Can Cognitive Restructuring Therapy Reduce Shy Attitude Among in-School Adolescents in Oredo Local Government Area, Edo State?

Elizabeth Isibhakhomen Agaga, PhD
Department of Educational Evaluation and Counselling Psychology,
University of Benin, Benin City, Edo State
elizabethagaga@yahoo.com

&

Prof (Mrs.) Egbochuku, Elizabeth Omotunde
Department of Educational Evaluation and Counselling Psychology,
University of Benin, Benin City, Edo State
mamandidi@yahoo.co.uk

Abstract

The study examined if cognitive restructuring therapy can reduce shy attitudes among in-school adolescents in Oredo Local Government Area, Edo State. Two hypotheses were raised to guide the study. The population of the study comprises 899 junior secondary school 1 (JSS1) in-school adolescents in Oredo Local Government Area. A sample of 102 participants was used for the study, comprising 56 females and 46 males using purposive random sampling. Data was collected using a self-structured scale titled the Shyness Scale (SS) Three experts examined the instrument each for face and content validity. The instrument was administered to twenty students outside the sample of the study, and Cronbach statistics was used to analyze the data collected. The reliability coefficient score obtained was 0.91. The Shyness Scale (SS) was used to identify in-school adolescents who exhibit shy attitudes and who took part in the study. The treatment intervention lasted for six weeks, with two sessions weekly lasting for forty-five (45) minutes per session. Data collected were analyzed using a paired sample t-test at a 0.05 level of significance. The findings of the study revealed that CRT was effective in reducing shy attitudes among in-school adolescents in Oredo Local Government Area of Edo State. Based on the findings, it was recommended among others that counselors and counselling psychologists should, therefore, utilize CRT in reducing shy attitudes among in-school adolescents

Keywords: Shyness, CRT, Adolescents, Socialization

Introduction

Nigeria as a country has recognized and embraced schooling as an absolute platform for educating her citizens, and the main reason is to socialize her people through the transfer of desirable values, attitudes, and social learning, which would help her citizens to relate effectively with themselves and others in the society. The school environment helps to carry out these activities and to shape students' learning behaviour. The school is an agent of socialization and as such, every student in the school, no matter his or her position, is expected to exhibit a reasonable level of sociability. In other words, students should be interactive and

gregarious and be in good social contact and relationships with their peers, classmates, and teachers, among others. However, it has been observed that some students still function at a very low level of sociability. Such students are afraid of being with people other than family members; as a result, they may have a hard time making and keeping friends while displaying a strong disposition for suicidal tendencies, lower education, financial dependence, and being single, and as such are regarded as being shy (Sevari, 2014).Shyness is the tendency to feel awkward, worried, or tense during social encounters, especially with unfamiliar people (American Psychological Association, 2012). A shy person, according to D'Arcy, (2016) will restrain, withdraw, evade, and escape from social situations. Shyness is a psychological disorder in the school system and could affect a lot of students negatively, thereby leading to poor academic performance as well as impeding normal social development and psychosocial functioning. Oftentimes, students are withdrawn and refrain from interacting with peers, classmates, and schoolmates because of fear of being embarrassed whenever they want to ask or answer questions in class. Most times, they would be found sitting at the back of the classroom. What sometimes makes life tougher for the shy person is that sometimes society does not acknowledge shyness as a psychological problem.

Oguzie et al (2020) asserted that shyness is undoubtedly a very serious concern among in-school adolescents in Nigeria. It is disheartening that some in-school adolescents in Edo State, and Nigeria in general, are shy, and they find it challenging to air their views and opinions in social gatherings. While others find it very difficult to perform at their optimum during social situations and events. The researcher has also observed incidences of shyness among in-school adolescents. This she observed during her counselling practicum and teaching practice experience in one of the schools in Oredo Local Government Area where she had the opportunity of interacting with students in a social setting. She observed most students find it difficult to express their views in a social gathering, and this has affected not just their academic performance but their relationship with other students. For instance, they find it difficult to ask or answer questions in class even when they do not understand what is being taught in the class, they also find it difficult to ask for assistance from their fellow students. Such students, even when they are intelligent, may not be able to achieve their educational goals. Considering the obvious devastating impacts of shyness on students' social, psychological, and academic well-being, it is quite disheartening that little or no attention is being paid to the problem in terms of research. Especially among junior secondary school students in Edo State. It has been observed that shy students are not exposed to appropriate counseling therapies (Kessler, 2015).

In this study, the researcher used Cognitive Restructuring Therapy (CRT), to reduce shy attitudes among in-school adolescents in Oredo LGA, Edo State.

Cognitive Restructuring Therapy (CRT) is a counseling intervention/technique that helps people to understand the influence of thoughts and feelings on human behavior. Cognitive restructuring therapy was propounded by Beck (2011) as an intervention technique that can be used by counselors and therapists to train in-school adolescents on how to change their unwanted behaviors and feelings through their thought patterns. This technique is based on the premise that people's thoughts, feelings, physical sensations, and actions are interconnected and that negative thoughts, feelings, and beliefs can lead to maladaptive behaviors (Beck, 2011). Hence, negative and unrealistic thoughts and beliefs could cause emotional distress and may result in deficit behaviors such as shyness (Mejo, 2016). The tenets of CRT include: cognitive training, self-monitoring, emotion recognition, problem-solving, coping skills, and reward programs Bahrami, et al (2021). Originally, the therapy was designed to manage depression, but its use has been expanded to include the treatment of several mental health conditions, including shyness. This therapy is effective in reducing a lot of maladaptive behaviours.

Shina (2015) investigated the effects of cognitive restructuring and graded exposure counseling techniques on school phobia among secondary school students in Kaduna Metropolis, Nigeria. The study was guided by five (5) research questions and five (5) null hypotheses. This study employed a quasi-experimental, non-equivalent control group, pre-test-post-test design. The population of this study was 415 junior secondary school students, whereas 36 students were purposefully sampled and used for the study. The instrument used for data collection was Screen for Child Anxiety-Related Disorders (SCARED). Data were analyzed using mean, standard deviation, t-test, and ANCOVA. Findings revealed that male and female students exposed to CRT had a reduced school phobia. It was therefore recommended that school principals, counselors, psychologists, and form teachers should be exposed to training in CRT and GET in re-addressing students with school phobia and other maladaptive behaviour among others.

Oguzie and Nwokolo (2019) carried out a study on the effect of cognitive restructuring therapy on shyness among secondary school students in Imo State. The study discovered that Cognitive Restructuring Therapy (CRT) is a counselling intervention that helps the targeted people to understand the influence of feelings and thoughts on behaviour. It is an intervention directed at thought processes, a short-term goal-oriented treatment that adopts a problem-solving and

practical approach in its intervention. Oguzie and Nwokolo (2019) citing Martin (2018) opined that cognitive restructuring therapy has been used to treat a range of maladaptive behavioural issues such as shyness, anxiety, depression, drug abuse, and low self-esteem.

In a study carried out by Razieh et al, (2013) on the effectiveness of cognitive restructuring therapy on the reduction of shyness among female high school students in Karaj; the study employed a quasi-experimental design that involved pre-test, post-test control group, and follow-up phase. The sample size comprised 60 people which were selected using a multi-stage sampling technique. A shyness questionnaire was used, which contains 48 questions with four choices in four subscales (Social Anxiety and Shyness, Anxiety Performance, Social Avoidance, and Avoidance Performance). Cognitive restructuring therapy was used to treat participants in experimental groups for 8 sessions, and every session lasted 90 minutes. Descriptive and inferential statistics of analysis of covariance and t-test statistics were used to analyze the data. The findings revealed that cognitive restructuring therapy was effective in the reduction of shyness, especially among female students.

In a study carried out by Somayeh and Omid (2010) on the effectiveness of cognitive restructuring therapy (CRT) on the management of shyness among in-school adolescents. The study adopted quasi-experimental research and a research plan in two groups of pre-test- post-test type with the control group. The group under consideration was composed of 16 female students (8 students in the testing group and 8 students in the control group) who were chosen by the sampling inaccessible choice method. To measure social anxiety, the Shyness inventory (SPIN) questionnaire was used. In this research, intervention therapy was implemented in the testing group, which was composed of students, while the control group didn't receive such an intervention. An independent t-statistical test was utilized in this research. Findings showed that the CRT was effective. It was concluded therefore that cognitive restructuring therapy is effective in reducing shyness symptoms and increasing social skills, just like other methods including supportive psychotherapy, psychological training, and medical treatment.

Mohammad et al, (2016), carried out a study on the effectiveness of Cognitive Restructuring Therapy and Acceptance and Commitment Therapy in the Reduction of Shyness among University Students in Iran. The study adopted a quasi-experimental interventional method using two groups of experimental and one control group. A sample of 45 students with shyness and social anxiety disorder was selected by convenience sampling method and then randomly assigned to two experimental and one control group. The Shyness Inventory was used for data collection to assess the level of shyness. The pre-test and post-test scores were analyzed using

covariance tests. The results showed that both treatment groups outperformed the control group. In conclusion, the two therapeutic approaches are equally effective in reducing the symptoms of shyness, and Acceptance and commitment therapy can be a good alternative to cognitive restructuring therapy in the treatment of shyness.

Bamidele et al (2020) investigated the efficacy of cognitive restructuring and problem-solving therapies on the academic self-efficacy of in-school adolescents in Ekiti State. The study adopted an experimental design. A sample was drawn using the father-absent involvement scale (N = 166 participants); their score was over 70% indicating the father's absence. The result of this study showed higher values of academic self-efficacy for the group treated with CRT (x = 128.1579) than the group treated with PST (113.4915) while the lowest score was for the control group. (91.8200). It was concluded that CRT and PST are efficacious in enhancing the academic self-efficacy of in-school adolescents.

Shyness could have severe consequences now for in-school adolescents and in later life as adults if left untreated. It is the above ugly situations and their negative consequences for the educational system that have reached alarming proportions that have given impetus to this present study.

Statement of the Problem

Shyness could be a barrier that may restrain in-school adolescents from engaging actively in the classroom and thus prevent the attainment of their educational goals. Shyness is a very serious problem that has incapacitated some in-school adolescents, especially in Oredo LGA as observed by the researcher, and this has raised and continues to raise great concern in the Edo State education system.

The researcher also has observed incidences of shyness among in-school adolescents. This she observed in her years of teaching and during her counselling practicum and teaching practice experience in the public schools in Edo State, where she had the opportunity of interacting with students in social settings. She observed most students find it difficult to express their views in a social gathering, and this has affected not just their academic performance but their relationship with other students. For instance, they find it difficult to ask or answer questions in class even when they do not understand what is being taught in the class. They also find it difficult to ask for assistance from their fellow students. Such students, even when they are intelligent, may not be able to achieve their educational goals.

Students who are shy may be frequently absent from school to avoid being called upon to participate in the learning process, and this may modify their academic performance, and they may probably drop out of school. To be bold, cope with the anxiety arising from performing in front of the class, and enable them to speak up in social situations. Some students resort to the use and abuse of drugs such as alcohol, cigarettes, marijuana, tramadol, cocaine, codeine, and so on. This, in turn, could lead to poor coordination, maladaptive behaviour, mental disorders, weaker brain functioning, and poor academic performance. This scenario no doubt reveals the urgent need for the most effective behaviour intervention measures to curb shyness so that those students affected may have peace, joy, happiness, comfort, and relaxation of mind. To be able to live in harmony with themselves and the people around them to contribute optimally to the growth and development of society as an integral part of it. However, several methods have been used by the government and educational system to handle shyness among students, such as the promotion of self-esteem by offering praise for small accomplishments and rewarding participation even if the student gives a wrong answer amongst others. Despite all these methods employed in handling shyness in schools, the incidence remains high among students. Hence the need for counsellors and even teachers to be equipped with the appropriate counselling skills to handle in-school adolescents' shyness in schools. The researcher makes use of CRT to see if it will be effective in handling shy attitudes among in-school adolescents in Oredo LGA, Edo State.

Purpose of the Study

1. To determine the differences in the pre-test and post-test shy attitude scores of in-school adolescents exposed to CRT treatment
2. To find out if there is a difference in the pre-test and post-test shy attitude scores of in-school adolescents exposed to CRT treatment and those in the Control group

Hypotheses

1. There is no significant difference in the pre-test and post-test of shy attitude mean score among in-school adolescents exposed to cognitive restructuring therapy.
2. There is no significant difference in the pre-test and post-test of shy attitude mean score among in-school adolescents exposed to cognitive restructuring therapy and those in the control group.

Methodology

The study examined if cognitive restructuring therapy can reduce shy attitudes among in-school adolescents in Oredo Local Government Area, Edo State. Two hypotheses were raised to guide the study. The population of the study comprises 899 junior secondary school 1 (JSS1) in-school adolescents in Oredo Local Government Area. A sample of 102 participants was used for the study, comprising 56 females and 46 males using purposive random sampling. Data was collected using a self-structured scale titled; Shyness Scale (SS) Three experts examined the instrument each for face and content validity. The instrument was administered to twenty students outside the sample of the study Cronbach statistics was used to analyze the data collected, and the reliability coefficient scores obtained were 0.91. The Shyness Scale (SS) was used to collect data for the study as well as to identify in-school adolescents who exhibit shy attitudes and who took part in the study. The treatment intervention lasted for six weeks, with two sessions weekly lasting for forty-five (45) minutes per session. Data collected were analyzed using a paired sample t-test at a 0.05 level of significance.

Treatment Procedure

The study was conducted as follows:

Stage 1: Pre-test Assessment

Stage 2: Treatment

Stage 3: Post-test Assessment

The first step was the pre-testing of participants in the experimental and control groups. Stage two was the treatment of the experimental groups using cognitive restructuring therapy, while the control group will be the non-attention group. Stage three was the post-test assessment of the participants in the experimental and control groups.

Stage 1: Pre-test Assessment

The researcher administered the instrument as the pre-test assessment of all the participants in the experimental and control groups. This pretest formed the first part of the pre-treatment assessments. The purpose of this was to screen the participants to identify those eligible for the study, and at the same time to obtain the pre-test scores. The data that was collected formed the baseline proforma with which the post-test scores were compared after which the post-test assessment was done.

Stage 2: Treatment Assessment

This is the experimental stage, which commenced a week after the pre-test assessment where the treatment packages were given to the participants. The treatment package was Behavioral

Rehearsal training and a non-attention control group. No treatment was given to the participants in the control group. The experimental group was treated using BRT. The treatment group met for six weeks. Each week runs for two sessions for 45 minutes per session.

Stage 3: Post-test Assessment

At the end of the treatment session, which lasted for six weeks. The two groups, the experimental and the control groups were post-tested by administering the same instrument used for the pre-test, after which their results were compared at the end of the treatment procedure.

Results and Discussion

Hypothesis 1: There is no significant difference in the pre-test and post-test shy attitude mean score of in-school adolescents exposed to cognitive restructuring therapy.

Table 1: Paired Sample t-test of Pre-test and post-test of mean scores on reduction of shy attitude among in-school adolescents in Oredo LGA Exposed to CRT Treatment.

Test	n	Mean	Standard Deviation	t	Sig. (2-tailed
Pre-test	51	137.40	31.35		
				7.521	.000
Post-test	51	99.87	17.82		

$\propto = 0.05$

Table 1 shows a paired sample t-test of 7.521, testing at an alpha level of 0.05, with a p-value of.000. Since the p-value is less than an alpha level of 0.05, the null hypothesis, which states that "There is no significant difference in the pre-test and post-test of in-school adolescents exposed to cognitive restructuring therapy," is rejected. Consequently, cognitive restructuring therapy is significantly effective in reducing shy attitudes among in-school adolescents in Oredo Local Government Area, Delta State.

Hypothesis 2: There is no significant difference in the pre-test and post-test shy attitude mean score of in-school adolescents exposed to cognitive restructuring therapy and those in the control group.

Table 2: Paired sample t-test of shy attitude scores of participants exposed to CRT and those in the control group at pretest

Treatment	n	Mean	Standard Deviation	t	Sig. (2-tailed)
Experimental	51	137.40	31.352		
				-8.077	.000
Control	51	125.925	19.499		

$\alpha = .05$

Table 2 shows a calculated t value of -8.077 and a p value of.000 testing at an alpha level of.05. So, there is a significant difference in the Shy attitude mean scores of participants exposed to CRT and those in the control group at the pre-test. Hence the need to use pre-test scores as a covariate.

Table 3: Mean and Standard Deviation in shy attitude mean Scores of participants exposed to CRT and those in the control group at post-test

Treatment Group	n	Mean	Std. Deviation
Experimental	51	103.75	19.095
Control	51	149.556	14.704

Table 3 shows the mean and standard deviation in shyness mean scores of participants exposed to CRT and those in the control group at post-test as 103.75 and 19.095 for the experimental group and 149.556 and 14.704 for the control group respectively.

Table 4: ANCOVA of Shy attitude scores of participants exposed to CRT and those in the control group at post-test

Source	Type III SS	df	MS	F	Sig.
Corrected Model	42812.179[a]	2	21406.089	564.875	.000
Intercept	1038.438	1	1038.438	27.403	.000
Pretest	15454.498	1	15454.498	407.821	.000
Group	11647.478	1	11647.47	307.260	.000
Error	8829.597		233	37.895	
Total	292219.000		236		
Corrected Total	51641.775		235		

` R Squared =.829 (adjusted R Squared =.828) α = .05

Table 4 shows a calculated F value of 307.260 and a p-value of .000 testing at an alpha level of.05, the p-value is less than the alpha level, so the null hypothesis states that "There is no significant difference in the pre-test and post-test of Shy attitude mean score of in-school adolescents exposed to cognitive restructuring therapy and those in the control group" is rejected. Consequently, there is a significant difference in the post-test mean scores of participants exposed to CRT and those in the control group. Hence, the need for a post hoc analysis.

Table 5: LSD Post-hoc Pairwise Comparison in Juvenile Delinquency Mean Scores of Participant Exposed to BRT and those in the Control group at Post-test

(I) Group	(J) Group	Mean Difference (I-J)	Std. Error (I-J)	Sig.[a]
Experimental	Control	-45.806*	.862	.000
Control	Experimental	45.806*	.862	.000

*. The mean difference is significant at the .05 level.

a. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

Table 5 shows a mean difference of -45.806 and a p-value of.000. Since the mean difference is negative, it shows that CRT is more effective in reducing shy attitude compared to the control group. Hence, the results obtained from tables 2, 3, and 4 above. The hypothesis, which states that there is no significant difference in the post-test of juvenile delinquency mean score of in-school adolescents exposed to behavior rehearsal therapy and those in the control group, is rejected.

Discussion of the Findings

The first hypothesis, which states that there is no significant difference in the pre-test and post-test of juvenile delinquency mean score of in-school adolescents exposed to Behaviour Rehearsal Therapy was rejected. This means that CRT was effective in reducing Shy attitudes among in-school adolescents exposed to CRT treatment. This finding is in collaboration with the study of Bamidele, et al (2020), which investigated the efficacy of CRT on the reduction of shyness among students. The finding indicated that those in the treatment groups experienced a significant reduction in shyness throughout six weeks of treatment. This finding is also supported by the studies of Bahrami et al (2021) and Oguzie et al (2020) that BRT led to significantly reduced symptoms of shyness among in-school adolescents, thus, CRT is effective in reducing Shy attitudes among in-school adolescents.

The second hypothesis, which predicted that there would be no significant difference between the experimental and control groups was rejected based on the results. The difference between the treated groups and the control group is a result of counselling that took place. This finding congruences with Shina, (2015) who found out that CRT could manage negative behaviour such as shyness. This result agrees also with the study that was carried out by Mohammad et al (2016) that counselling therapy can manage social phobia, shyness, anxiety, and depression. The reason for this reduction of their shy behaviour by the therapy against the control group may be as a result of the six weeks of treatment with CRT while the control was not treated.

Conclusion

Based on the findings of this study, it is, therefore, concluded that cognitive restructuring therapy was effective in reducing shy attitudes among in-school adolescents. This was significant from their pre-test and post-test mean scores.

Recommendation

School counselors should make use of cognitive restructuring therapy when counselling in-school adolescents who are shy in class.

Researchers should take advantage of the data used in this study to serve as a reference for further research work to promote educational gains as well as manage shyness among in-school adolescents

It is recommended that the CRT be integrated into the curriculum for trainee counsellors who should in turn sensitize teachers and students in their schools on the effectiveness of the treatment. This would go a long way to help reduce shy attitudes among in-school adolescents.

References

American Psychological Association. (2012). Shyness. Retrieved July 20, 2015, from http://www.apa.org/topics/shyness/index.aspx Asperger's syndrome or high-functioning autism: A review and recommendations. *Journal of Autism and Developmental Disorders*; 38(2): 353-361.

Bahrami, M., Abolghasemi, A. & Narimani, M. (2021). Comparing of self-perception and safety measures in students with social anxiety disorder symptoms and normal students. *Journal School Psychology*. 2(1):62-79.

Bamidele, I. O. O., Olu, I. F., & Oluwayemisi, F. B. (2020). Cognitive restructuring and problem-solving therapies on academic self-efficacy of in-school adolescents from father-absent families in Ekiti State, Nigeria. *International Journal of Academic Research*, 2(4), 81-95.

Beck J.S (2011) *Cognitive behavior therapy: Basics and beyond. Second Edition*. The Guilford Press.

D'Arcy, L. (2016). Shyness and shy people. Retrieved from http://www.kidshealth.org/en/tees/shyness.html.

Kessler, R. (2015). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*. 62(6), 593-602.

Mejo, N.O. (2016) Effect of cognitive restructuring in tendencies to engage in examination malpractices of students. *Journal of Education* 6: 112-123.

Mohammad R. Y., Hossein, B., Siros S. & Maryam, K. (2016). Comparing the Effectiveness of Cognitive Behavioural Therapy with Acceptance and Commitment Therapy on Reduction of Social Anxiety Disorder Symptoms in University Students in Iran. *International Journal of School and Cognitive Psychology*.5 (1). 2469-9837

Oguzie, A. E. (2020). Effect of cognitive restructuring therapy on shyness among secondary school students in Aboh Mbaise local government area of Imo state. *International Journal of Handling, Social Sciences, Peace and Conflict Studies*, 2(2).

Razieh, S., Qodsi, A. & Hasan, A. (2013). Determining the effectiveness of cognitive-behavioural therapy on social anxiety reduction on female high school students. *European Journal of Experimental Biology*, 2013, 3(5): 653-657.

Sevari K. (2014). Predict social competence through loneliness and social phobia. Social Psychology Research; 3(12):37-47.

Shina, A. M. (2015). *Effect of cognitive restructuring and graded exposure counselling phobia techniques among secondary school students in Kaduna metropolis*. Unpublished PhD Thesis submitted to Post-Graduate School of Ahmadu Bello University(ABU) Zaria.

Somayeh, P. R. & Omid, S. M. (2010). Effectiveness of cognitive-restructuring therapy (CRT) on reduction of social phobia, *Proceedings* 5, 1694-1697.