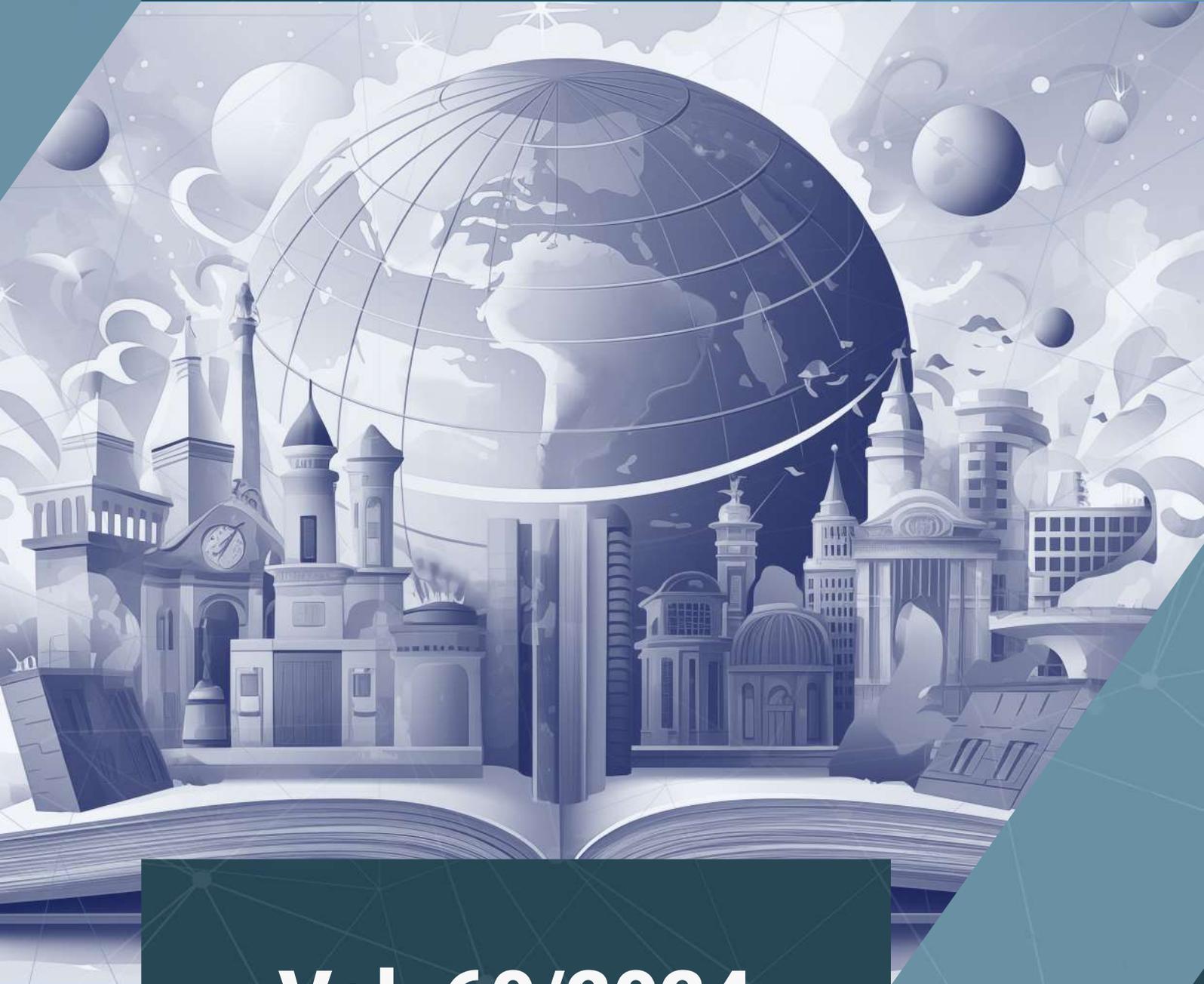




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# The Effect of Integrated-Neuro-Linguistic Programming as Supplementary Intervention for Individuals with Symptoms of Depression

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**Abstract.** This study investigated the effectiveness of Integrated Neuro-Linguistic Programming (NLP) as a supplementary intervention for individuals with depressive symptoms in the Philippines. The study employed an A-B Single Case - Multiple-subject Comparative Design with three female participants diagnosed with depression. The intervention, administered by an Internationally Certified Master Practitioner of NLP, utilized various NLP techniques, including the Meta Model, reframing, anchoring, Timeline Therapy®, and hypnotherapy, over four weekly sessions. The Hopkins Symptom Checklist (HSCL) and the Automatic Thoughts Questionnaire (ATQ-30) were used to assess changes in depressive symptoms before and after the intervention. The results showed significant reductions in depressive symptoms across all participants, particularly in areas related to negative self-concept, negative expectations, and low self-esteem. The study highlights the potential of Integrated-NLP as a supplementary intervention for individuals with depression, emphasizing the importance of personalized approaches and further research in this field. The findings contribute to the limited literature on NLP's clinical application in the Philippines and offer valuable insights for mental health practitioners seeking alternative or complementary interventions for depression.

**Keywords.** Neuro-Linguistic Programming; Depressive Symptoms, Supplementary Intervention, single case experimental, Philippines

## 1.0 Introduction

Neuro-linguistic Programming (NLP), developed by Bandler and Grinder, is an emerging psychological technique gaining global popularity [1,2,3]. NLP has been applied in diverse fields [4,5,6] as an alternative or supplementary intervention to traditional treatments like antidepressants and talk therapies [7,8,9]. While its efficacy as a standalone or combined therapy for mental health issues like depression remains debated [10,11], NLP is recognized within formal psychotherapy in various countries [12,13,14,15].

In Asia, NLP is used as a cognitive-behavioral intervention to restructure dysfunctional thoughts, alleviate depressive symptoms, and promote behavior change and healing [16]. Notably, a mobile app in Pakistan integrates NLP as its main therapeutic feature for depression

and other mood disorders [17]. Additionally, NLP has shown promise in reducing depression, anxiety, and stress when combined with other treatments in Iran and Japan [9].

In the Philippines, research on NLP for managing depression is limited [70], focusing mainly on NLP certification programs for life and business coaching. This is despite the high prevalence of depression among young Filipino adults, particularly females [4]. The prevalence of mental health issues in the region drives the search for alternative solutions like NLP [70].

In Western Visayas region, depressive disorders are also prevalent and a leading cause of suicide [18], primarily affecting individuals aged 17 to 30 [19]. Current regional studies focus on conventional approaches, with NLP primarily used in coaching programs. This highlights a gap in the literature regarding Integrated-NLP as a supplementary intervention for depressive symptoms.

Globally, NLP has shown efficacy in various areas, including depression [8], general health and human behavior [8,20], and anxiety reduction [71]. It's also used in teaching and learning [72]. Despite studies on alternative techniques like NLP, Timeline Therapy®, and Hypnosis, there is limited knowledge on Integrated-NLP's effectiveness in reducing depressive symptoms in the national and regional contexts.

This study aims to address this gap by examining the effect of Integrated-NLP as a supplementary intervention for female clients diagnosed with depressive disorder at a mental health clinic in a highly urbanized city in the central Philippines. The findings may serve as baseline data for future research on Integrated-NLP and contribute to the limited literature in the regional and national contexts.

## **2.0 Literature Review**

Neuro-linguistic programming (NLP) emerged in the 1970s from the work of John Grinder and Richard Bandler, who modeled their approach after prominent therapists like Fritz Perls, Virginia Satir, and Milton Erickson [21]. NLP focuses on the neurological processing of information, language and communication, and the ability to modify behaviors and achieve desired outcomes [22,23]. While initially applied in counseling and psychotherapy, NLP has since expanded to various fields, including personal development, medicine, and education [24].

NLP's effectiveness in treating mental health conditions like depression has been a subject of debate. Some studies have shown positive outcomes, citing NLP's ability to restructure thought processes, eliminate negative beliefs, and facilitate positive communication [25,26,27]. Research has also demonstrated its efficacy in reducing depression, anxiety, and stress in various populations [28,9]. However, concerns about the lack of empirical evidence and rigorous research have led to calls for further investigation to establish NLP's validity in mainstream psychotherapy [24,3,29,30]. Despite these criticisms, recent developments, such as the updated edition of "Neuro-Linguistic Programming in Clinical Settings" [31], provide a theoretical framework for evidence-based NLP protocols in mental health, suggesting a growing acceptance and integration of NLP into clinical practice.

Neuro-linguistic programming (NLP) offers a diverse range of techniques that can be employed as supportive or supplementary interventions for individuals experiencing depression. One such technique is anchoring, a dissociative process that encourages clients to associate positive experiences with specific situations [25]. By anchoring positive emotions to specific triggers, individuals can potentially override negative emotional states and cultivate a more optimistic outlook. Research has shown the effectiveness of anchoring in crisis intervention, anxiety reduction, and stimulating catharsis [32].

Hypnotherapy, another prominent NLP technique, utilizes conversational hypnosis and metaphors to access and reframe subconscious beliefs and behaviors [33]. This approach, inspired by the work of Milton H. Erickson and Dave Elman, empowers individuals to regain self-control and manage their minds effectively. Studies have demonstrated hypnotherapy's efficacy in managing stress, improving psychological flexibility, and reducing phobias and lack of confidence [34,35]. While evidence for its use in treating depression is still emerging, hypnotherapy shows promise as an adjunctive treatment for various mental health conditions [36].

The Meta Model, a linguistic pattern within NLP, employs targeted questions to uncover and challenge underlying beliefs that contribute to negative thought patterns [37]. By clarifying communication and identifying distorted perceptions, clients can gain insight into their thought processes and work towards more positive and empowering interpretations [25]. Additionally, Parts Integration, another NLP technique, addresses internal conflicts often associated with depressive feelings. By integrating conflicting parts of the self, individuals can foster self-acceptance and reduce internal discord, ultimately promoting a more cohesive sense of self [25].

Finally, rapport building, the foundation of a strong therapeutic relationship, is essential for the successful implementation of NLP interventions. By establishing trust, empathy, and open communication, therapists can create a safe space for clients to explore their emotions and embrace change [25,15]. Rapport not only enhances the effectiveness of NLP techniques but also empowers clients to adopt new perspectives and develop healthier coping mechanisms for managing depression.

### **3.0 Framework of the Study**

The present study explores the potential of Integrated Neuro-Linguistic Programming (NLP) as a supplementary intervention for female clients diagnosed with depressive disorder. This innovative approach is grounded in established therapeutic theories, including Milton Erickson's Ericksonian Therapy, Aaron Beck's Cognitive Behavioral Theory, and the Behavioral Activation Theory. Milton Erickson's therapeutic approach emphasizes the utilization of both conscious and unconscious resources to facilitate change in individuals [38,39,40]. His techniques, particularly indirect communication and hypnosis have significantly shaped the development of NLP and its applications in psychotherapy [41]. NLP, much like Ericksonian therapy, recognizes the uniqueness of each individual and seeks to empower them by tapping into their inherent resources for healing and growth.

In addition, NLP aligns with Aaron Beck's Cognitive Behavioral Therapy (CBT) in its focus on challenging distorted thought processes and internalized behaviors [78]. Both approaches acknowledge the detrimental effects of negative thinking patterns on emotional well-being and behavior, particularly in the context of unresolved internal conflict [76,42]. NLP's reframing techniques mirror CBT's cognitive restructuring strategies, aiming to modify maladaptive thought patterns and promote healthier responses [43]. Furthermore, NLP shares common ground with Behavioral Activation (BA) theory, which emphasizes increasing engagement in positive activities to counteract the withdrawal and inactivity associated with depression [73]. Both NLP and BA prioritize empowerment and self-efficacy, believing that individuals possess the inherent capacity to change and achieve their desired outcomes [44,45]. By focusing on behavioral change, enhancing self-image, and fostering a positive outlook, NLP, like BA, aims to facilitate recovery from depression and improve overall well-being.

By integrating the principles of Ericksonian therapy, CBT, and BA, this study proposes that Integrated-NLP can be an effective supplementary intervention for reducing depressive symptoms in female clients. By addressing unconscious conflicts, restructuring cognitive processes, and promoting positive behaviors, Integrated-NLP offers a holistic approach to healing and empowerment. The research aims to demonstrate the efficacy of this intervention in facilitating positive and lasting changes in a relatively short period, ultimately improving the well-being and quality of life for individuals struggling with depression.

#### **4.0 Methods**

**Research design.** This study employed an A-B Single Case - Multiple-subject Comparative Design to examine the effect of Integrated-NLP as a supplementary intervention for depressive disorder in female clients [46]. This experimental design involved three phases: Phase I established baseline data on the clients' natural state, Phase II introduced the Integrated-NLP intervention to reprogram mindsets, release negative emotions, and address limiting beliefs, and Phase III gathered post-intervention data. This time-series approach, proven effective in psychology and rehabilitation counseling research [47], allowed for a structured examination of the cause-and-effect relationship between the intervention and changes in depressive symptoms.

**Participants.** The study participants were clients at a wellness center in a highly urbanized city in the central Philippines. Selected through purposive sampling, these participants met specific criteria: diagnosed with depression, not taking medication for it, having previous or ongoing therapy, having experienced trauma, exhibiting self-doubt, being between 20 and 30 years old, and willing to participate in the study.

*Liza*, a 29-year-old professional, was experiencing a depressive episode following multiple stressful events and had been diagnosed with Persistent Depressive Disorder with anxious distress. Overprotected by her physician parents and exposed to traumatic experiences, she struggled with self-doubt and anxiety, particularly in the face of new challenges. *Ana*, a 21-year-old college student, had been diagnosed with Dysthymia or Persistent Depressive Disorder with intermittent major depressive episodes. Despite her academic achievements and leadership roles, she experienced feelings of inadequacy and self-pressure due to strict family expectations and a toxic home environment. *Fe*, a 27-year-old virtual academic support staff member, had Major Depressive Disorder. She had a history of abuse from her mother, leading to anxiety, withdrawal, and self-harm tendencies. Each participant's unique background and experiences contributed to their depressive symptoms, highlighting the need for personalized and effective interventions like Integrated-NLP.

**Measures.** The researcher utilized integrated NLP techniques, administered by an Internationally Certified Master Practitioner of NLP, to alleviate the participants' depressive symptoms. The study employed a three-phase design, each with specific assessment tools to monitor progress.

In *Phase I* (Baseline Monitoring Phase), the Hopkins Symptom Checklist (HSCL) and the Automatic Thoughts Questionnaire (ATQ-30) were used to establish baseline data [48,49]. The HSCL is a widely used self-report inventory assessing psychological symptoms and distress, while the ATQ-30 measures the frequency of automatic negative thoughts related to depression. Both tools have demonstrated reliability and validity in clinical and non-clinical populations [50,51,52,53,54].

*Phase II* (Integrated-NLP Intervention) involved daily self-report logs and weekly change observation reports completed by the participants over five weeks. These tools tracked the occurrence of symptoms and any changes experienced throughout the intervention.

Finally, in *Phase III* (Post-intervention Monitoring Phase), the HSCL and ATQ-30 were re-administered by a Registered Psychometrician under the supervision of a psychologist to collect post-intervention data. This data collection occurred daily for ten days, allowing for a comprehensive assessment of the intervention's impact on depressive symptoms.

**Data collection procedure.** The data-gathering procedure for the study was methodically designed to ensure a comprehensive basis for comparison and understanding of the client's baseline state, response to the intervention, and post-intervention results.

**Baseline Monitoring Phase.** After obtaining informed consent and ensuring participants understood the study details, the researcher introduced them to a Registered Psychometrician who, under the supervision of a Registered Psychologist, administered the Hopkins Symptom Checklist (HSCL) and the Automatic Thoughts Questionnaire-30 (ATQ-30) in a private clinic setting. This pre-intervention phase, conducted daily for ten days, aimed to establish baseline data for comparison with post-intervention outcomes. Participants were also asked to complete a "commitment to continue" form at the end of each testing session, affirming their continued willingness to participate in the study.

**Intervention phase.** The four-week intervention consisted of weekly 90-minute sessions in a private clinic, utilizing pre-selected NLP techniques based on American Board of NLP standards. Each session began with assurances of confidentiality and safety, followed by participant reports, confirmation of continued participation, and consent for session recording. The NLP practitioner then conducted planned activities aimed at building rapport, addressing negative thought patterns, and releasing negative emotions and limiting beliefs. Session proceedings were recorded for analysis and documentation, with the researcher present as an observer and note-taker.

*Week 1.* The first session focused on rapport building, familiarization with the NLP practitioner, and assessing the clients' mental maps using the Meta Model technique. Conducted individually in a private setting, each session began with an intake interview to gather background information and establish a trusting relationship between the client and the practitioner. The Meta Model, a linguistic tool, was then introduced to help clients uncover missing elements of their depression-related experiences and expand their understanding of their internal representations. The SCORE approach (Symptom, Cause, Outcome, Resource, Effect) guided this process, facilitating clearer communication and a deeper understanding of the clients' concerns.

*Week 2.* The third session focused on the NLP techniques of Reframing, Anchoring, and Values Elicitation. Reframing aimed to shift the participants' perspectives, transforming negative thoughts and emotions into positive ones [55]. The practitioner guided them in identifying alternative ways to satisfy their intentions, promoting healthier behaviors and thought patterns. Anchoring involved associating a positive emotion with a gesture, creating a readily accessible resource for the participants to tap into whenever needed. Values elicitation enabled the participants to list and clarify their values.

*Week 3.* In session four, participants were introduced to Timeline Therapy®, a technique designed to release negative emotions associated with past experiences [25]. After a brief orientation, the NLP Master Practitioner guided each participant through a trance state and facilitated the identification and release of five unwanted emotions, such as fear, anger, sadness, anxiety, and resentment. This process involved revisiting past events, updating beliefs, and integrating positive changes into future projections, ultimately promoting emotional healing and well-being.

*Week 4.* In the final session, participants were prepared through a series of steps before undergoing Hypnotherapy and Parts Integration. They set personal goals and positive affirmations beforehand, then were guided through basic trance exercises to familiarize themselves with the process and alleviate any concerns. During the session, the NLP practitioner induced a closed-eyed trance state using standard Hypnotherapy steps [56].

Subsequently, Parts Integration aimed to resolve internal conflicts by identifying conflicting parts, establishing rapport between them, finding common ground, and testing for integration.

**Post-intervention phase.** Following the intervention, the participants' post-intervention state was assessed using the same questionnaires and procedures as in the pre-intervention phase. Data collection occurred daily for ten days, with the completed questionnaires reviewed by the Registered Psychometrician and analyzed by the researcher in coordination with the Registered Psychologist to determine changes from the baseline data.

**Data analysis procedure.** The analysis involved comparing data from three phases: baseline, intervention, and post-intervention. In the baseline phase, data from the HSCL and ATQ-30 were compared based on reduction percentages and plotted to visualize trends in depressive symptoms [48,49]. During the intervention phase, weekly self-log data on depressive symptoms were compared week-to-week. In the post-intervention phase, 10-day data from the assessment tools were plotted and analyzed for significant changes compared to baseline, including overall anxiety and depression, automatic thoughts (frequency and believability), personal maladjustment, negative self-concept, low self-esteem, and helplessness.

Visual inspection and interpretation of the generated graphs, using Miller's Visual Analysis Method [57], were employed to identify clear patterns and trends in depressive symptoms over time. This involved assessing the division, stability, and convincingness of the data, and ultimately determining causality between the integrated NLP intervention and observed changes. Miller's method entails examining whether data ranges in different phases are distinct, whether data points are stable, whether the combined findings are convincing, and whether the intervention can be attributed as the cause of observed differences. It's important to note that anxiety and depressive symptoms often co-occur and are classified as internalizing disorders [75]. This comorbidity was considered in the analysis and interpretation of the study's findings.

**Ethical considerations.** Ethical considerations were prioritized throughout the study, with the researcher adhering to ethical standards and ensuring the participants' well-being. Confidentiality and privacy were of utmost importance, and informed consent was obtained from all participants, emphasizing their voluntary involvement and right to withdraw. The study aimed to contribute to scientific knowledge and provide hope and relief for individuals

struggling with depression. Measures were taken to minimize potential physical, emotional, and social risks, while maximizing benefits such as personalized intervention, emotional release, and the development of positive perspectives.

To protect participant privacy, pseudonyms were used, and data were securely stored and disposed of according to the Data Privacy Act of 2012 (RA 10173). Transparency was upheld through publication in a reputable journal, a "no conflicts of interest" declaration, and sharing of research findings with participants and interested stakeholders. Additionally, the researcher ensured fairness and equitable treatment of participants by reimbursing expenses and providing tokens of appreciation for their time and effort.

The researcher, a qualified professional with a background in psychology, counseling, and NLP certifications, provided all necessary resources for the study, including a conducive clinical setting and financial support. The study also benefited from the valuable contributions of a Registered Psychologist, an Internationally Certified NLP Master Practitioner, a Psychometrician, the researcher's dissertation mentor, and the willingness of the participants to share their experiences.

## **5.0 Results and Discussion**

### ***Participants' Profile***

Liza, a 29-year-old professional, presented with Persistent Depressive Disorder with anxious distress, triggered by recent stressful events and exacerbated by a history of trauma, parental overprotection, and feelings of self-doubt stemming from her upbringing.

Ana, a 21-year-old college student, was diagnosed with Dysthymia or Persistent Depressive Disorder with intermittent major depressive episodes. Despite her academic and personal achievements, she battled feelings of inadequacy and self-pressure due to strict family expectations, a toxic home environment, and experiences of trauma, invalidation, and rejection.

Fe, a 27-year-old academic support staff member, suffered from Major Depressive Disorder. She had a history of abuse from her mother, leading to chronic fear, anxiety, and withdrawal. The persistent emotional distress, coupled with feelings of guilt and responsibility as the sole provider for her family, resulted in a range of depressive symptoms, including social withdrawal, low energy, and intrusive thoughts.

### ***Overall Anxiety and Depression Monitoring***

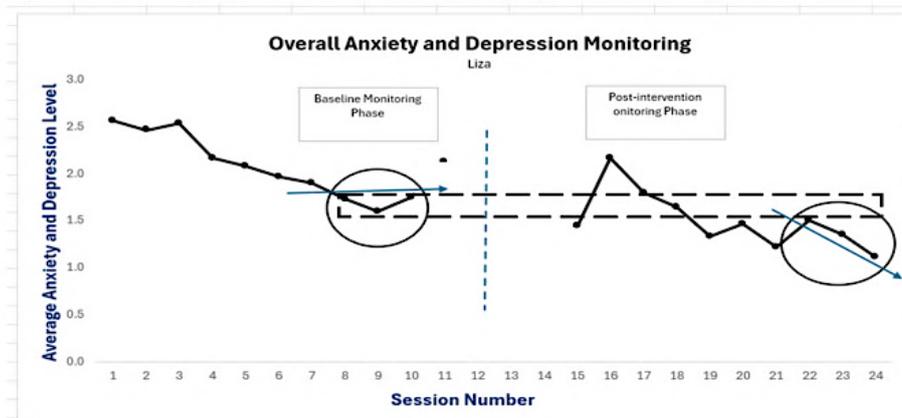
**Liza.** Liza's overall anxiety and depression scores showed a declining trend from a baseline mean of 2.1. A slight decrease of 15.4% was observed in the highest score and a moderate decrease of 31.3% in the lowest score, comparing baseline to post-intervention phases. The mean score also decreased by 27.5%, indicating a moderate improvement in her mental state. These results support the hypothesis that Integrated-NLP, as a supplementary intervention, contributes to the overall reduction of anxiety and depressive symptoms [22,23,24]. Her baseline data were at 2.6, 2.5, 2.5, 2.2, 2.1, 2.0, 1.9, 1.7, 1.6, and 1.8 (sessions 1-10) with the highest point at 2.6 (session 1), lowest point at 1.6 (session 9).

Miller's visual analysis further supports these findings, revealing a clear reduction in Liza's symptoms with a distinct separation between baseline and post-intervention data points. The stability of these data points, with high values remaining high and low values remaining low, indicates a consistent downward trend. These criteria collectively suggest convincing evidence that the Integrated-NLP intervention caused the observed improvement in Liza's symptoms [57].

These results align with existing literature highlighting the effectiveness of NLP in addressing depressive symptoms through reframing techniques similar to CBT [76,42] and promoting behavioral change and positive engagement, aligning with BA principles [73].

Figure 1 illustrates Liza's overall anxiety and depression scores, analyzed using Miller's Visual Analysis Method. The graph demonstrates a clear division and distinct non-overlapping ranges between the baseline (sessions 8-10) and post-intervention (sessions 22-24) data points, with the latter showing a consistent downward trend compared to the former's upward trend. This visual representation, adhering to Miller's criteria for division, stability, and convincing data, indicates that the integrated NLP intervention effectively reduced Liza's anxiety and depression symptoms [57].

**Figure 1. Visual Analysis for Liza's Overall Anxiety and Depression Monitoring**



- Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

Liza's self-reported improvements corroborate the positive outcomes of the intervention, as evidenced by her statements regarding increased energy levels, reduced lethargy, and a greater sense of peace and well-being amidst challenges. These subjective accounts further validate the numerical findings indicating a reduction in depressive symptoms.

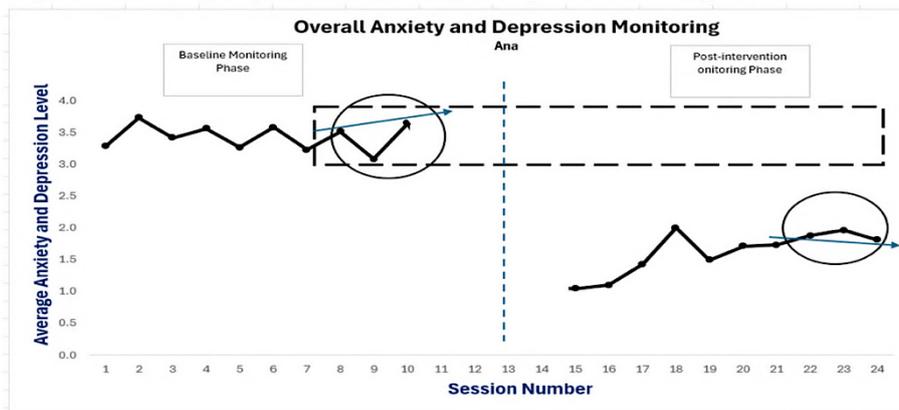
**Ana.** Ana's baseline anxiety and depression scores were 3.3, 3.7, 3.4, 3.6, 3.3, 3.6, 3.2, 3.5, 3.1, and 3.7, with a mean of 3.4. Post-intervention scores significantly decreased to a range of 1.1 to 2.0, with a mean of 1.6. This represents a 46.1% reduction from the highest baseline score of 3.7 and a 52.8% decrease in the mean score. Miller's Visual Analysis Method confirms the effectiveness of the intervention, showing no overlap in scores, stable data trends, and a clear reduction in anxiety and depression levels.

These findings align with previous research demonstrating the positive impact of NLP on personal development, communication, and various psychological conditions. Heap [22] and Karunaratne [23] highlight NLP's effectiveness in areas like personal excellence and treating medical problems, while Gibson [27] emphasizes its ability to facilitate change by aligning different levels of the mind.

Furthermore, Sibi et al. [9] utilized a quasi-experimental design to investigate the effects of NFB, NLP, and tDCS on patients with depression, anxiety, and stress. Their results also showed significant decreases in these symptoms among the NLP treatment group, further

supporting the efficacy of NLP in addressing psychological distress. Figure 2 below depicts the last 3 data points for Ana's overall anxiety and depression results.

**Figure 2.** Visual Analysis of Ana's Overall Anxiety and Depression Monitoring Result



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

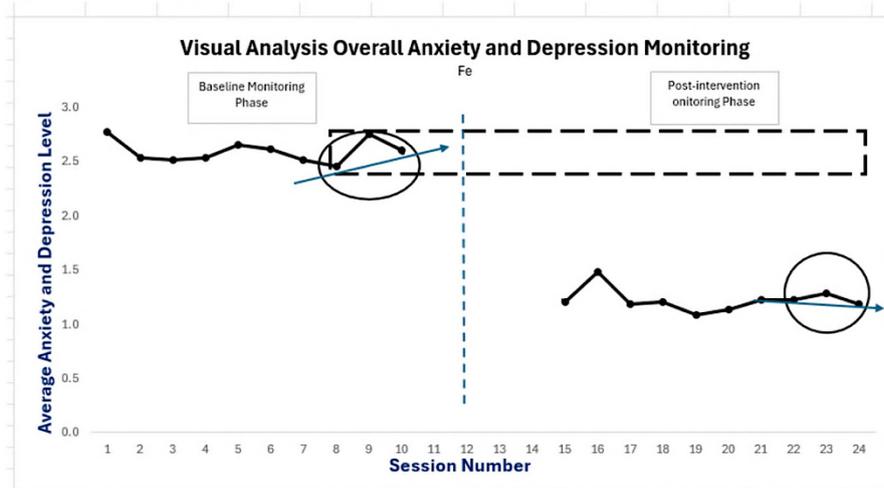
Ana's self-reported improvements, including increased awareness of triggers, a shift towards "chill mindsets" and a focus on staying alive, and the ability to see the silver lining in situations, further validate the numerical findings indicating a significant reduction in her depressive symptoms. While still experiencing negative emotions, Ana's increased awareness and new perspectives underscore the positive impact of the intervention on her overall well-being.

**Fe.** Fe's baseline overall anxiety and depression levels (sessions 1-10) were 2.8, 2.5, 2.5, 2.7, 2.6, 2.5, 2.5, 2.8, and 2.6, with a highest score of 2.8 and a mean of 2.6. The post-intervention phase, however, demonstrated a marked reduction in distress levels, with a highest point of 1.5 and a mean of 1.2. This represents a significant decrease of 46.1% in the highest score and a 55.8% decrease in the lowest score (1.1), indicating a substantial improvement in Fe's anxiety and depressive symptoms. The overall mean score decreased by 53%, suggesting a significant improvement in her overall well-being.

Miller's Visual Analysis Method further corroborates the effectiveness of the intervention in Fe's case. The clear division, stability, and convincing nature of the data, as shown by the distinct non-overlapping ranges and consistent downward trend in the post-intervention phase, strongly suggest that the Integrated-NLP intervention was responsible for the observed improvements in Fe's psychological distress [57].

These findings align with previous research highlighting the rapid and lasting impact of NLP in addressing mental health concerns like depression [58]. Furthermore, they support the connection between self-downing beliefs, depressive automatic thoughts, and depressive affect, as proposed by Buschmann et al. [59]. Additionally, the significant therapeutic effect observed in Fe's case mirrors the findings of Derks et al. [60], emphasizing the potential of NLP-based interventions in alleviating depressive symptoms. Figure 3 visually presents the last 3 data points across phases based on Miller's method.

**Figure 3.** Visual Analysis of Fe's Overall Anxiety and Depression Monitoring Results.



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

Fe, like Liza and Ana, reported experiencing positive changes in her thoughts and behavior following the intervention. These changes include feeling lighter despite challenges, demonstrating greater flexibility, experiencing a sense of renewal and release, practicing mindfulness and self-compassion, and effectively detaching from triggers. The integrated NLP intervention significantly reduced depressive symptoms in 100% of the participants (Liza, Ana, and Fe). The stable downward trend in their anxiety and depression scores suggests the intervention's effectiveness across varying initial symptom levels, potentially generalizable to a larger population with similar issues.

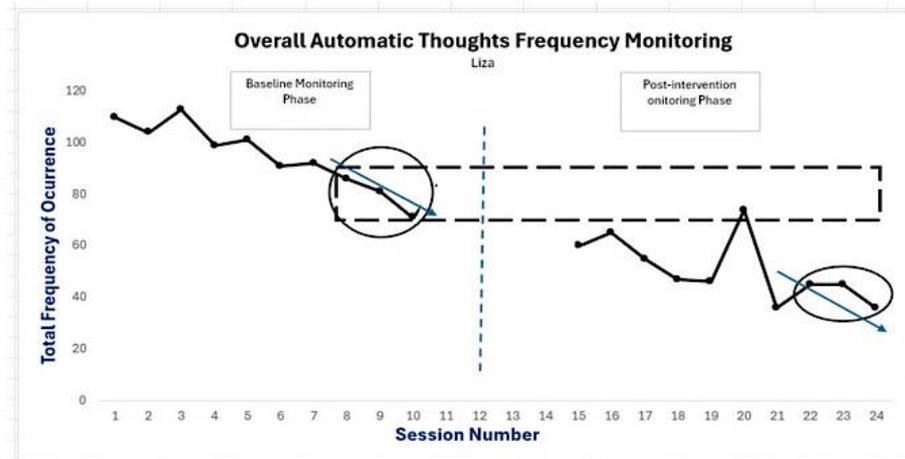
### ***Overall Automatic Thoughts: Frequency Result***

**Liza.** Liza's baseline scores for automatic thoughts were 110, 104, 113, 99, 101, 91, 92, 86, 81, and 71, with a mean of 94.8, indicating significant distress and high frequency of negative thoughts. Post-intervention scores decreased to a range of 36 to 74, with a mean of 50.9, representing a 46.31% reduction in frequency. While Miller's Visual Analysis Method confirms data division, it doesn't fully support data stability or convincing results, suggesting potential fluctuations or inconsistencies.

However, the distance between baseline and post-intervention data, along with the downward trend in the last three post-intervention data points, suggests a potential delayed but sustained effect of the intervention. Further analysis could focus on understanding factors contributing to these trends and evaluating whether additional measures or longer observation periods would yield more stable and convincing results. Liza's self-reported positive shift in thought processes further supports the potential impact of the intervention.

These findings align with Jahan et al. [5], who examined neuro-linguistic psychotherapy as an effective treatment for depression and anxiety, while acknowledging the need for further refinement in the methodology. Mohammadi (2019) emphasized the role of the unconscious mind in transforming negative memories into positive ones, highlighting the potential for NLP to address deep-seated limiting beliefs. Figure 4 visually shows the trend of the last three (3) data points across phases.

**Figure 4.** Visual Analysis of Liza's Overall Anxiety and Depression Monitoring Results.



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
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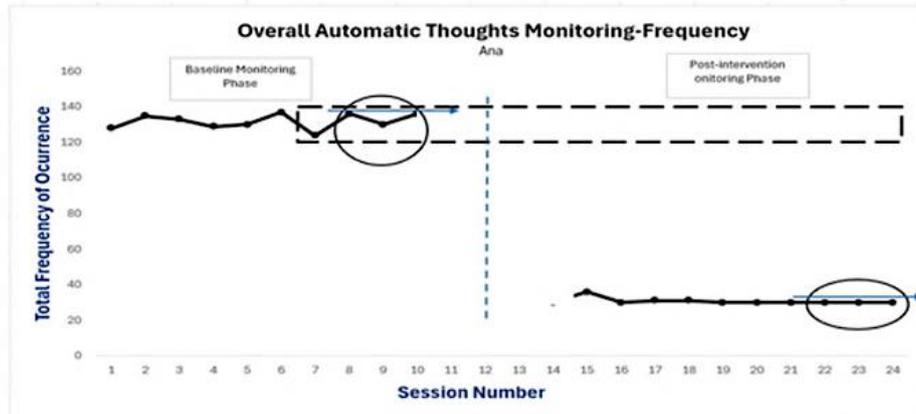
Liza reported a significant improvement in her cognitive processes, including a shift in her perception of current and past events.

**Ana.** Ana's baseline scores for automatic thoughts were 128, 135, 133, 129, 130, 137, 124, 136, 130, and 136, with a mean of 131.8. Post-intervention scores dramatically decreased to a consistent 30, with a mean of 30.8. This represents a significant reduction in the frequency of negative automatic thoughts, with decreases of 73.7%, 75.8%, and 76.6% in the highest, lowest, and mean scores, respectively.

Visual analysis of Ana's data confirms the division, stability, and convincing nature of the results. The clear distinction between baseline and post-intervention scores demonstrates a significant shift due to the intervention. The stability of the last three data points suggests an immediate and sustained positive impact on Ana's psychological well-being.

These findings align with research highlighting the importance of reducing automatic negative thoughts in treating anxiety and depression [77]. NLP, as a psychotherapeutic approach, has been recognized for its effectiveness in restructuring thought processes and behaviors [13]. Anjomshoaa et al. [61] and Sahebalzamani [20] further support NLP's efficacy in improving mental dimensions and reducing depression, anxiety, and stress. However, some studies call for more rigorous research to determine NLP's efficacy as a psychotherapeutic intervention [24,3,29,30]. Figure 5 visually shows the trend of the last three (3) data points across phases.

**Figure 5.** Visual Analysis of Ana's Frequency of Automatic Thoughts.



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
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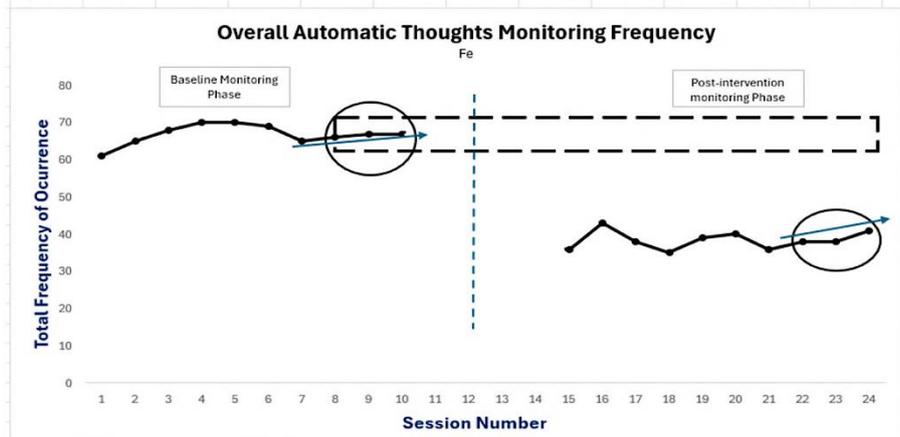
Ana reported ongoing improvements in her thought process following the intervention, transitioning towards a more positive state despite experiencing residual symptoms like headaches, tiredness, and drowsiness. She acknowledged a mix of negative and positive outlooks but emphasized feeling more enlightened and aware.

**Fe.** Fe's baseline scores for automatic thoughts were 61, 65, 68, 70, 70, 69, 65, 66, 67, 67, with a mean of 66.8. Post-intervention scores decreased to a range of 35 to 43, with a mean of 38.4. This represents a 38.6% decrease in the highest score, a 42.6% decrease in the lowest score, and a 42.5% decrease in the mean score, suggesting the intervention was effective in reducing the occurrence of negative automatic thoughts.

Miller's Visual Analysis confirms a significant division between baseline and post-intervention data points. However, the upward trend in the last three post-intervention data points does not fully support data stability or convincing results, indicating potential fluctuations due to external stressors. These results suggest that the intervention's positive impact on Fe's psychological well-being may require further observation for more conclusive evidence.

While Zaharia et al. [6] found positive results using the intervention, some studies have questioned NLP's effectiveness, labeling it as pseudoscience [62,63]. However, Kotera and Sweet [24] argue that NLP's rising global popularity indicates its growing acceptance in mainstream psychology. Figure 6 visually shows the trend of the last three (3) data points across phases.

**Figure 6.** Visual Analysis of Fe's Overall Anxiety and Depression Monitoring Results



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

Fe reported ongoing improvements in her thought processes following the intervention, including strengthened boundaries, increased focus on her personal journey, and a greater capacity for introspection and detachment. She described feeling more conscious yet carefree in her behavior. The integrated NLP intervention resulted in marked but variable reductions in negative automatic thoughts among Liza, Ana, and Fe. Ana experienced the most significant decrease, suggesting the intervention's high impact on reducing her negative thoughts. While Liza and Fe showed improvement, variability in their results suggests potential individual differences or external factors influencing stability. Overall, the intervention demonstrates potential efficacy in improving mental health outcomes, but further investigation is needed to explore these individual variations and underlying factors.

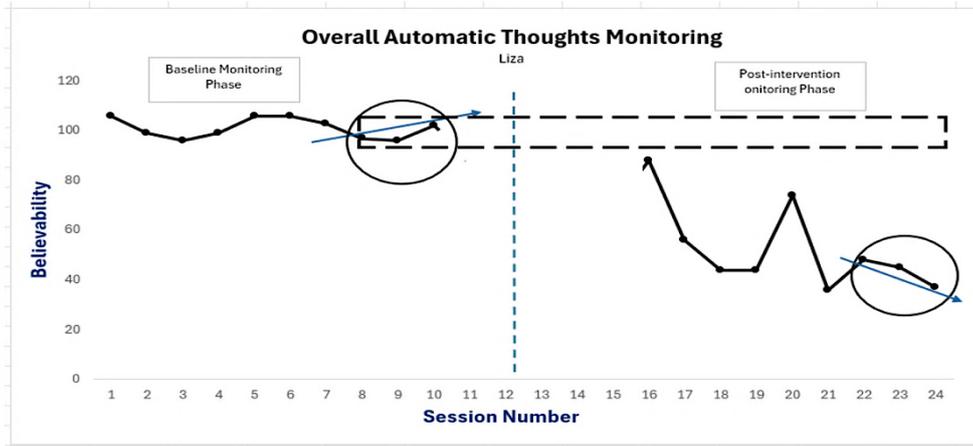
### **Overall Results Automatic Thoughts: Believability**

**Liza.** Liza's baseline scores for the believability of automatic thoughts ranged from 96 to 106, with a mean of 101. Post-intervention scores significantly decreased to a range of 36 to 88, with a mean of 54.1. This represents a 17% decrease in the highest score, a 62.5% decrease in the lowest score, and a 46.4% decrease in the mean score, indicating a substantial reduction in the believability of negative automatic thoughts.

Visual analysis of Liza's data demonstrates divided and stable data points across phases. The baseline data points are clearly separated from the post-intervention values, and the trend shows an increasing trend in baseline scores compared to a declining trend post-intervention. These findings support the conclusion that the intervention effectively reduced Liza's belief in negative automatic thoughts.

Pearson [33], a life coach and counselor, supports the efficacy of NLP, noting its ability to trigger positive changes in individuals through the mind. Chaudhary [34] further emphasizes NLP and Hypnotherapy as quick, non-invasive approaches for managing stress and promoting psychological flexibility. Ahuja [37] and Bolstad [25] highlight the Meta Model's effectiveness in uncovering deeper meanings in communication patterns and empowering clients to identify and appreciate their transformations. Figure 7 presents the visual analysis of Liza's automatic negative thoughts believability data points.

**Figure 7. Visual Analysis Liza's Automatic Thoughts Believability**



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

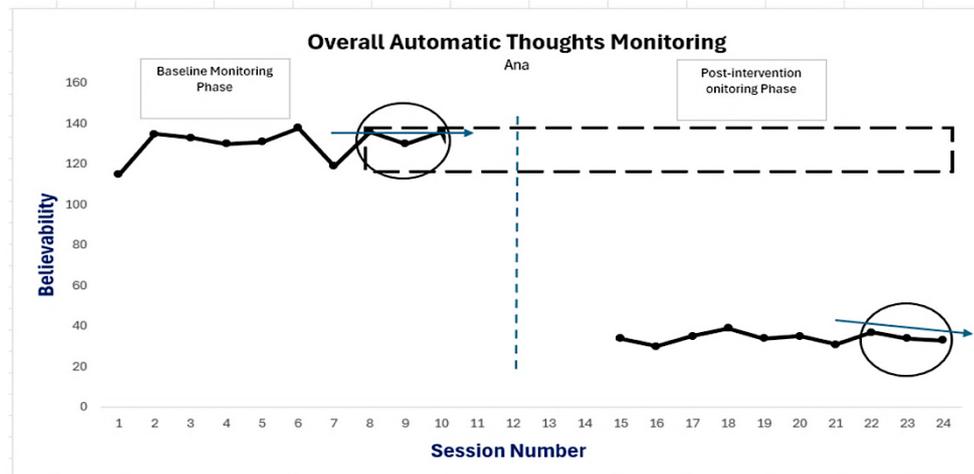
Liza's positive affirmations about her ongoing improvement and ability to protect herself following the intervention support the notion that these changes are attributed to the intervention.

**Ana.** Ana's baseline scores for the believability of automatic thoughts were 115, 135, 133, 130, 131, 138, 119, 136, 130, and 136, with a mean of 130.3. Post-intervention scores significantly decreased to a range of 30 to 39, with a mean of 34.2. This represents a substantial reduction in the believability of negative thoughts, with a 71.7% decrease in the highest score, a 73.3% decrease in the lowest score, and a 73.8% decrease in the mean score.

The consistent downward trend in post-intervention scores suggests a stable and lasting impact of the intervention on reducing the believability of Ana's automatic negative thoughts. This indicates a positive shift towards healthier perspectives and improved cognitive processes.

Miller's Visual Analysis further supports the effectiveness of the intervention, demonstrating divided, stable, and convincing data. The clear distinction between baseline and post-intervention scores, the consistent downward trend, and the non-overlapping data points all point to the positive effect of the integrated NLP approach on Ana's thought processes. Figure 8 presents the visual analysis of Ana's automatic negative thoughts believability data points.

**Figure 8.** Visual Analysis of Ana's Automatic Thoughts Believability



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

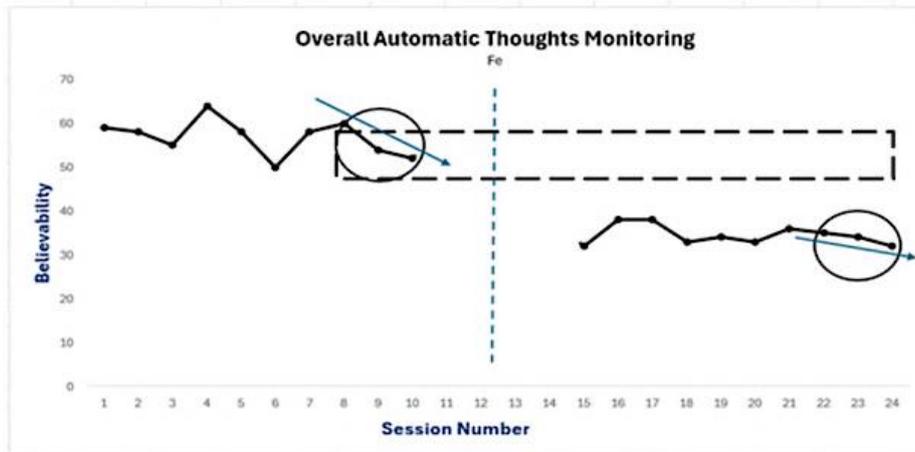
Ana confirmed a shift in her thought processes after the intervention, reporting a more accepting and positive outlook, focusing on letting go of things she cannot control and embracing a lighter perspective.

**Fe.** Fe's baseline scores for the believability of automatic thoughts were 59, 58, 55, 64, 58, 50, 58, 60, 54, 52, with a mean of 56.8. Post-intervention scores decreased to a range of 32 to 38, with a mean of 36.8. This represents a 40.6% decrease in the highest score, a 36% decrease in the lowest score, and a 33.3% decrease in the mean score, suggesting a substantial reduction in the believability of her negative thoughts.

Fe's visual analysis results showed a clear division between baseline and post-intervention data, indicating the effectiveness of Integrated-NLP in reducing her belief in negative thoughts. However, the lack of stability in the last three baseline data points, which exhibit a downward trend, does not fully support Miller's criteria for stable data. This suggests that further investigation is needed to determine the factors influencing this instability and to obtain more conclusive results.

The variability in Fe's results aligns with findings from a study on Japanese managers using NLP's reframing technique [55]. While participants found the intervention effective, concerns were raised about NLP's reputation and the usefulness of certain techniques. HemmatiMaslakpak et al. [1] and Sturt et al. [30] attribute this concern to the lack of sufficient high-quality research on NLP. However, Kotera and Sweet [24] and Zaharia et al. [6] argue that NLP is comparable to other approaches and has gained global acceptance. Figure 9 shows the visual representation of Fe's automatic thoughts - believability data points.

**Figure 9. Visual Analysis of Fe's Automatic Thoughts Believability**



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

Fe reported experiencing fewer worries while completing tasks and a greater awareness of her people-pleasing tendencies, suggesting that the intervention fostered positive changes in her self-awareness and emotional regulation. The consolidated results show a significant reduction in the believability of negative automatic thoughts, suggesting the potential applicability of the integrated NLP intervention to similar populations. While 66.7% of participants showed convincing results, individual differences in response to the intervention may account for variability. The consistent lower scores across post-intervention sessions indicate enduring positive changes and support the potential of NLP as a supplementary intervention for mitigating depressive symptoms.

#### ***Automatic Thoughts: Personal Maladjustment and Desire for Change (PMDC)***

Personal adjustment refers to an individual's ability to adapt effectively to their environment and manage their emotions, behaviors, and thoughts healthily. The participants' results on the maladjustment and desire for change sub-factor indicating dysfunctional beliefs and negative automatic mental processes are subsequently presented.

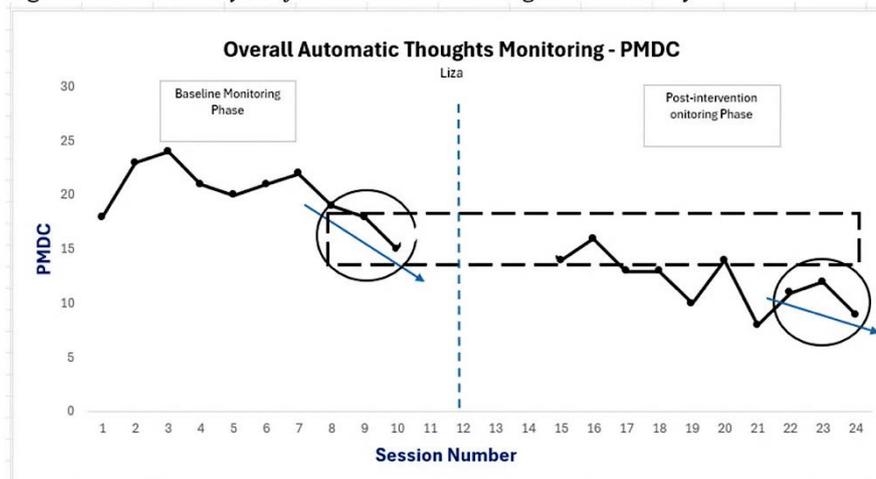
**Liza.** Liza's baseline scores for personal maladjustment and desire for change were 18, 23, 24, 21, 20, 21, 22, 19, 18, and 15, with a mean of 20.1. Post-intervention scores significantly decreased to a range of 8 to 16, with a mean of 12. This represents a 33.3% decrease in the highest score, a 46.7% decrease in the lowest score, and a 40.3% decrease in the mean score, indicating a substantial improvement in personal adjustment and desire for change.

Visual analysis of Liza's data demonstrates a reduction in these indicators, with a clear division between baseline and post-intervention scores. However, variability is evident in the data, with fluctuations in the last three baseline data points, potentially reflecting individual differences in response to the intervention.

Although the baseline data may not be entirely compelling, the distance between values across phases, the onset of improvements, and the trends in data movement provide valuable insights for future research. These findings warrant further exploration to understand the intervention's effects and potentially achieve more generalizable results. Previous studies,

such as Phillip [64] and the American Psychological Association, support the efficacy of combined approaches, like CBTH, in managing depression, affirming the potential of Hypnotherapy as an adjunct treatment to CBT.

**Figure 10.** Visual Analysis of Liza's Automatic Thoughts Believability



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

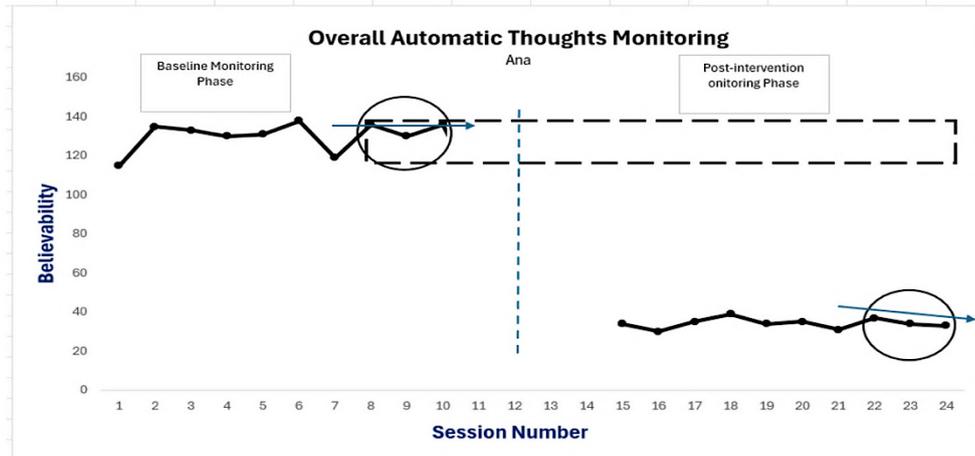
Liza's affirmative statements about positive changes in her mood, motivation, self-esteem, and cognition support the findings that the intervention has significantly improved her personal issues contributing to depression.

**Ana.** Ana's baseline data points for personal maladjustment and desire for change were 24, 25, 24, 24, 22, 25, 25, 25, 25, 25 for sessions 1-10, with highest point at 25 (appearing 6 times), lowest point at 22, and mean of 24.4. Her post-intervention scores significantly decreased to a near-consistent 5, with a mean of 5.1. This represents a 79.1% reduction in the mean, a 76% reduction in the highest score, and a 77.3% reduction in the lowest score, demonstrating a remarkable improvement in Ana's personal adjustment and desire for change mindsets.

The drastic shift from consistently high baseline scores to stable and low post-intervention scores highlights the positive impact of the intervention on Ana's cognitive processes. The repetitive occurrences of high scores before the intervention suggest persistent negative thoughts, while the stable low scores after the intervention indicate a healthier state of mind.

Miller's Visual Analysis further confirms the effectiveness of the intervention, demonstrating divided, stable, and convincing data. The clear separation between baseline and post-intervention scores, the stable downward trend, and the non-overlapping data points all point to the positive impact of the integrated NLP approach on Ana's psychological well-being. This aligns with studies by Hunot et al. [65], Malik et al. [35], and Sajjad and Rafiq [66], which confirm the efficacy of NLP, both alone and in combination with other approaches, in mitigating depressive symptoms. Figure 11 provides a visual presentation of the results focusing on Ana's scores' last 3 data points across phases.

**Figure 11. Visual Analysis of Ana's Automatic Thoughts Believability**



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

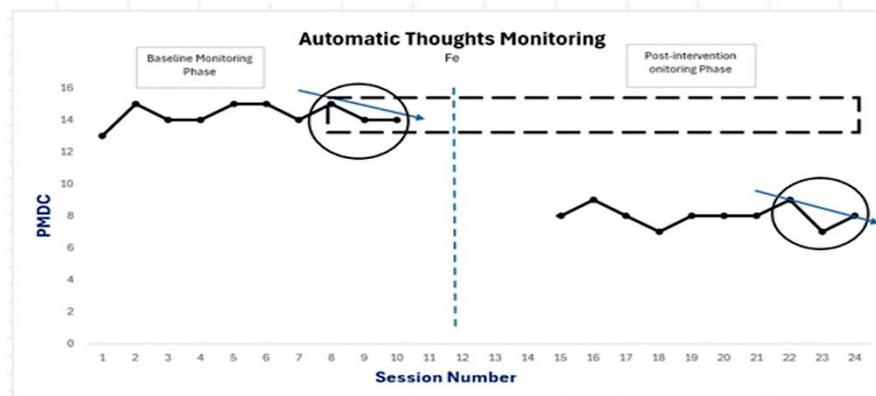
Ana's anecdotal report confirms the positive impact of Integrated-NLP on her depressive symptoms, reporting positive changes in mood (e.g., not minding negatives, laughing more), motivation (e.g., feeling more hopeful), and cognition (e.g., letting go and acceptance).

**Fe.** Fe's baseline scores for personal maladjustment and desire for change were 13, 15, 14, 14, 15, 15, 14, 15, 14, and 14, with a mean of 14.3. Post-intervention scores significantly improved, with a 40% reduction in the highest score, a 46.24% reduction in the lowest score, and a 44.1% reduction in the mean score. These results suggest that the intervention led to improved outcomes and maintained stability in Fe's condition.

Visual analysis of Fe's data confirms a clear division between baseline and post-intervention scores, indicating a significant reduction in her personal maladjustment and desire for change. However, the lack of stability in the last data point of the post-intervention phase challenges the requirement for compelling results, potentially due to individual differences or external factors.

Previous studies have confirmed the effectiveness of combined approaches, such as CBTH [64], in managing depression, as well as the potential of NLP as both a stand-alone and adjunct intervention [65,35,66]. However, some concerns have been raised about NLP's reputation and the usefulness of certain techniques, as highlighted by a study on Japanese managers [55].

**Figure 12.** Visual Analysis of Fe's Automatic Thoughts Personal Maladjustment and Desire for Change



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

Liza's anecdotal report confirms a notable improvement in her motivation and cognitive processes, reporting increased socialization, a change of environment, and a greater sense of hopefulness, mindfulness, and self-compassion. All three participants showed significant reductions in their PMDC scores post-intervention, indicating that the intervention may be effective in reducing PMDC symptoms. The substantial decreases in the mean scores, the distance between baseline and post-intervention data points, and the onset of changes all suggest a positive impact. However, further verification is needed to confirm these findings.

### ***Automatic Thoughts: Negative Self-Concept and Negative Expectations (NSNE)***

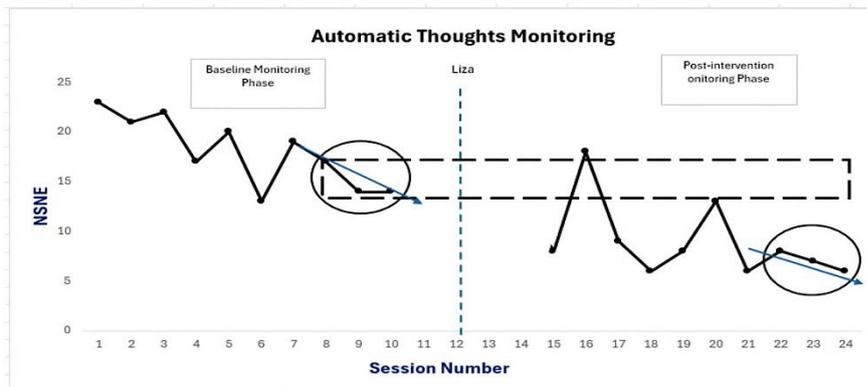
NSNE is another subfactor of ATQ which is an indicator of dysfunctional beliefs and negative automatic mental processes. The participants' NSNE profiles are presented, analyzed, and discussed thoroughly in the subsequent sections.

**Liza.** Liza's baseline scores for negative self-concept and negative expectations were 23, 21, 22, 17, 20, 13, 19, 17, 14, with a mean of 18. Post-intervention scores significantly decreased to a range of 6 to 18, with a mean of 8.9. This represents moderate to significant reductions in all metrics (21.7%, 53.8%, and 50.56% for the highest, lowest, and mean scores, respectively), suggesting a notable improvement in self-esteem and a decrease in negative thoughts related to self-concept.

Although fluctuations in Liza's scores were observed, possibly due to her unique response to the intervention, the declining trend in the last three post-intervention data points indicates a potential sustained improvement over time. Further verification is needed to confirm this delayed effect and address the lack of data stability observed in the baseline measurements.

These findings align with research highlighting the effectiveness of NLP as a communication tool to promote positive self-talk and manage negative emotions [24,67]. While the potential benefits of NLP as a therapeutic approach are recognized [13], determining its efficacy as a singular or combined intervention requires further empirical evidence. Figure 13 visually presents the last 3 data points as basis for the visual analysis.

**Figure 13.** Visual Analysis of Liza's Automatic Thoughts Negative Self-Esteem and Negative Expectations (NSNE)



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

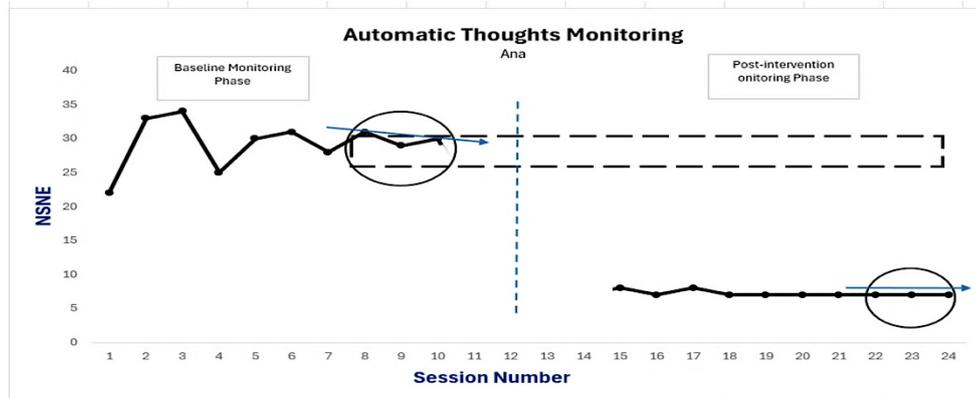
Liza reported significant improvements in self-esteem and future expectations after the intervention, including increased confidence, reduced people-pleasing tendencies, greater self-trust, hopefulness, security, and assertiveness.

**Ana.** Ana's baseline scores for negative self-concept and negative expectations were 22, 33, 34, 25, 30, 31, 28, 31, 29, and 30, with a mean of 29.3. Post-intervention scores dramatically decreased to a range of 7 to 8, with a mean of 7.2. This represents a significant improvement in Ana's self-concept and expectations, with reductions of 76.5%, 68.2%, and 75.4% in the highest, lowest, and mean scores, respectively.

While Ana's baseline scores showed variability, indicating fluctuations in her negative self-concept and expectations, her post-intervention scores were remarkably consistent, suggesting a stabilized positive shift in her self-view. This highlights the intervention's effectiveness in reducing negativity and promoting a more positive self-concept.

Although the visual analysis demonstrates divided data, the lack of stability in the baseline data points indicates the need for further investigation to determine the factors contributing to this variability. This aligns with studies by Mehdi et al. [8], which, while affirming the efficacy of NLP therapy, suggest further exploration is needed to understand individual cases like Ana's fully. However, the significant decrease in Ana's post-intervention scores aligns with other studies showing the positive impact of NLP techniques, such as anchoring and parts integration [25], the Meta Model [37], rapport [15], reframing [55], and hypnotherapy [64], in managing depression and improving self-concept. Figure 14 shows the visual analysis of Ana's overall NSNE data points.

**Figure 14.** *Visual Analysis of Ana’s Automatic Thoughts – Negative Self-Concept and Negative Expectations (NSNE)*



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).

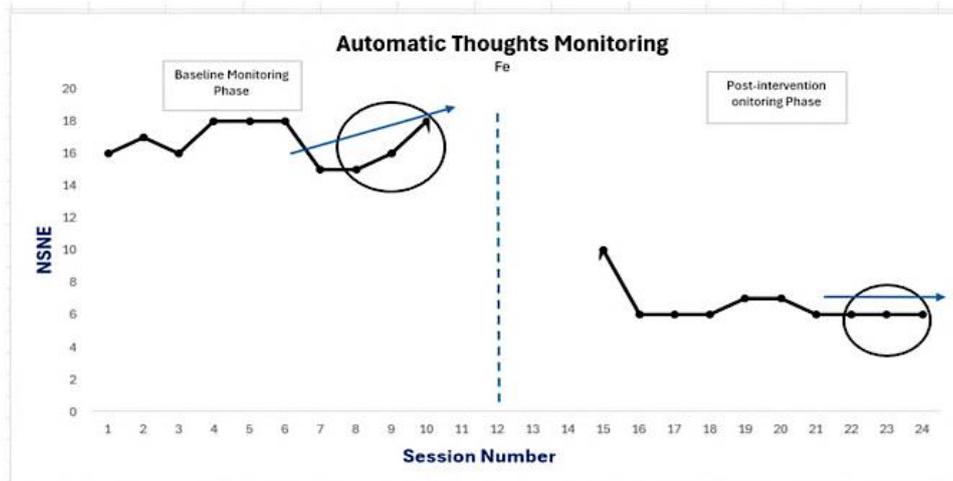
Ana reported experiencing positive changes in her cognition after the intervention, such as finding ways to detach from triggers, accepting that life isn't always happy, and viewing adverse situations as "chill" moments.

**Fe.** Fe's baseline scores for negative self-concept and negative expectations ranged from 15 to 18, with a mean of 16.7. Post-intervention scores significantly decreased to a range of 6 to 7, with a mean of 6.2. This demonstrates a complete decline in all metrics, with reductions of 61.1%, 60%, and 62.9% for the highest, lowest, and mean scores, respectively. These results suggest that the intervention had a positive and immediate impact on Fe's self-regard and future expectations.

Miller's visual analysis supports this positive impact, as Fe's results meet all three criteria for compelling data: divided, stable, and convincing. The distinct separation between baseline and post-intervention scores, the stable data trends, and the overall significant decrease in scores all point to the intervention's effectiveness.

These findings align with previous research demonstrating the potential of NLP techniques, such as hypnotherapy, anchoring, reframing, and Timeline Therapy, in addressing various mental health problems, including depression [25,35,33,66]. Hunot et al. [65] further emphasize the effectiveness of NLP as an integrative approach, particularly in light of growing concerns about the side effects of pharmaceutical treatments. Figure 15 visually presents Fe's data points based on Miller's Method.

**Figure 15. Visual Analysis of Fe's NSNE Results**



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

Fe reported positive changes in motivation and self-perception following the intervention, including increased socialization, a change of environment, and feelings of optimism, fulfillment, and resourcefulness.

The overall results indicate that the integrated NLP intervention may be applicable to individuals with similar dysfunctions, with 2 out of 3 participants showing convincing results based on Miller's Method. However, as a pilot study, further investigation is needed to explore the factors influencing individual responses and to confirm the intervention's broader efficacy.

#### ***Automatic Thoughts: Low Self-Esteem (LSE)***

LSE is another sub-factor of ATQ, the results of which are presented and discussed hereon.

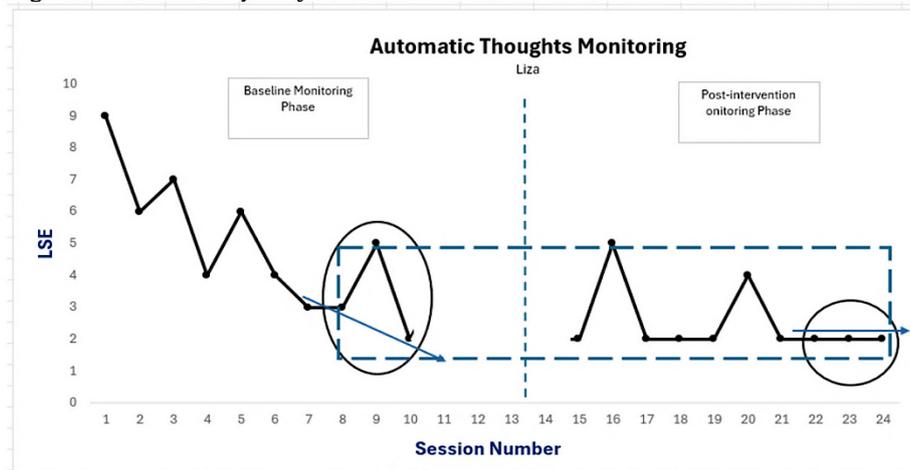
**Liza.** Liza's baseline scores for low self-esteem were 9, 6, 7, 4, 6, 4, 3, 3, 5, and 2, with a mean of 4.9. Post-intervention scores decreased to a range of 2 to 5, with a mean of 2.5. While this represents a 44.4% decrease in the highest score and a 49% decrease in the mean score, the lowest score remained unchanged at 2, suggesting a need for further investigation to address persistent low self-esteem.

Visual analysis of Liza's data reveals inconsistency and lack of stability, particularly in the last three data points across both phases. This contradicts Miller's criteria for divided, stable, and convincing data, suggesting the intervention was not consistently effective in improving Liza's self-esteem. The high variability during the baseline phase and the stable pattern towards the end may indicate a delayed response or the influence of external factors, requiring further verification.

These findings align with calls for more rigorous research on the applicability of NLP compared to established approaches like CBT and mindfulness [24]. While some studies affirm NLP's efficacy in enhancing self-understanding and empowering individuals [8], further exploration is needed to understand the intricacies of individual cases like Liza's and determine

the optimal application of NLP in addressing self-esteem issues. Figure 16 visually presents the data points of Liza's LSE results.

**Figure 16.** *Visual Analysis of Liza's LSE results*



- Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

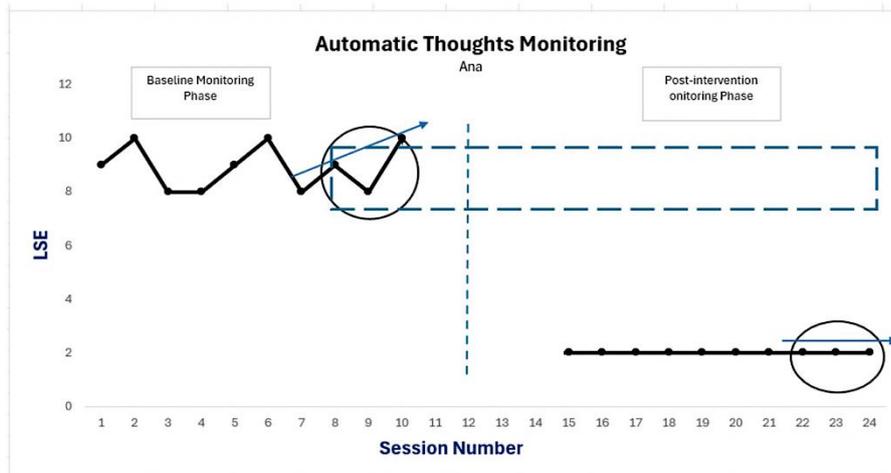
Liza reported significant improvements in self-esteem, including increased confidence, reduced people-pleasing, greater self-trust, hopefulness, security, and assertiveness. This subjective experience, gathered a week after the last session, suggests that the positive changes initiated by the intervention may continue and be sustained over time.

**Ana.** Ana's baseline scores for low self-esteem were 9, 10, 8, 8, 9, 10, 8, 9, 8, and 10, with a mean of 8.9. Post-intervention scores dramatically decreased to a consistent 2 across all sessions, with a mean of 2. This represents a significant improvement in Ana's self-esteem, with an 80% reduction in the highest score, a 70% reduction in the lowest score, and a 77.5% reduction in the mean score. The 100% consistency of post-intervention scores at a low level indicates a stable and lasting positive change in Ana's self-perception.

Visual analysis of the data reveals a clear division between baseline and post-intervention scores, demonstrating the exclusivity of data between observation points. The stable upward and downward trends in the last three data points of each phase further support the effectiveness of the intervention in improving and maintaining Ana's self-esteem.

These findings align with research indicating that effective interventions lead to both a reduction in symptom severity and increased stability [68,69]. The significant and consistent decrease in Ana's low self-esteem scores, coupled with the observed stability, suggests a long-term positive change in her self-perception and a reduction in negative self-beliefs. This aligns with studies by Chaudhary [34] and Sajjad and Rafiq [66], which support the effectiveness of interventions like NLP in promoting positive self-esteem and mental well-being. Figure 17 visually presents Ana's data points based on the last 3 values across phases.

**Figure 17.** Visual Analysis of Ana's Overall LSE Results



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
 2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
 3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

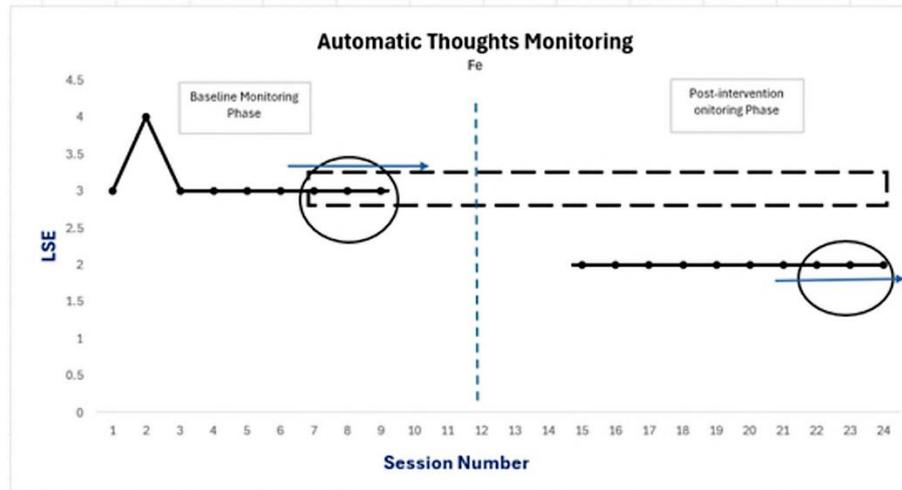
Ana reported experiencing positive changes in her cognition, including detaching from triggers, accepting life's imperfections, and maintaining calmness in challenging situations.

**Fe.** Fe's baseline scores for low self-esteem were 3, 4, 3, 3, 3, 3, 3, 3, 3, and 3, with a mean of 3.1. Post-intervention scores were consistently 2, with a mean of 2. This represents a significant improvement in self-esteem, with a 50% reduction in the highest score, a 33% reduction in the lowest score, and a 35.5% reduction in the mean score. While Fe's self-esteem was not initially low, the lower and more stable post-intervention scores suggest a sustainable positive change in self-perception.

The visual analysis of Fe's data supports the conclusion that the intervention caused this improvement. The data points are divided, with no overlap between baseline and post-intervention scores. The data is stable, with consistent scores within each phase, and the significant decrease in scores post-intervention demonstrates convincing evidence of the intervention's effectiveness.

These findings align with research indicating that effective interventions lead to both a reduction in symptom severity and increased stability [68]. The consistent decrease in Fe's low self-esteem scores and the observed stability suggest a long-term positive change in her self-perception and a reduction in negative self-beliefs, supporting the effectiveness of NLP in promoting positive self-esteem and mental well-being [34,66]. Figure 18 visually presents Fe's data points based on the last 3 values across phases.

**Figure 18.** Visual Presentation of Fe's LSE Data Points



- Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

Fe reported positive changes in motivation and well-being, including increased socialization, a change of environment, and feelings of optimism, fulfillment, and resourcefulness. The results indicate that the intervention had a positive effect on reducing low self-esteem in two out of three participants, suggesting its potential applicability to others with similar conditions, although further investigation is needed to confirm this.

### ***Automatic Thoughts: Helplessness***

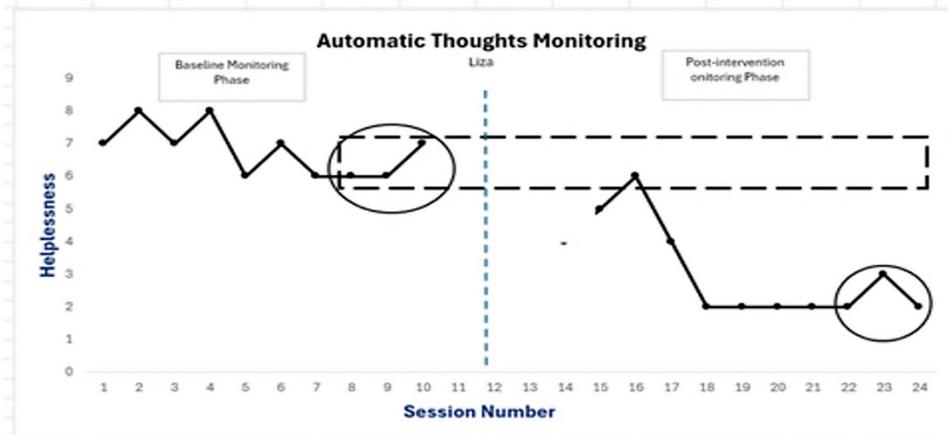
Helplessness is the last sub-factor of ATQ which in the realm of depression, tend to be negative and self-critical, contributing to depressive symptoms. The helplessness subfactor results per participant are presented and explained hereon.

**Liza.** Liza's baseline scores for helplessness were 7, 8, 7, 8, 6, 7, 6, 6, 6, and 7, with a mean of 6.8. Post-intervention scores significantly decreased to a range of 2 to 5, with a mean of 3.0. This represents a 25% reduction in the highest score, a 66.7% reduction in the lowest score, and a 55.9% reduction in the mean score, indicating a substantial improvement in Liza's feelings of helplessness and a shift towards a healthier perspective.

Visual analysis of the data demonstrates a convincing result, with clear division and stability between baseline and post-intervention scores. This suggests that the intervention positively impacted Liza's perceived helplessness, with the lower scores indicating improved coping mechanisms and a greater sense of control.

These findings align with research by Savardelavar and Kuan [16], who used a combination of NLP and Neuro-semantics to reduce performance anxiety in a female dancer, and Kerna et al. [13], who highlighted NLP's ability to address underlying thought distortions and negative beliefs. The significant decrease in Liza's helplessness scores further supports the potential effectiveness of NLP in managing depressive symptoms. Figure 19 visually presents Liza's Helplessness data points.

**Figure 19.** Visual Presentation of Liza's Helplessness Data Points



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

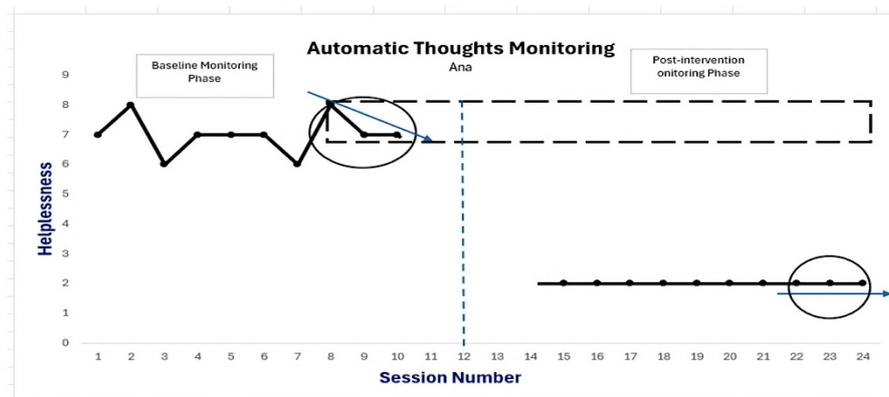
Liza reported feeling empowered and in control of her responses to triggers after the intervention, compared to feeling helpless before. She also noted significant personal growth, feeling more assertive and capable of protecting herself.

**Ana.** Ana's baseline scores for Helplessness (sessions 1-10) were 7, 8, 6, 7, 7, 7, 6, 8, 7, and 7, with a mean of 7. Post-intervention scores were consistently 2, indicating significant reductions across all measures: highest scores (75%), lowest scores (66.7%), and mean (71.4%). This consistency suggests both improvement and stability in Ana's feelings of helplessness following the intervention.

The visual representation clearly delineates pre- and post-intervention data, highlighting the change. However, the declining trend in the final three baseline data points (6, 8, 7) contradicts the assumption of consistently high values, potentially impacting the study's conclusions. Conversely, the post-intervention trend suggests sustained improvement in Ana's mental state.

Ana's results align with the call for more rigorous research on NLP's efficacy compared to established methods like CBT, mindfulness, and coaching [24]. While other studies support NLP's potential for self-realization and skill development, further exploration of the factors influencing Ana's results is warranted. Figure 20 visually presents Ana's Helplessness results.

**Figure 20.** Visual Presentation of Ana's Helplessness Results



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

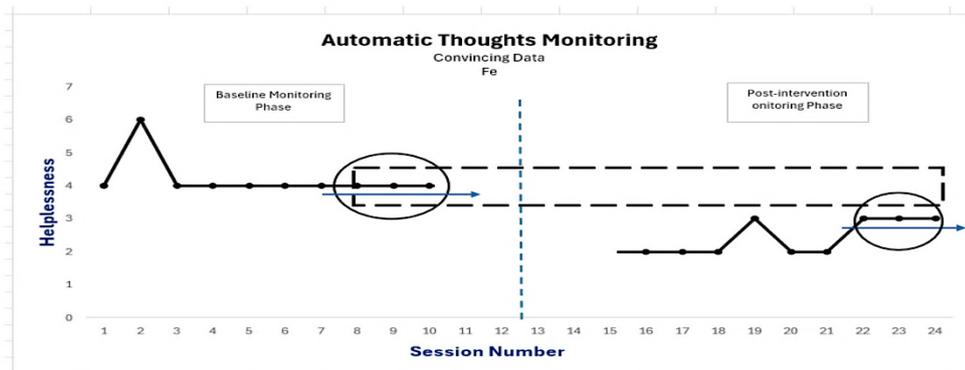
While Ana's results may not be statistically significant, the trend suggests positive change attributed to the intervention. Ana reports feeling more hopeful and positive, with increased awareness of triggers, despite occasional negative feelings.

**Fe.** Fe's baseline scores for Helplessness were 4, 6, 4, 4, 4, 4, 4, 4, 4, and 4, with a mean of 4.2. Post-intervention scores ranged from 2 to 3, with a mean of 2.4. This indicates significant reductions in highest scores (50%), lowest scores (25%), and mean (42.9%), suggesting a shift from powerlessness to greater control following the intervention. Notably, both baseline and post-intervention data exhibited stability, further supporting the intervention's effectiveness.

The visual representation clearly demonstrates data division, stability, and compelling evidence of the intervention's influence on reducing feelings of helplessness. Lower scores post-intervention, reflecting a more empowered perspective, support the hypothesis that Integrated-NLP can reframe negative thoughts and promote healthier thinking.

The effectiveness of the intervention in Fe's case aligns with existing research. Studies by Chaudhary [34] and Sajjad and Rafiq [66] support the use of similar interventions for positive outcomes. Furthermore, research by Kazdin [68] emphasizes that effective interventions decrease symptom severity and increase stability, while Hollon and Beck [69] highlight the importance of stability in preventing relapse and promoting sustained mental health. Figure 21 visually presents Fe's Helplessness results based on the three data points across phases.

**Figure 21.** Visual Presentation of Fe's Helplessness Results



Notes: 1) The circle focuses on the last data points as bases for the visual analysis.  
2) The dotted line box depicts the separation or exclusivity of data (no overlap in the values).  
3) The direction of the arrows shows the stability or trend of the data, high values remain high, and low values remain low.

Overall, Liza, Ana, and Fe all showed reductions in feelings of helplessness across lowest, highest, and average scores. The timing of these changes suggests the intervention positively impacted their sense of powerlessness by improving cognitive processes. The stability of post-intervention scores further indicates sustained improvement and suggests the participants gained some control over their circumstances. With continued support, this positive change is likely to be maintained.

## 6.0. Conclusion

The intervention effectively reduced depressive symptoms, as evidenced by consistent decreases in scores across seven psychological factors. However, the high variability in individual responses highlights the importance of tailoring the intervention to address specific needs, potentially combining standard techniques with personalized approaches. Notably, the most significant improvements were observed in areas related to negative self-concept and expectations, suggesting that targeted NLP techniques can be particularly effective in addressing these aspects. Interestingly, all six factors of negative automatic thoughts showed reductions exceeding 50%, emphasizing the role of cognitive dysfunction in depression. This highlights the effectiveness of the Integrated-NLP approach, specifically the use of hypnotherapy and Timeline Therapy® in addressing negative emotions and limiting beliefs.

## 7.0. Limitations of the Findings

The study's limitations include the lack of empirical evidence on NLP's applicability in the local clinical setting, the small sample size due to participant scarcity and case sensitivity, and individual differences in response to the intervention. Additionally, the chosen A-B Comparative Design, while prioritizing participant well-being, limits definitive conclusions about causality due to the absence of a control group and continued exposure to stressors. The intervention's short duration and limited post-intervention monitoring may also have influenced the results, as suggested by data trends and participant feedback.

## 8.0. Practical Value of the Paper

The findings of this study demonstrate the practical value of Integrated-NLP as a promising intervention for depression. The significant reduction in depressive symptoms, particularly in areas related to negative self-concept and automatic thoughts, suggests that

targeted NLP techniques, such as hypnotherapy and Timeline Therapy®, can be effective in addressing cognitive dysfunction and negative emotions, which are key components of depression. Moreover, the variability in individual responses underscores the importance of tailoring interventions to meet specific needs, indicating that a combination of standardized and personalized approaches may be most effective in clinical practice. These findings offer valuable insights for mental health practitioners seeking to enhance the effectiveness of their interventions for depression.

### **9.0. Directions for Future Research**

Due to limited Philippine-based research on NLP in clinical settings, this pilot study serves as a preliminary exploration of its potential. While findings are not yet conclusive, several directions for future research are identified. These include conducting a longitudinal study with the same participants to identify factors influencing the current results, expanding research on NLP's clinical applications to strengthen empirical evidence, raising awareness of NLP's benefits within the psychology field, and exploring the application of NLP-based therapy to other mental health issues like anxiety and trauma. Furthermore, refining the Integrated-NLP Intervention through personalized techniques could enhance its effectiveness in addressing individual needs.

### **10.0. Declaration of Conflict of Interest**

The authors declare no conflict of interest.

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