Comparison of the Effectiveness of two Methods of Behavioral Cognition and Neuro-linguistic Programming

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ABSTRACT

The purpose of this study was to determine the difference between the effect of cognitive behavioral methods and verbal neurological planning on decreasing symptoms of depression, anxiety and aggression. For this purpose, the statistical population of this study, which includes all female high school students of Shahid Chamran Shahrekord, was selected by simple random sampling method and then randomly assigned into two groups of experimental and control group. Beck's anxiety inventory, aggression questionnaire, and Beck anxiety questionnaire were administered to each of the three groups. Then a group of experimental subjects underwent cognitive-behavioral training and another group underwent neuro-neurological training. The number of sessions for the treatment of these individuals was set at 10 sessions of 90 minutes. After the end of the training, both the experimental and control groups performed the questionnaires again. Finally, the data was analyzed by SPSS software using multivariate covariance test, one way analysis of couples and couples as well as Beneficent Benchmarking tests. The results of data analysis showed that there was a significant difference between the 3 groups (cognitive-behavioral therapy group, verbal neurological therapy and control group) in posttest scores after modifying the pre-test scores. Benfar test showed that two cognitive educational methods Behavioral and verbal neurosis in aggression, anxiety, aggression and malignancy are not significantly different in post-test scores. But in the variable of depression and anger, cognitive-behavioral cognitive behavioral method led to a significant decrease in grades, but did not significantly decrease the verbal neural training compared with the control group. Other results showed that cognitive-behavioral therapy was used to reduce depression ($F = 10.64$, $p = 0.001$), anxiety ($F = 6.93$, $p = 0.004$), aggression ($F = 0.007$, 27.28) ($P = 0.001$, $P = 0.001$), invasion ($P = 0.015$, $P = 0.003$) and maladaptation ($F = 5.25$, $P = 0.001$)) Is effective. Also, the effect of neurological and verbal planning on anxiety variables ($F = 5.89$, $p = 0.004$), aggression ($F = = 12.12$, $p = 0.001$), invasion ($F = 0.0093$, 93.0) ($P = 0/0$) and malnutrition ($F = 36.18$, $p = 0.001$), and on depression variables ($F = 1.811 = 0.811$) and anger ($F = 2.85$, $104 / 0 = p$) is rejected.

Keywords: *cognitive-behavioral education, neurological and verbal planning training, anxiety, depression, aggression*

INTRODUCTION

Numerous unknown elements and complex mechanisms have a role in developing mental disease. Among these, psychologists believe that various psychological, social, and biological factors help treat different types of depression. From this perspective, some people's genetic or biological constitution predisposes them to depression when exposed to disease-stimulating surroundings and high levels of social and environmental pathogenic variables. There is no significant difference in the incidence of depression between girls and boys before puberty. However, between the ages of 11 and 13, the risk of depression in females rises and doubles by 15. To the degree that girls grow more susceptible to depression due to their unique social status.

For example, although many boys are content with their physical changes throughout adolescence, girls are often troubled by the new alterations (Hayes et al., 2008).

As their time in the workforce approaches, high school students realize that their graduation moves with remarkable speed and success. External reasons and variables contribute to their anxiety and distress during this time. Every adolescent exhibits anxiety and concern differently. These troubles, which wear out teenagers, also cast a pall over their everyday lives, making them monotonous and ruinous for their parents. However, its symptoms range from physical discomfort (abdominal pain and headaches) to mental diseases and disorders (insomnia, anxiety, disorientation, and self-twisting), as well as household difficulties and problems (anger, aggression, and criminal activities) (Rowland, 2010).

From a scientific standpoint, aggression is a disposition or trait in a person that displays itself via beating, murdering, and destroying. What a person communicates as a response is inappropriate for the other party's conduct or behavior. It suggests a rebellion and revolution inside the individual and the presence of sentiments that the individual seems to be scared to express. There is anguish inside a person that he cannot ease and eventually inflicts on others, although the agony may be self-inflicted in certain situations. According to Freud, violence is instinctual and inherent, and that man is born with it (Ostuki, 2010, p. 56). While the aggressive kid may seem like the rest of the pupils, threatening, shoving, kicking, and hitting their peers will compel their parents to visit the school at least once a week to hear the teachers' concerns. Student aggressiveness and aggressive behaviors, which may result in physical injury to other students, are seen in boys and girls; however, it is less physical in females and is related to less physical harm (Wills et al., 2008).

Numerous therapies for depression, anxiety, and violence have been attempted. However, the issue of which of these strategies is more efficient and effective emerges. NLP is the process of eradicating patterns, mindsets, habits, and misbehaviors and substituting for them by transcending patterns, mindsets, and behaviors. NLP teaches how to establish effective habits by reinforcing positive behaviors and decreasing negative ones. It does so by using the skills of the neurological system (conscious and subconscious mind), presentation and perception systems (the five senses), language talents, and correct preparation. Positive transformation comes when an individual carefully observes and models successful people's behavior and ideas. Additionally, NLP asserts that every human being has the resources essential for success (Halperin et al., 2005).

Another therapeutic option is cognitive-behavioral therapy (CBT), which involves conversing with the patient. The psychotherapist attempts to induce the patient to think about himself, those around him, and others in the first stage. In the second step, he attempts to ascertain the challenges and problems that contribute to the development of mental diseases in the individual. "Cognitive-behavioral therapy" teaches you to think differently, and as a consequence of this new way of thinking, you may respond to undesirable and harmful occurrences in your environment with healthier and more appropriate responses (Fletcher et al., 2005).

However, whether these strategies are more effective in influencing female teens is debatable. As a result of the subject's relevance, the current research will address the following question: Is there a difference between CBT and NLP therapies to lower depression, anxiety, and aggressiveness among students at Shahid Chamran Girls' Academy in Shahrekord?

Darvishi (2015) conducted research in which she examined the impact of two cognitive-behavioral approaches (relaxation and mental imagery) on anxiety, depression, and hope. The findings indicated that the techniques significantly reduced anxiety and depression and increased hope. Torabi also performed a 2015 research on the usefulness of verbal neural programming methodologies for aggressiveness management, which showed that this training had a significant impact on aggression control.

Algaz researched the impact of cognitive therapy, desensitization, and reading skills training on students in 2015 and discovered that test anxiety was significantly reduced in the three treatment groups compared to the control group. McFallo also tested ACT and CBT therapies for depression in 2014 and found that both experimental groups saw a decrease in depression symptoms. However, after the two-month follow-up, the group receiving ACT saw a greater decrease in depression symptoms than CBT therapy.

Research Methods

This study used a quasi-experimental methodology. This is accomplished by using a pre-test-post-test protocol with a control group. Students were first assessed for Beck Depression, Anxiety, and Aggression in this research. Simple random selection was used to pick 45 students who performed highly on these three exams in the categories above. They were then randomly assigned to one of three groups: cognitive-behavioral therapy, neurolinguistic programming, or the control group. Group therapy with cognitive-behavioral sessions (adapted from Khodayari Fard and Abedini's 2010 book Cognitive Behavioral Therapy Group) is held in ten one-and-a-half-hour sessions, as is group therapy with neuro-linguistic programming (adapted from Davis (1991), Forman (1988), and Walker (2004). The control group received no training. After the sessions, all three groups completed pre-and post-test questionnaires.

Statistical population and sample group

Statistical population: The statistical population for this research comprises all 267 students of Shahid Chamran Girls' Academy in Shahrekord.

Sample group: Because this research included a list of the whole community's names, 150 simple random persons were chosen. They were then provided sadness, anxiety, and aggressiveness questionnaires. Next, using simple random selection, 42 students with high scores on sadness, anxiety, and aggressiveness were randomly assigned to the experimental and control groups.

Data collection method: To gather basic research information, library techniques, psychological resources, and books, as well as Internet sites, were employed. The primary research information was collected via field investigations using a sampling strategy. The statistical population for this research is high school pupils, from whom a sample group was randomly chosen, and the study was conducted.

Beck Aggression and Depression and Beck Anxiety Questionnaires were used to gather data.

Data collection instruments: Beck Anxiety and Beck Depression and Aggression Questionnaires

Cognitive-behavioral therapy protocol and Neuro-linguistic programming

Cognitive-behavioral therapy protocol

Session 1: Introduction, discussion about the importance of lifestyle, a review of the structure of meetings, and the treatment program's rules and regulations

Sessions 2 and 3: Discuss the relationship between thought, emotion, and behavior, as well as how they interact; Strategies for recognizing irrational thoughts and explaining the errors of

training thoughts, re-evaluating beliefs, and challenging them as strategies for changing irrational thoughts

Session 4: Training in anger control, guided visual relaxation to alleviate anxiety and tension, and weekly assignments

Session 5: Reviewing the prior session's assignment. Distinguish between the theory of emotional disorder (or the cognitive theory of depression) and the practice of categorizing beliefs

Session 6: Reviewing and completion of prior session's assignment. Down Arrow review and exercise, discussion of beliefs, classification of their education, exercise on managing stress, confusion, concerns about illness, and next week's homework. Conducting practice sessions with automatic thoughts connected to the treatment group and assigning homework for the next session

Session 7: Reviewing the prior session's assignment. Compilation of the primary list of beliefs; practice compiling the preliminary list of beliefs. Cognitive map training, development of grading units for mental diseases, practice and discussion of patient social assistance, and next week's assignment

Session 8: Reviewing the previous session's homework, discussing the evolution of beliefs (beliefs that have changed throughout human history and during the participants' lives), and testing the participants' beliefs (judgment), as well as assigning homework for the following week

Sessions 9 and 10: Recommending techniques for a healthy lifestyle, providing an overview, and putting the skills learned in prior sessions into practice

Neuro-linguistic programming treatment protocol

In the first session, familiarity with an individual's qualities, ambitions, and values and relevant feedback on those attributes. Additionally, this seminar explored the concept of neuro-linguistic programming and its practical applications.

The second session focused on goal setting; after explaining the need and value of "goal-setting," participants were invited to share their perspectives on goal setting. This phase started with a series of challenging questions designed to stimulate participants. Individuals were then prompted to consider their objectives and jot them down on a sheet of paper. Participants were given forms on which they may list and rank their objectives according to the date they were achieved. Another section of this stage discussed the smart model and the processes involved in reaching the objectives. By analyzing the goals, participants learned how to pick their own objectives based on this pattern. Finally, participants were assigned homework.

After reviewing the prior session's tasks, the fourth session introduced participants to time management. After presenting the timeframes, the teacher attempted to instill a sense of urgency among the participants by posing intellectual tasks. Individuals have been trained to prioritize their plans. Participants were presented with a daily out-of-work planning sheet. Following a daily schedule review, participants were instructed to determine what they needed to do in a week and write it on the form.

In the fifth session, solutions to the disruptive elements impeding the programs' growth were offered. Participants were then given homework forms to complete for more practice.

After reviewing assignments, the sixth session will focus on assertiveness skills. The lecturer educated the participants on the need to develop assertiveness skills via questions and demonstrated how to ask "say yes" and "say no" questions. Additionally, participants were

informed about the barriers that prohibit them from expressing themselves and seeking, and they responded to the relevant forms' questions. Additionally, individuals were put in various situations to develop assertiveness skills in the workplace. At the end of each session, learners were given field-based homework forms.

The sixth through eighth sessions were designed to familiarize participants with representational systems and verbal and non-verbal communication. Following a review of the tasks, the importance of familiarity with mental experience's representation systems and how to see the world via the five senses was discussed. Following that, participants were taught to use forms for eye movements and verbal signals. The top representation systems of the participants were discovered after they completed the form and answered the questions. Participants were separated into pairs and practiced representation systems as a result. Then, relevant learning tactics were assigned to individuals based on their sensory preferences. Participants were able to identify their own and others' representation systems after this segment and then practiced successful communication.

Individual changes and coordination between multiple levels of neurology (environment, behavior, ability, belief, identity, and spirituality) were covered in the ninth and tenth sessions, and the teacher described how these levels interact. The instructor questioned the participants and provided examples for them to understand the levels better, and identify their status at each level. Individuals were then presented with a form including the pertinent questions to complete before the following session. In the subsequent sessions, participants learned how to identify an issue and then solve it by establishing coordination across levels via practical activities in the classroom (6).

Data analysis method

The data analysis in this research is both descriptive and inferential in nature. Percentage, frequency, mean, and standard deviation were presented at the descriptive level. Multivariate covariance statistical procedures, one-way analysis of variance, and couples and Bonferroni post hoc tests were employed to test the hypotheses at the inferential level using SPSS software version 23.

Research results

The efficacy of two cognitive-behavioral therapy and neuro-linguistic programming approaches in treating symptoms of depression, anxiety, and aggressiveness in high school females is studied in this research. Due to the usage of pre-and post-tests and the quantitative study variables, multivariate analysis of covariance and the Bonferroni post hoc test is utilized.

Hypothesis: There is a significant difference in the efficacy of cognitive-behavioral therapy and neuro-linguistic programming for depression, anxiety, and aggressive symptoms.

Table 4-13- Results of analysis of covariance Comparison of post-test scores after adjusting pre-test scores in cognitive-behavioral and neuro-linguistic programming groups

Variable		The total sum of squares	Degrees of freedom	Mean square	F	Significance level
Depression	Between-group	40.350	2	175.20	1.410	0.001

	Within-groups	40.706	42			
	Total	80.1056	44			
Anxiety	Between-group	13.628	2	314.06	1.590	0.001
	Within-groups	06.1245	42	29.64		
	Total	20.1873	44			
Aggression	Between-group	53.294	2	147.26	3.81	0.030
	Within-groups	26.1622	42	38.62		
	Total	80.1916	44			

As shown in Table 4-13, the impact of groups on the variables of depression, anxiety, and aggression is significant at the 0.01 level. Therefore, after controlling for pre-test results, the covariance analysis suggests a significant difference in post-test scores across the three groups (cognitive-behavioral therapy, neuro-linguistic treatment, and control). A post hoc test with Bonferroni correction was employed to evaluate the difference between the groups.

Table 4-14- Bonferroni correction post hoc test for pairwise comparisons

Group	Group	Mean difference	Standard deviation	Significance level
Aggression	CBT group and NLP group	-2.06	1.36	0.41
	CBT group and control	5.20	1.36	0.001
	NLP and control group	4.32	1.36	0.001
Anxiety	CBT group and NLP group	5.06	1.98	0.21
	CBT group and control	9.11	1.98	0.001
	NLP and control group	8.84	1.98	0.001
Depression	CBT group and NLP group	4.86	1.47	0.006
	CBT group and control	7.66	1.47	0.001
	NLP and control group	2.80	1.47	0.19

Table 4-14 shows no significant difference in post-test scores between the two ways of teaching cognitive-behavioral and neuro-linguistic in the variables of aggression and anxiety. However, as compared to the control group, both educational methods resulted in statistically significant reductions in aggression and anxiety variables in post-test scores. In other words, as compared to the control group, the cognitive-behavioral and neurolinguistic training approach significantly reduced anxiety and aggression ratings. However, there is no statistically significant difference between these two strategies in lowering anxiety and aggression levels.

However, there is a substantial difference in post-test scores between the two techniques of cognitive-behavioral education and neuro-linguistic education in the variable of depression. The cognitive-behavioral training strategy resulted in a statistically significant decline in post-test results compared to the control group, although the neuro-linguistic training method did not. In other words, as compared to the control group, cognitive-behavioral training resulted in a significant reduction in depression levels, while neuro-verbal training did not.

The findings of this study corroborate Bridge et al. (2011), McFallo (2014), Omidi et al. (2013), and Abdolqaderi et al. (2013) studies on the efficacy of cognitive and behavioral training approaches, as well as neuro-linguistic programming. Cognitive-behavioral therapy is a sort of psychotherapy in which patients are assisted in identifying the ideas and emotions that influence their behavior. Today, this therapy is utilized to treat a wide variety of conditions. Addiction, phobias, depression, and anxiety are examples of these disorders. Furthermore, cognitive-behavioral therapy is generally short-term and focuses on the patient's unique condition. Individuals are trained during therapy to recognize harmful and unsettling thinking patterns that negatively influence behavior and be able to modify these ideas using the tools they gain. Cognitive-behavioral therapy's impact on lowering depression, anxiety, and aggression in students may be summarized as an increase in positive thinking and students' flexibility. Students develop a sense of anxiety and aggression. Consequently, cognitive-behavioral therapy alleviates depression, anxiety, and aggression by reconstructing and correcting incorrect thinking.

Neuro-linguistic programming is the study of the structure of mental experience and hence reasoning, and it is difficult to realize that we employed those ideas years ago. Individuals will act differently due to divergent thinking and attain divergent outcomes. They like to accomplish something that requires thought more than anything else. Neuro-linguistic programming enables people to alter their thinking via basic strategies, resulting in a change in their behavior. In summary, NLP teaches a person to recognize their present condition, analyze their ideal state, and learn how to transition between them.

Lewis Walker, author of Changing with NLP, explains that there is no difference between the two teaching methods: "These two methods (neuro-linguistic programming and cognitive-behavioral therapy) are equivalent and parallel to one another, have been developed over several years, and their fundamental assumptions about sick humans are very similar." Indeed, he recognizes that the parallels in their ideas and procedures are very comparable to those of other treatments. Both therapies are predicated on the concept that human actions and behaviors are determined by their perception or mental map of the actual world around them and involve the brain processing information. Both seek identity and aim to alter the individual's faulty ways of thinking. However, both approaches use distinct concepts of unconscious processes, cognitive-behavioral therapy is less successful at modifying behavior than neuro-linguistic programming, and neuro-linguistic programming has less empirical support.

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