



## Effect of Cognitive Behaviour Therapy in Reducing Aggression among College Students

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### **ABSTRACT-**

The main purpose of the research is to know the effect of CBT in reducing the aggression among college going students. In order to conduct the research the sample of 90 students were taken from IIMT University .Out of 90 students 45 were males and 45 were female.The design used was 2\*8 (it means that sample were derived from male and female and they were given the 8 session in a month). For the assessment of aggression the measures used was the “The Aggression scale” which was prepared by Dr Guru Pyari Mathur and Dr Raj Kumar Bhatnagar– was used. The students who were diagnosed with aggression were given CBT. The Cognitive Behaviour Therapy was given for one months (total 8 session, two session in a week).After giving the session of C.B.T the students were once again assessed with aggression scale. The analysis of the data was done with the help of ANOVA. In the result it was found that CBT had significant effect in reducing the Aggression level of the students. Thus, it is concluded that CBT plays significant role in reducing aggression among school going students.

**Keyword-** *CBT, Aggression*

### **Cognitive behavior therapy (CBT),-**

Cognitive therapy was developed by Aaron Beck in 1960,it is found to be effective in treatment of large no. of psychiatric disorders including anxiety ,depression, eating disorder ,substance use and personality disorder . CBT has been adapted and studied for children, couples, adults, adolescents, and families. CBT is based on a straight forward, common sense model of the relationship among cognition ,emotion, behavior. Cognitive behavior therapy is talking therapy that can help in managing psychological problems by changing the way you think and behave. It’s most commonly used to treat anxiety and depression but can be useful for other mental and physical health problem .It is different from historical approaches to psychotherapy such as the psychoanalytic approach. The therapist to scroll is to assess the client in finding and practicing effective techniques to reach the identified goals and to reduce symptoms of the disorder stop. This therapy is based on belief that faulty thoughts and maladaptive behaviours play an important role in development and maintenance of many psychological disorder and their symptoms and associated distress can be reduced by teaching new information processing skills and coping mechanisms. Cognitive behaviour therapy focuses on cognitive distortions such as thoughts beliefs and attitudes and their associated behaviours to improve emotional intelligence development personal coping strategies that goal of solving current problems. CBT is a psychosocial intervention that aim to reduce symptom of various psychological conditions. CBT is based on the idea that our thoughts and beliefs about ourselves, others, and the world around us can influence our feelings and actions.



The goal of CBT is to identify and change negative or unhelpful patterns of thinking and behavior that may contribute to psychological distress or interfere with a person's functioning. It is a structured and collaborative approach that involves the therapist and the individual working together to challenge and modify these patterns. CBT is often used to treat a wide range of mental health conditions, including anxiety disorders, depression, phobias, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), and many others. It typically involves setting specific goals, learning and practicing new coping skills, and developing strategies to manage and overcome difficulties.

Overall, CBT aims to help individuals develop more adaptive and healthier ways of thinking, behaving, and relating to themselves and others, leading to improved emotional well-being and functioning. Aaron Beck developed cognitive therapy about the same time that Alice was developing RET( Rational Emotive Behaviour Therapy). They were not aware of each others work and create their approaches differently. Alice developed RBT based on philosophical tenets, whereas Cognitive Behaviour therapy give importance to education and prevention but uses specific techniques tailored to particular problem. The specificity of CT allows therapist to link assessment, identification, conceptualization, Add treatment strategies.

He set out to create an evidence based therapy for depression and he tested each of his theoretical constructs with empirical studies and conducted controlled result studies to determine how CBT's outcome compared with existing Psychotherapy and pharmacotherapy treatments for depression. He careful empirical approach was eventually adopted by colleagues around the world. Evidence supported CT's approaches were developed for many disorders including panic disorder, depression, social anxiety, phobia, post traumatic stress disorder, schizophrenia and other psychotic disorders, hypochondriasis, body dysmorphic disorder ,eating disorder, insomnia, Anger, stress, chronic pain and fatigue and distress due to General Medical problems such as cancer. Beck original depression research reveals that depressed client had a negative bias in their interpretation of certain life events which resulted from active process of cognitive disorder. This led back to believe that a therapy that's help depressed client aware of and change their negative thinking pattern could be helpful unlike Ellis, Beck did not assure that negative thoughts what the soul cause of depression. Cognitive therapy has a number of similarities to both Rational Emotive Behaviour Therapy and Behaviour Therapy. All of these therapies are active, directive, time limited, Present-centred, problem oriented, collaborative, structured and empirical. CBT is based on the theoretical rationale that the way people feel and behave .

### **Three Assumptions of CBT**

- 1-The people thought processes are Accessible to introspection,
- 2-The people's believes have highly personal meanings, and
- 3-That people can discover these meanings themselves, rather than being taught or having them interpreted by the therapist or psychologist

Cognitive model: with years of research and the various applications of cognitive therapy. He proposed a generic cognitive model to describe principle that pertain to old cognitive therapy application, from depression and anxiety treatment to therapist for a wide variety of other problems, including psychosis and substance use. The generic cognitive model provides a comprehensive framework for understanding psychological distress, and some of its



principles are described here. Beck Encourage others to design research to investigate the component of his model in an effort to reach the best understanding possible of human behaviour, human condition and emotions.

Cognitive Behavioral Therapy (CBT) is a widely recognized form of psychotherapy that focuses on identifying and changing patterns of thinking and behavior that contribute to emotional difficulties. It is a goal-oriented, practical approach that helps individuals understand how their thoughts, beliefs, and attitudes affect their feelings and actions.

The underlying principle of CBT is that our thoughts, emotions, and behaviors are interconnected, and by changing our thoughts, we can effectively change our emotions and behaviors. CBT operates on the premise that it is not the events themselves that cause distress, but rather our interpretation and perception of those events.

CBT is usually a structured, time-limited therapy that can range from a few weeks to several months, depending on the individual's needs and goals. It is commonly used to treat a wide range of mental health conditions, including anxiety disorders, depression, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), eating disorders, and substance use disorders.

It's important to note that CBT is typically conducted by a trained mental health professional, such as a psychologist or a licensed therapist, who guides the individual through the therapeutic process. While some CBT techniques can be self-applied to a certain extent, it's generally recommended to seek professional guidance for the best outcomes.

### **Three Assumptions of CBT**

- 1-The people's thought processes are Accessible to introspection.
- 2-The people's beliefs have highly personal meanings.
- 3-That people can discover these meanings themselves, rather than being taught or having them interpreted by the therapist or psychologist.

### **Steps in Cognitive Behaviour Therapy**

1. Identify the problem.
2. Generate a list of potential solutions.
3. Evaluate the strengths and weaknesses of each potential solution.
4. Choose a solution to implement.
5. Implement the solution

### **Types of Cognitive Behavioral Therapy**

CBT encompasses a range of techniques and approaches that address our thoughts, emotions, and behaviors. These can range from structured psychotherapies to self-help practices. Some of the specific types of therapeutic approaches that involve cognitive behavioral therapy include:

- **Cognitive therapy** centers on identifying and changing inaccurate or distorted thought patterns, emotional responses, and behaviors.



- **Dialectical behavior therapy (DBT)** addresses destructive or disturbing thoughts and behaviors while incorporating treatment strategies such as emotional regulation and mindfulness.
- **Multimodal therapy** suggests that psychological issues must be treated by addressing seven different but interconnected modalities: behavior, affect, sensation, imagery, cognition, interpersonal factors, and drug/biological considerations.<sup>4</sup>
- **Rational emotive behavior therapy (REBT)** involves identifying irrational beliefs, actively challenging these beliefs, and finally learning to recognize and change these thought patterns.

### INTRODUCTION TO AGGRESSION

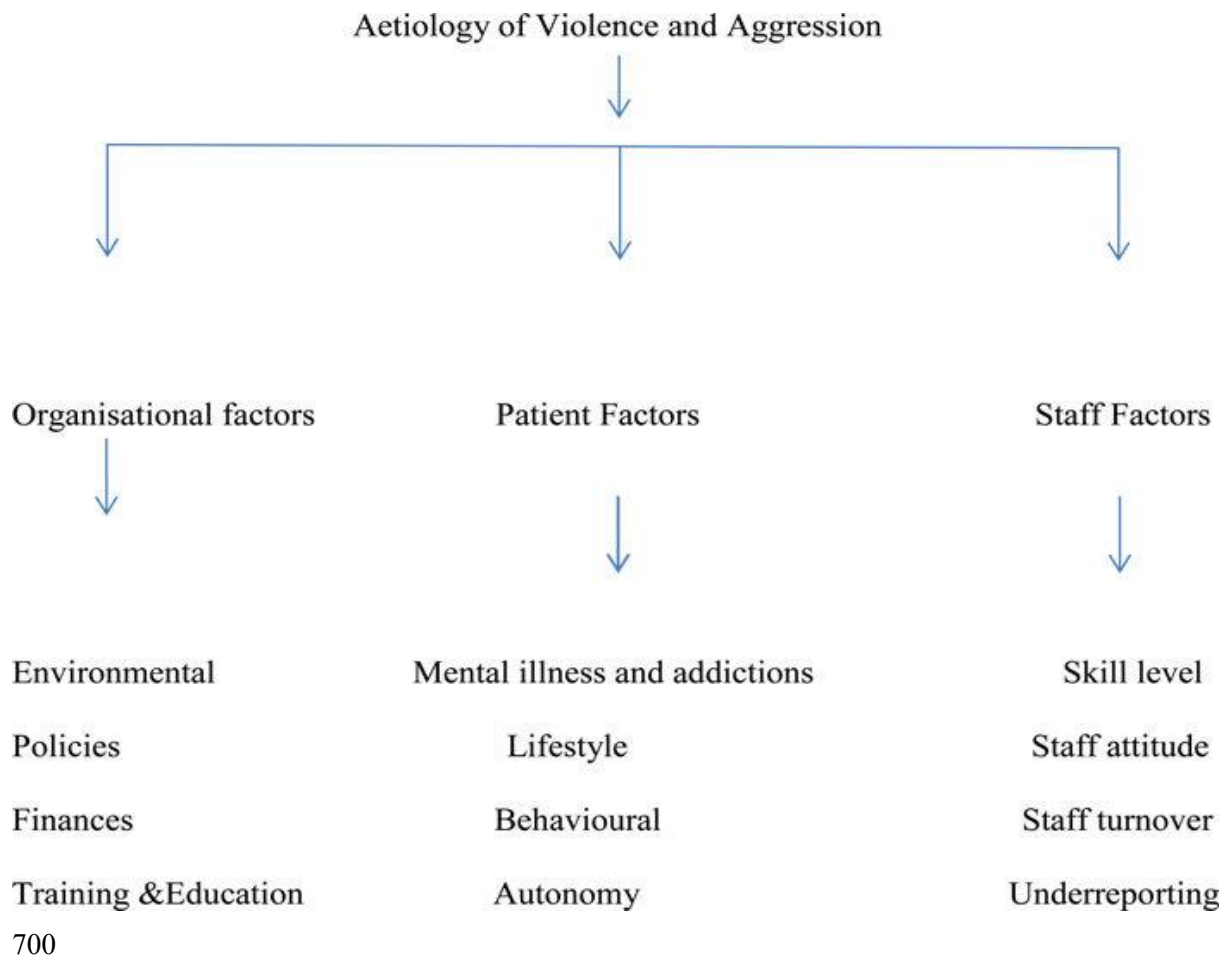
Aggression is a term used in psychology to describe a variety of actions that have the potential to cause bodily or psychological harm to oneself, other people, or environment-based items. Intimidation focuses on causing bodily or psychological harm to another individual. While everyone has occasional episodes of hostility, excessive or pervasive aggression may indicate a physical disease, substance abuse disorder, or underlying mental health condition.

- Demonstrating hatred or rage
- Making a claim to authority
- Frightening or menacing
- Reaching an objective
- Communicating ownership
- Reacting to pain
- Reacting to fear

Aggressive behavior must require action—just thinking about hurting someone is not enough—because its purpose is to cause harm to someone who doesn't want to be hurt.

### Types of aggression

- **Accidental aggression** The aggression in which a person doesn't want to harm anyone physically, mentally, emotionally or verbally is called as accidental aggression. Every aggression doesn't occur on a purpose. Aggression caused by carelessness, laziness, or simply not being attention to what's going on and has not a purpose so it is known as accidental aggression.
- **Hostile aggression** When aggression is done on a purpose and with the intention of hurting someone, whether it can be physically, mentally, emotionally or verbally. Then it is known as hostile aggression.
- **Expressive aggression** In expressive aggression. There is no intention of hurting but there is a sense of enjoyment from the behavior. There is a sense of enjoyment from the aggressive behaviour. But this enjoyment is not come from harming the other person and this sense of enjoyment is come from the behaviour over shadow. How it make another person feel.
- **Instrumental aggression** The instrumental aggression is the final type of aggression we are going to discuss. When we compare instrumental aggression to other type of aggression, it is similar as expressive aggression because there is no intention to hurt but There Is an overlying problem which must deal with.



**Review of literature:**

**Shorey, (2011):** This study examined the efficacy of a brief CBT intervention in reducing aggression among college students with anger problems. The intervention consisted of eight weekly individual CBT sessions. The results showed significant reductions in aggression, anger, and hostility following the intervention, suggesting the effectiveness of CBT in addressing aggression in this population.

**Stuart, and Anderson (2014):** In this study, the researchers evaluated the impact of a CBT intervention on reducing aggression and intimate partner violence among male college students. The participants received 12 weekly individual CBT sessions. The findings revealed significant reductions in aggression and intimate partner violence perpetration post-intervention, highlighting the effectiveness of CBT in addressing aggressive behaviors.

**Reid, Cyders, and Moghaddam (2014):** This study explored the effects of a CBT-based anger management intervention on reducing aggression among college students with high trait anger. The participants received six weekly group CBT sessions. The results demonstrated significant reductions in aggression and anger following the intervention, indicating the efficacy of CBT in managing anger-related aggression.



**Swartout, et.al (2019):** This study investigated the effectiveness of a CBT-based violence prevention program among college students. The findings revealed significant reductions in aggression and violence perpetration, suggesting that CBT can be effective in preventing and reducing aggression among college students

**Beck, R., & Fernandez, E. (1998):** This study examined the effectiveness of CBT in reducing aggression in a sample of male inmates. The participants received CBT interventions that focused on anger management, cognitive restructuring, and problem-solving skills. The study found significant reductions in aggressive behavior and improved anger management skills among the participants.

Novaco, R. W., & Chemtob, C. M. (2002): This research investigated the effectiveness of CBT-based interventions for reducing aggression in individuals with post-traumatic stress disorder (PTSD). The participants received CBT treatments that included anger management techniques, cognitive restructuring, and relaxation exercises. The study demonstrated significant reductions in aggressive behavior and improved anger control among the participants.

**Loftin, R. D., (2014):** This study explored the effectiveness of CBT in reducing aggression among adolescents. The participants received CBT interventions that targeted aggression, impulse control, and social skills development. The findings indicated significant reductions in aggression and improved social functioning among the participants who received CBT compared to a control group.

**Borduin, C. M., et al. (2017):** This research examined the effects of a family-based CBT program in reducing aggression and delinquency among adolescents with conduct disorders. The participants and their families received CBT interventions that focused on cognitive restructuring, problem-solving skills, and behavior management techniques. The study found significant reductions in aggressive behavior, delinquency, and improved family functioning as a result of the CBT program.

### Methodology

**Objective-** To study the effect of CBT in reducing Aggression among college going students.

**Hypothesis-** There will be significant effect of CBT in reducing Aggression among college going students.

**Design used-** A mixed group design was used 2×8 i.e. (gender) and eight session in month.

**Sample** – the sample consists of 90 students, out of 90, 45 are male and 45 are female suffering who were diagnosed with high level of Aggression.

**Tool used-** Aggression scales- **Dr Guru pyari Mathur ,and Dr Raj kumar bhatnagar.**

AGGRESSION SCALE( AS) by Dr. Guru Pyari Mathur and Dr. Raj Kumari Bhatnagar 2004. It studies position of aggression in individualities above 14 times of age. The scale consists of 55 statements, each statement focuses on a distinct aggression type in varied situation. The statements in this scale are positive and negative in nature. As uses Likert type 5- point scale. The Test- retest reliability is 0.88 in males and 0.81 in ladies. The validity of the scales is 0.80 in males and 0.78 in female. It uses 5- point scale from 1 strongly agree to 5 being strongly



disagree. The responses give a range from 6 to 30, which is also divided by 6, i.e., the total number of particulars to gain a score.

**Reliability-** .88 in males and .81 in females with test retest reliability.

**Validity-** .80 in males and .78 in females.

**Procedure-** In order to collect the sample of 90 subjects.

The researcher went to the different college of IIMT University with any introductory letter so that the researcher could progress with the work. Then the researcher requested the Dean of each school to provide list of subjects who were having high level of aggression, and the researcher also requested them to provide separate room for the therapy plan. The each school provided the researcher with the list of students who were having high level of aggression. Over all, the researcher got the sample of 90 subjects. Then each subject was given a aggression scale and they were asked to fill it.

**Scoring-** It is a 5 point scale, in this scale, statements are in two forms i.e. positive and negative, 30 statements are in positive form and 25 in negative form. In positive form of statements, score will be given as 5,4,3,2,1 respectively and in negative form of statement, scores will be given as 1,2,3,4,5 respectively. The total no. of answer constitute the final score. Maximum score is 275 and minimum score is 55. Higher score show higher aggression level and lower score show lower aggression level.

### SCORE OF AGGRESSION SCALE

Scores	Aggression Level
205 and more	High Aggression
155-204	Moderate Aggression
Below 154	Low Aggression

### Result

In order to find the “Effect of Cognitive Behaviour Therapy” in reducing aggression, the data was analysed separately by using ANOVA technique. This test is useful in testing the difference of all the means at the same time.

Source of Variation	Ss	Df	Ms	F
A (Gender)	151.30	1	151.30	0.80
Error	3338.60	18	185.50	-
B	3061.05	4	765.20	212.50**
A x B	19.20	4	4.80	1.30
Error	258.30	72	3.60	-

\*\*Significant at .01 level



### INTERPRETATION OF THE RESULT:

#### Main effect:

**Effect of gender:** Table no. 1 indicates That F ratio for the first independent variable i.e gender is ( $F(1,72)=0.80 > 0.1$ ), which is not found to be significant at any acceptable level of confidence, therefore the null hypothesis is accepted and the research hypothesis formulated earlier regarding on gender is rejected.

#### Effects of repetition of therapy:

The F ratio for the second independent variable i.e the repetition of therapy is 212.5 and is found to be highly significant at .01 level of confidence ( $F(4,72)=212.5, P<.01$ ). It leads us to conclude that the repetition therapy session is an important influential factor in reducing aggression.

#### Conclusion

There is significant reduction in aggression level students after performing cognitive behavior therapy. Cognitive behaviour therapy, stands as a powerful tool in the field of mental health, offering individuals practical strategies. To transform their thoughts, emotions and behaviour. Its evidence based approach and adaptability make it a widely utilised and effective therapeutic approach.

CBT is a highly effective approach for reducing aggression by addressing cognition and behavioural aspects of anger or aggression. Individual can develop more adaptive ways of thinking and responding situations which provoke aggression. CBT equips individual with the necessary skills to manage their anger or aggression, leading to improved overall wellbeing.

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