) and a small effect for R (d = 0.40). Relation Resilience also improved in both participants, with AFF demonstrating a large effect (d = 1.23) and R showing a moderate effect (d = 0.61). For AFF, both dimensions produced RCI values above the clinical significance threshold (Personal Resilience = 3.39; Relation Resilience = 3.29), indicating reliable improvement. Although the dimension-level RCI values for R remained below the threshold (Personal Resilience = 1.07; Relation Resilience = 1.64), the participant demonstrated clinically significant improvement in overall resilience (RCI = 14.16), suggesting that the intervention produced meaningful gains at the global resilience level.

Figure 2. Changes in resilience scores for Athif and Reva across the A-B-A phases.

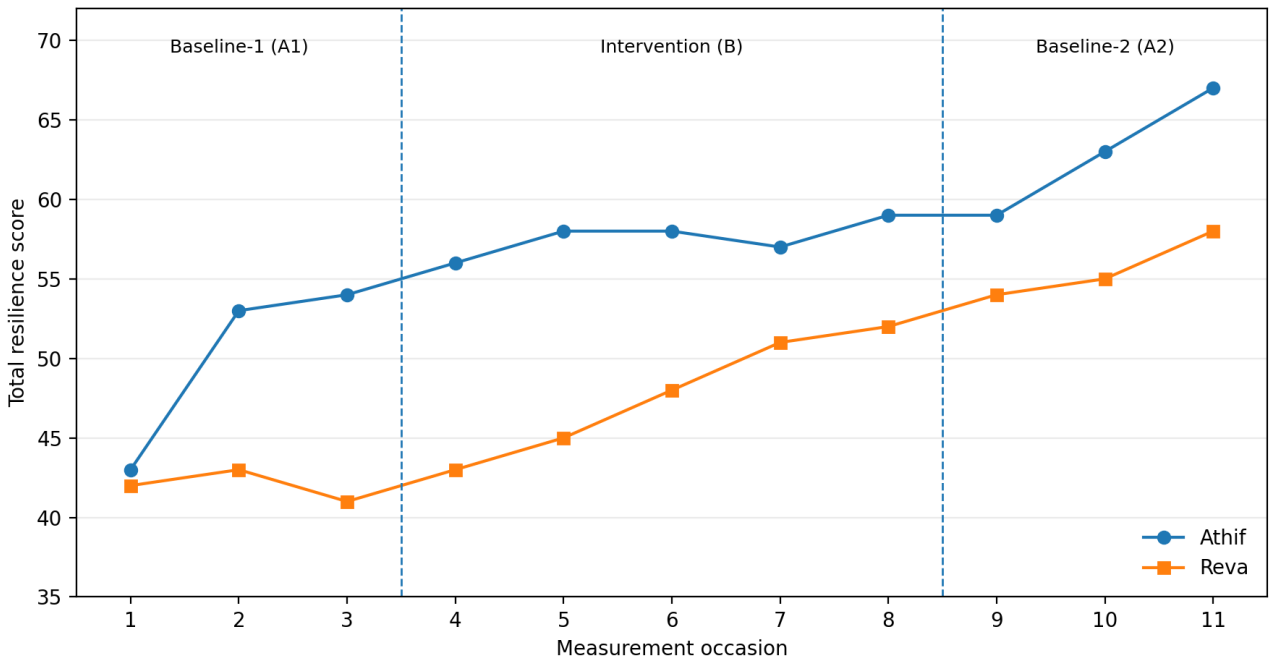

Table 2. Mean scores, gain scores, Reliable Change Index (RCI), and effect sizes across phases

Participant	Dimension	Pre M±SD	During M±SD	Post M±SD	Gain	RCI	d
A	Total resilience	50.00±6.08	57.60±1.14	63.00±4.00	+7.60	3.34	1.25 (large)
A	Personal resilience	22.67±2.31	25.60±1.34	27.33±1.53	+2.33	3.39	1.27 (large)
A	Relational resilience	27.33±3.79	32.00±1.00	35.67±2.52	+4.67	3.29	1.23 (large)
R	Total resilience	42.50±1.00	47.80±3.83	55.67±2.08	+5.30	14.16	5.30 (very large)
R	Personal resilience	21.00±1.00	21.40±1.14	24.67±0.58	+0.40	1.07	0.40 (small)
R	Relational resilience	21.67±3.79	24.00±2.12	28.00±1.73	+2.33	1.64	0.61 (medium)

Social Validation

At the conclusion of the intervention, social validation data were collected through individual semi-structured interviews to explore participants' perceptions of the hypnosis-oriented counseling intervention and the psychological changes they experienced throughout the counseling process. The participants' narratives reflected meaningful improvements in resilience, particularly in emotional regulation, self-confidence, adaptive coping, and their ability to deal with stressful situations associated with dysfunctional family experiences. Both participants perceived the intervention as helpful and reported that the counseling process provided practical strategies for responding more positively to adversity. These qualitative findings complement the quantitative results by illustrating how participants experienced psychological changes during and after the intervention. Participant AFF reported experiencing considerable emotional distress before participating in the counseling program. She explained that conflicts within her family frequently occupied her thoughts and made it difficult for her to regulate her emotions. As a result, she often felt overwhelmed, withdrew from communication with family members, and doubted her own ability to cope with difficult situations. During several counseling sessions, AFF gradually became more aware of the emotional burdens she had been carrying and began to understand that many of her reactions were influenced by unresolved family experiences. Through the emotional release and forgiveness process, she reported feeling increasingly relieved and more willing to accept her life circumstances.

Following the completion of the five counseling sessions, AFF described substantial positive changes in her emotional condition and confidence. Reflecting on her experience, she stated, " I have become more confident that I can change and am better able to handle problems." When asked to evaluate her current emotional condition, she rated it as eight out of ten, explaining that she felt emotionally more stable and motivated than before participating in the intervention. These statements suggest that hypnosis-oriented counseling enabled AFF to regulate her emotions more effectively, reinterpret stressful experiences from a more adaptive perspective, and strengthen her confidence in overcoming future challenges. The reported changes are consistent with the quantitative findings, which demonstrated improvements in her overall resilience as well as both resilience dimensions. Participant R also described meaningful psychological changes following the intervention. Prior to counseling, she reported experiencing difficulty controlling her emotions and frequently feeling discouraged when facing family-related problems. She explained that stressful situations often caused her to react impulsively and prevented her from thinking calmly about possible solutions. During the counseling process, particularly through hypnotic relaxation and therapeutic suggestion, R gradually became more aware of her emotional responses and learned strategies to regulate them more effectively. She also reported feeling increasingly capable of facing family-related difficulties without becoming emotionally overwhelmed.

After completing the intervention, R perceived herself as becoming calmer, more confident, and more emotionally resilient. She reflected on her experience by stating, ""I used to be unable to stay calm—perhaps I lacked self-confidence and couldn't control my emotions. But now, after finishing this counseling, I feel I can manage all of that." She further explained, "I'm calmer. I can control my emotions. Before, I'd often lose my temper suddenly without really knowing why, but now I'm able to keep them in check". These reflections indicate that the counseling process helped R replace maladaptive emotional reactions with more adaptive coping strategies. Although her improvements across some resilience dimensions were smaller than those of AFF, she nevertheless perceived meaningful positive changes in her daily functioning and emotional responses. Across both cases, participants consistently emphasized that the hypnosis-oriented counseling sessions provided a safe environment for expressing emotions, reflecting on past experiences, and developing healthier ways of responding to family-related adversity. The combination of hypnotic induction, therapeutic suggestions, emotional release, forgiveness therapy, parts therapy, and resilience-strengthening techniques enabled participants to gain greater awareness of their internal resources and to develop more constructive perspectives toward the challenges they continued to face. Rather than eliminating family problems, the intervention appeared to strengthen participants' capacity to manage those problems in a more adaptive manner.

Discussions

The purpose of this study was to evaluate the effectiveness of hypnosis-oriented counseling in improving resilience among students experiencing family dysfunction. The findings indicate that the intervention contributed to positive changes in the resilience of both participants, although the magnitude and consistency of the changes differed. Visual analysis revealed an upward trend in resilience scores from the initial baseline phase, through the intervention phase, and into the second baseline phase. AFF demonstrated reliable improvements in total resilience, personal resilience, and relational resilience. Meanwhile, R demonstrated a reliable improvement in total resilience, although the changes in personal and relational resilience had not yet reached statistical reliability. These findings indicate that hypnosis-oriented counseling can facilitate psychological and behavioral changes through relaxation and therapeutic suggestions. Hypnosis creates a condition of focused attention in which individuals become more responsive to suggestions directed toward changing maladaptive thoughts, emotions, and behaviors (Elkins, 2013). During the counseling process, participants were assisted in recognizing suppressed emotions, reducing emotional tension, and developing more constructive responses to family-related problems. The suggestions provided during the hypnotic state were adapted to the participants' needs and directed toward strengthening calmness, confidence, hope, emotional control, and self-acceptance.

Participants were also trained to perform self-hypnosis as an independent strategy for managing distress outside counseling sessions. The self-hypnosis process involved regulating breathing, relaxing the body, focusing attention, recalling positive suggestions, and visualizing adaptive responses to stressful situations. Self-hypnosis can help individuals develop a greater sense of control over their emotional and physiological responses (Yapko, 2012). The ability to independently reproduce a relaxed condition may also help participants maintain the psychological changes developed during counseling. Self-hypnosis is therefore not only a relaxation technique but also a coping strategy that can be used when participants face emotional challenges in daily life (Sugara & Fadhilah, 2024). The results should be understood within the psychological context of adolescents who experience family dysfunction. Dysfunctional families are often characterized by prolonged conflict, unstable parental roles, limited emotional support, and unhealthy communication patterns. These conditions may interfere with adolescents' ability to develop emotional security and adaptive coping strategies. A supportive family generally functions as a protective system that helps individuals recover from stressful experiences (Walsh, 2016). When this protective function is disrupted, adolescents may become more vulnerable to anxiety, emotional instability, withdrawal, and difficulty trusting other people.

The initial assessment of 323 eleventh-grade students showed that most students had a moderate level of resilience. A total of 148 students, or 45.8%, were classified in the moderate category. In addition, 50 students, or 15.4%, had low resilience, while 24 students, or 7.4%, were classified in the very-low category. These findings indicate that most students possessed some capacity to face difficulties, although their ability to recover and adapt had not yet developed optimally. The presence of students in the low and very-low categories also demonstrates the need for counseling services that strengthen psychological and relational resources. Resilience is not merely an innate or permanent characteristic within an individual. It is a dynamic process involving the ability to access and utilize psychological, social, cultural, and environmental resources when facing adversity (Ungar, 2011). Adolescents who receive limited emotional support within their families may still develop resilience through personal strengths and support from friends, teachers, school counselors, or other significant adults. Therefore, the development of resilience depends on both individual capacity and the availability of supportive resources in the surrounding environment.

The dimensions measured in this study consisted of personal resilience and relational resilience. Personal resilience refers to the capacity to solve problems, adapt to difficult situations, regulate behavior, and maintain confidence in one's own ability. Relational resilience concerns the ability to obtain emotional support, acceptance, protection, and assistance from caregivers or other significant individuals (Jefferies et al., 2019). Students experiencing family dysfunction may retain certain personal strengths, but instability within their family relationships can restrict their access to relational support. For this reason, the intervention was designed not only to strengthen internal coping abilities but also to help participants identify and develop healthier relationships. The hypnosis-oriented counseling intervention was implemented through the ARISE model. The stages consisted of releasing negative emotions, savoring positive emotions, relationship building, knowing life's meaning, and strengthening self-acceptance. These stages were intended to help participants gradually reduce emotional burdens, recognize positive experiences, improve their relationships, reconstruct the meaning of difficult events, and develop greater

acceptance of themselves. The intervention was conducted through therapeutic rapport, hypnotic induction, therapeutic suggestions, termination, reflection, self-hypnosis training, and relapse prevention.

Hypnosis-oriented counseling may improve resilience because relaxation helps reduce emotional tension and allows individuals to process distressing experiences more calmly. A relaxed hypnotic state can increase an individual's receptivity to therapeutic suggestions that are relevant to personal needs (Landry et al., 2017). In this condition, participants were guided to reinterpret difficult experiences, replace maladaptive beliefs, and develop more constructive perceptions of themselves. These processes supported participants in viewing family problems as difficulties that could be managed rather than as permanent conditions that completely determined their future. Several techniques were applied during the intervention, including direct suggestion, guided imagery, emotional release, forgiveness therapy, parts therapy, the circle of excellence, and anchoring. Emotional-release techniques allowed participants to express feelings that had previously been suppressed. The release of emotional tension is important because unresolved anger, sadness, disappointment, and guilt may interfere with an individual's ability to respond adaptively to current situations (Hawkins, 2006). Through this process, participants were encouraged to recognize their emotions without being controlled by them.

Forgiveness therapy was used to help participants reduce resentment and emotional burdens associated with family experiences. Forgiveness in this intervention did not mean approving or justifying harmful behavior. Instead, it involved helping participants release the emotional attachment that maintained anger and disappointment. Parts therapy was also used to reconcile internal conflicts, such as the desire to maintain relationships with family members while simultaneously wanting to avoid further emotional pain. This process assisted participants in developing a more balanced understanding of their thoughts and emotional needs. The circle of excellence and anchoring techniques were used to strengthen positive emotional resources. Participants were guided to recall or imagine experiences of calmness, courage, confidence, and hope. These positive emotional states were then connected to particular physical or mental cues that could be recalled during stressful situations. Anchoring may help individuals regulate their emotional responses by providing access to previously established positive states (Sugara & Fadhilah, 2024). This technique gave participants a practical strategy that could be applied outside counseling sessions.

By the end of the intervention, AFF demonstrated strong and consistent improvement. AFF's mean total resilience score increased from 50.00 during Baseline-1 to 57.60 during the intervention and 63.00 during Baseline-2. The Percentage of Non-overlapping Data reached 100%, indicating a very strong intervention effect. The Reliable Change Index was 3.34, which exceeded the critical value of 1.96. These findings show that the improvement in AFF's total resilience was statistically reliable and unlikely to have occurred solely because of measurement error. AFF also demonstrated improvement in both dimensions of resilience. The mean personal resilience score increased from 22.67 during Baseline-1 to 25.60 during the intervention and 27.33 during Baseline-2. The PND value was 80%, while the RCI value was 3.39. Relational resilience increased from 27.33 to 32.00 and subsequently to 35.67. The PND value reached 100%, while the RCI value was 3.29. Because the RCI values exceeded 1.96, the changes in AFF's personal and relational resilience can be considered statistically reliable. The quantitative findings for AFF were supported by the participant's experiences during and after the intervention. Before receiving counseling, AFF reported intrusive thoughts related to family problems, unstable emotions, and difficulty calming down. After the intervention, AFF reported feeling calmer and more capable of controlling emotional reactions. AFF also experienced relief after expressing emotions that had previously been suppressed. Furthermore, AFF became more comfortable communicating with family members. These changes indicate development in emotional regulation, self-acceptance, and interpersonal functioning.

Participant R also demonstrated an increase in total resilience. R's mean total resilience score increased from 42.50 during Baseline-1 to 47.80 during the intervention and 55.67 during Baseline-2. The PND value reached 80%, indicating a high intervention effect. The RCI value was 14.16, which showed that the change in total resilience was statistically reliable. Therefore, hypnosis-oriented counseling contributed positively to R's overall capacity to face and adapt to family-related pressures. However, the changes in R's individual resilience dimensions were less consistent. Personal resilience increased from a mean score of 21.00 during Baseline-1 to 21.40 during the intervention and 24.67 during Baseline-2. The PND value was 20%, while the RCI value was 1.07. Relational resilience increased from 21.67 to 24.00 and then to 28.00. The PND value was 60%, while the RCI value was 1.64. Because both RCI values were below 1.96, the changes in personal and relational resilience cannot yet be regarded as statistically reliable. Nevertheless, the qualitative findings showed meaningful changes in R's emotional and interpersonal functioning. Before the intervention, R experienced anger, disappointment, discomfort at home, and

difficulty controlling sudden emotional reactions. R also tended to seek emotional security outside the family environment. After completing the intervention, R reported feeling calmer, becoming more capable of regulating emotional responses, and communicating more comfortably with family members. These results indicate that therapeutic benefits may be experienced in daily life even when changes in specific measurement dimensions have not reached statistical significance. The different outcomes between AFF and R demonstrate that responses to hypnosis-oriented counseling are individualized. The process of resilience is influenced by personal history, the severity of family problems, emotional readiness, social support, and the availability of protective resources (Masten, 2014). The effectiveness of hypnosis may also be influenced by the participant's ability to concentrate, relax, imagine suggested experiences, and engage actively in counseling. Therefore, the same counseling procedure may not produce an identical pattern of change in every participant.

AFF showed stronger and more consistent improvements than R. This difference does not necessarily indicate that the intervention was ineffective for R. Instead, it suggests that R may have required additional counseling sessions or a longer period to stabilize changes in personal and relational resilience. R's improvement in total resilience indicates that changes occurred at a general level, although they had not yet developed evenly across the measured dimensions. These findings emphasize the importance of adapting the duration, techniques, and therapeutic suggestions to each participant's condition. During the intervention, the participants were not directed to immediately change their family structures. The counseling process focused on changing the way they perceived, interpreted, and responded to difficult family situations. Participants were helped to distinguish between circumstances beyond their control and responses that could still be managed. This process strengthened their perception of personal control and reduced feelings of helplessness. Resilience involves the ability to navigate available resources and negotiate for support in ways that are meaningful to the individual (Ungar, 2011). Self-acceptance was also an important mechanism in the development of resilience. Participants were encouraged to recognize that their family experiences did not completely determine their identity, value, or future. Therapeutic suggestions were directed toward developing a more positive self-image and strengthening confidence in their ability to continue growing. The development of self-acceptance may help individuals disengage from persistent self-blame and develop healthier psychological responses (Elkins, 2022).

The intervention also helped participants construct more adaptive meanings from their experiences. Instead of viewing family dysfunction solely as an unchangeable source of suffering, participants were encouraged to recognize their ability to learn, survive, and develop personal strength. The capacity to create meaning from adversity can contribute to positive adaptation and psychological growth. Meaning-making enables individuals to integrate difficult experiences into their lives without allowing those experiences to dominate their identity. The findings have practical implications for school guidance and counseling services. Hypnosis-oriented counseling may be considered an alternative intervention for students experiencing psychological pressure associated with family dysfunction. This approach may be particularly useful for students who find it difficult to express painful emotions through conventional verbal counseling. Hypnotic procedures can facilitate access to emotional experiences and support the internalization of constructive therapeutic suggestions. However, the intervention must be implemented by counselors who possess appropriate knowledge and skills in hypnosis. Counselors must also understand counseling ethics, adolescent development, trauma-sensitive practice, and psychological risk assessment. Therapeutic rapport is essential because participants must feel safe and remain actively involved throughout the counseling process (Lynn et al., 2015). Informed consent, confidentiality, and respect for the participant's autonomy must also be maintained.

Several limitations should be considered when interpreting the results. First, this study involved only two participants, which limits the generalization of the findings. Second, each participant had different family experiences, psychological characteristics, and responses to hypnotic procedures. Third, family members were not directly involved in the intervention or data collection. Therefore, the results mainly reflect changes experienced and reported by the participants rather than changes in the entire family system. The relatively short Baseline-2 period also limits conclusions regarding the long-term maintenance of the intervention effects. Although both participants maintained higher scores after the intervention, a longer follow-up period would be needed to determine whether these changes remain stable. Future studies should involve a larger number of participants and use multiple-baseline or controlled experimental designs. Future research may also include information from teachers, parents, or other significant individuals to provide a more comprehensive evaluation of behavioral and relational changes.

Conclusions

This study aimed to evaluate the effectiveness of hypnosis-oriented counseling in improving resilience among students experiencing family dysfunction. The findings showed that both participants experienced improvements in total resilience following the intervention, although the magnitude and consistency of the changes differed. Athif demonstrated reliable improvements in total, personal, and relational resilience, whereas Reva showed a reliable improvement primarily in total resilience. These findings suggest that hypnosis-oriented counseling has the potential to help adolescents manage emotional distress, release suppressed negative emotions, strengthen self-acceptance, develop healthier coping strategies, and respond more adaptively to family-related difficulties. Deep relaxation, therapeutic suggestion, guided imagery, emotional-release techniques, and self-hypnosis supported participants in developing greater emotional stability and more positive perceptions of themselves and their future. Therefore, hypnosis-oriented counseling may be considered an alternative intervention within school guidance and counseling services for students experiencing low resilience related to family dysfunction. Its implementation should be conducted by competent counselors, adapted to each student's individual condition, and supported by preventive programs focusing on resilience, emotional regulation, and adaptive coping skills.

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