# EFFECT OF COGNITIVE RESTRUCTURING TECHNIQUE ON SOCIAL ANXIETY AMONG SENIOR SECONDARY SCHOOL STUDENTS IN SULEJA EDUCATION ZONE NIGER STATE, NIGERIA

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**DECEMBER, 2019**

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**B.Ed GUIDANCE AND COUNSELLING (ABU)**

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES, AHMADU BELLO UNIVERSITY, ZARIA**

**IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTERS IN EDUCATION (M.Ed GUIDANCE & COUNSELLING) IN THE DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING, FACULTY OF EDUCATION, AHMADU BELLO UNIVERSITY, ZARIA**

**DECEMBER, 2019**

## DECLARATION

The researcher declares that this Dissertation entitled "Effect of Cognitive Restructuring Techniques on Social Anxiety among Senior Secondary School Students in Suleja Education zone, Niger State, Nigeria" has been carried out by me in the Department of Educational Psychology and Counselling, Faculty of Education, Ahmadu Bello University, Zaria. The information gotten from the literature has been duly acknowledged in the text and a list of reference provided.

MUHAMMAD Usman Galadima

Date

## CERTIFICATION

This Dissertation entitled "effect of Cognitive Restructuring Technique on Social Anxiety among Senior Secondary School Students in Suleja Education zone Niger State, Nigeria" by **Muhammad Usman Galadima**, meets the regulation governing the award of masters degree in Education (B.Ed Guidance & Counselling) in the Department of Educational Psychology and Counselling, Faculty of Education, Ahmadu Bello University, Zaria and is approved for its contribution to knowledge and literary presentation.

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## DEDICATION

This Dissertation is dedicated to my late father Muhammad Baba Sardauna and my one and only Mother Haj. Amina Muhammad Baba Sardauna for their moral training, prayers and financial support towards the success of this research work.

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## TABLE OF CONTENTS

## LIST OF TABLES

## ABSTRACT

This study examined effect of Cognitive Restructuring technique on Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria. The study was guided by four research objectives, research questions and null hypotheses. The study employed quasi experimental design involving pretest and posttest. The population of the study comprised of 49 SS2 students identified with social anxiety from Government Day Secondary School Gawu Babangida Gurara Local Government in Suleja Education Zone Niger State, Nigeria. Nineteen (19) selected students constituted the sample and were used for the study. The 49 students were identified using social anxiety scale (SAS) developed by Yahya and Nyarko-Sampson (2016). The research questions were answered using mean and standard deviation and the null hypotheses were tested using paired sampled t-Test. The findings of the study revealed that: Cognitive Restructuring technique has significant effect on the Cognitive component of Social Anxiety with p=0.017, significant effect on the Behavioural component with p=.000, significant effect on the Physiological component with p=0.005 and also significant effect on the Emotional component of Social Anxiety with p=.000. All less than 0.05 level of significance. based on the findings of this study, the researcher recommended that, school counsellors and psychologists should be encouraged to use Cognitive Restructuring technique in handling students with Social Anxiety and also, School teachers should be encouraged to replace corporal punishment with Cognitive Restructuring technique in handling students with Social Anxiety by referring the victim students to the school counsellors and psychologists for help.

## OPERATIONAL DEFINITION OF TERMS

The following terms are operationally defined as used in this study:

**Cognitive Restructuring**: is a behaviour modification technique used by the researcher to help the students identify and challenge their irrational thoughts that often lead to their social anxiety symptoms.

**Social Anxiety**: is a situation or state where a student is afraid of interacting socially, appearing incompetent and being negatively judged by others. These includes the fear of public speaking, fear of talking to authority figures, fear of initiating a conversation, fear of talking to opposite sex, fear of laying complaint and fear of asking questions in the classroom.

**Cognitive Component**: refers to the irrational thoughts one has when anticipating a social situation, the thought one has when he or she is in the situation and the thoughts one has after the situation about his or her performance such as tension, racing thoughts, poor concentration, self-criticism, being easily distracted

**Physiological Component**: refers to the natural changes that takes place in the body in response to a sort of social anxiety when anticipating, during and after a social situation or events such as blushing, sweating, trembling, grinding teeth, hand tremor, dry mouth.

**Behavioural Component**: refers to the negative action the students take when anticipating social situation, while in the situation and after the situation such as avoiding eye contact, missing classes, not speaking or speaking quietly, avoiding initial conversation, missing events

**Emotional Component**: refers to the negative feelings the students have when anticipating a social situation, while in the situation or after the situation. Such as fear, panic, dread, frustration, anger, sadness, disappointment and depression

# CHAPTER ONE

# INTRODUCTION

## 1.1 Background to the Study

Social anxiety is the most prevalent and chronic type of anxiety problem worldwide. The prevalence of social anxiety among school adolescents varied from country to country. For instance, in high-income countries, the magnitude ranges from 3.5% to 21%. Even though there is scarcity of evidence in developing countries, the available literatures suggested that social anxiety is higher, which ranges from 10.3% to 27% (Stein, 2006). The life time prevalence of Social Anxiety in a National Survey and the percentage of people reported with social anxiety in their life time thus; public speaking 30.2%, talking in front of a small group 15.2%, talking with others 13.7%, using a toilet away from home 6.6%, writing while others watches 6.4%, eating or drinking in public 2.7%, any other social anxiety 38.6% (Kesler, Stein & Berglund 1998).

Evidences showed that social anxiety was associated with 20% of cases of adult depression and 17% of cases of alcohol and drug dependence (Stein, 2006). Social anxiety affects individuals mostly at the adolescent period, and may continue into adulthood. It may also affect various aspects of human lives. Brown, DiNardo and Barlow (as cited in Yahaya & Nyarko-Sampson, 2016) approximated that roughly 40 million American adults of 18 and older have an anxiety disorder.

Social anxiety is a situation where an individual is afraid of interacting socially, appearing incompetent and being negatively judged by others. These include fear of public speaking, eating or taking a test in the presence of others, talking to authority figures, interacting with opposite sex, making complains, becoming the center of attention, entering room where others are already seated, expressing disagreement or disapproval to strangers and using public bathroom DSM IV-

TR, (as cited in Afifi, 2012). It is considered as a chronic pathology capable of affecting the individual negatively and promoting the development of other psychological disorders such as depression, generalized anxiety disorder and agoraphobia. It is the most common anxiety problem and the third most frequent psychiatric disorder Kessler, (as cited in Afifi 2012).

Low socioeconomic status, being unmarried, unemployment, low level of education, and poor social support were identified as a risk factor for social anxiety. Society's attitude towards shyness and avoidance as a measure of politeness is also an important factor associated with students' ability to build social interaction (Furmark, 2002). Other factors that cause social anxiety include genetic factor, social experience, cultural experience and psychological factors.

Social anxiety, if not treated or addressed, is capable of creating difficulties in individual interpersonal relationship (family and social interaction) and can lead to, low self-esteem, impairment in memory, perception and thinking processes. Students with social anxiety have difficulty of speaking in front of a group of people and fail or drop out of school due to fear. Students' attention to academic information may be distracted by an excessive focus on their social anxiety. The ability to monitor and modify communication with colleagues and teachers may be vague by fear of negative evaluation and when participating in a seminar, socially anxious students judge their competence poorly, which leads to academic underachievement. The individuals with early onset of social anxiety are also at risk of developing depression or alcoholism (Chagas, 2017). It also affects the occupational, educational and social affairs of the individual.

People with social anxiety tend to be very anxious about being with other people and have a hard time talking to them, even though they wish they could be very self-conscious in front of other people and feel embarrassed, be very afraid that other people will judge them, worry for days or

weeks before an event where other people will be, stay away from places where there are other people, have a hard time making and keeping friends, blush, sweat, or tremble around other people and feel nauseous or sick to their stomach when with other people (National Institute of Mental Health, 2014).

Social anxiety has attracted so much outcry from all and sundry because of the psychological, educational and sociological consequences such as low self-esteem, depression, impairment in memory, school dropout, low academic achievement, diminished ability to learn, fear of talking to authority figures, fear of social situations, fear of laying complain and fear of interacting with opposite sex among others.

In order to curb this menace of social anxiety, Oladele (as cited in Simon, 2015) reported that teachers are using different forms of punishment or measures such as flogging, manual work, kneeling down, standing up in the class, suspension and even expulsion from school. However, all these measures designed have not yielded expected positive outcome, thus, the researcher felt motivated to seek a technique appropriate to address the problem of social anxiety particularly among senior secondary school students in suleja education zone Niger state, Nigeria. These students were assisted by the researcher using cognitive restructuring technique. The choice of cognitive restructuring was motivated by its effectiveness in handling maladaptive behaviours. Though, each and every one of the students at this level (SS2) is capable of controlling his or her behaviour when taught how to and the result will be more lasting than when applied by someone else.

Evidence has shown in literature the effectiveness of cognitive restructuring technique in handling students with some psychological problems. Studies like Olubusayo (2014); Sunday (2015); Muhammad (2016); Adefokun (2015); Usman (2015); Anyio (2015); Lawan (2016);

Ahmed (2016) and Zakariyah (2016) among others have revealed the effectiveness of cognitive restructuring technique. Cognitive restructuring has been proved to be effective for the treatment of variety of psychological conditions including school phobia, avoidant personality disorder, delinquent behaviour, mathematics anxiety, occupational stress, anger problems, psychological distress, retirement anxiety and substance abuse. Cognitive restructuring is a behaviour modification technique useful for helping clients to learn the truth and therefore act differently and thus give himself or herself treatment whenever he or she has faulty cognition Burns, (2012). Since cognitive restructuring technique have been found to be effective in addressing some other maladaptive behaviours, it is important to examine its effects on social anxiety specifically among senior secondary school students in Suleja Education Zone Niger State, Nigeria.

Cognitive restructuring was used in this study on the cognitive, physiological, behavioural and emotional components of social anxiety among senior secondary school students in Suleja Education Zone Niger State, Nigeria.

**1.2 Statement of the Problem**

The prevalence of social anxiety within Suleja Education Zone can be witnessed throughout secondary and tertiary institutions and is causing discomfort for the students leading to their lack of academic progress and denying them their future ambition. In most of the secondary schools in suleja education zone Niger state, Nigeria, many students tends to experience a number of social anxiety symptoms such as stomach ache or complaint about feeling ill in anticipation of or, when expected to be in a social or performance based situations. In addition, the students may cry, whine, freeze or even cling to teachers or their parent. These students sometimes may even refuse to participate in various school activities or to attend school and if they are forced to go, by not speaking (to the teachers, peers or administrative staff).

Unfortunately, the prevailing belief of many teachers especially in Suleja education zone is that, some students are simply shy or introvert and prefer not to participate in school activities like their peers. This is not true. Students with social anxiety want to be in school and participate in school activities that have performance aspect such as quiz, debate, drama and sports. However, social anxiety prevents them from doing so and because they are often quiet and reserved, they may go unnoticed by teachers who belief they are shy or introvert students who prefer to be as they are.

This problem is becoming worrisome among parents, students, teachers, school counsellors and psychologist, educational policy makers and even government. These concerned persons have also made several efforts to address the problem using advice, different techniques, punishment and even medication but the problem still appears to be on the increase. Fear is sometimes needed for survival but becomes problematic when they are irrational or too excessive.

Social anxiety if not treated, is capable of creating difficulties in the life of the students leading to low self-esteem, low school performance, depression, truancy, school dropout and diminished ability in school activities.

Counselling programme in Nigeria though, the importance of the service is yet to be fully recognized and utilized in the various secondary schools; there is still shortage of school counsellors and psychologists to address the problem among students specifically in suleja education zone Niger state, Nigeria. The few existing school counsellors and psychologists have tried to address the problem through individual and group counselling using different techniques but the problem still persist. The teachers also have employed various means of addressing the problem such as sending students out of class during lessons, engaging them in manual labour, flogging them, suspending and even expelling them from school. But all these designed

measures have not yielded positive outcome, because these measures are impositions that are external to the students. For these reasons, the researcher employed appropriate technique to address the problem of social anxiety particularly among senior secondary school students in suleja education zone Niger state, Nigeria in order to ensure that the students would not only achieve their set academic objectives but to also develop a socially and emotionally acceptable attributes in the larger society. Cognitive restructuring technique was used in this study on social anxiety. The choice of cognitive restructuring technique was motivated by its effectiveness in addressing maladaptive behaviour. Cognitive restructuring in this study means a behaviour modification technique that was used by the researcher to help the students identified and challenge their irrational thoughts that often lead to their social anxiety symptoms. Cognitive restructuring was used in this study on the cognitive, behavioural, physiological and emotional dimension of social anxiety since these constitutes the indices or components of social anxiety.

Despite all efforts made by various stakeholders to curb social anxiety among students, the problem still remains a source of worry and concern to students, parents, caregivers, school counsellors and psychologists, teachers and other stakeholders. More so, there is paucity in literature on the practical use of counselling techniques in handling students with social anxiety. These problems and several others constituted the reasons why the researcher examined the effect of cognitive restructuring technique on social anxiety among senior secondary school students in Suleja education zone Niger state, Nigeria.

## 1.3 Objectives of the Study

This study was guided by the following objectives:

1. To examine if there is any differences in the effect of Cognitive Restructuring technique on Cognitive Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone, Niger state, Nigeria.
2. To examine if there is any differences in the effect of Cognitive Restructuring technique on Physiological Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone, Niger state, Nigeria.
3. To examine if there is any differences in the effect of Cognitive Restructuring technique on Behavioural Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone, Niger state, Nigeria.
4. To examine if there is any differences in the effect of Cognitive Restructuring technique on Emotional Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone, Niger state, Nigeria.

## 1.4 Research Questions

In line with the objectives, the following research questions were raised:

1. Is there any difference in the effect of Cognitive Restructuring technique on Cognitive Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone, Niger State, Nigeria?
2. Is there any difference in the effect of Cognitive Restructuring technique on Physiological Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone, Niger State, Nigeria?

3. Is there any difference in the effect of Cognitive Restructuring technique on Behavioural Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone, Niger state, Nigeria?
4. Is there any difference in the effect of Cognitive Restructuring technique on Emotinal Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone, Niger state, Nigeria?

**1.5 Hypotheses**

The following null hypotheses were formulated in line with the objectives:

1. There is no significant difference between Pre-test and Post-test Cognitive Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria exposed to Cognitive Restructuring technique.

2. There is no significant difference between Pre-test and Post-test Behavioural Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria exposed to Cognitive Restructuring technique.

3. There is no significant difference between Pre-test and Post-test Physiological Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria exposed to Cognitive Restructuring technique.

4. There is no significant difference between Pre-test and Post-test Emotional Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria exposed to Cognitive Restructuring technique.

## 1.6 Basic Assumption

This study has the following basic assumption that:

1. There may be effect of Cognitive Restructuring technique on Cognitive Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone, Niger state, Nigeria.
2. Cognitive Restructuring technique may have significant effect on the Behavioural Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone, Niger state, Nigeria.
3. Cognitive Restructuring technique may help to reduce the Physiological Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone, Niger state, Nigeria.
4. Cognitive Restructuring technique may affect the Emotional Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone, Niger state, Nigeria.

## 1.7 Significance of the Study

The findings of this study would add to the existing literature of cognitive restructuring technique in addressing social anxiety among secondary school students in Niger State, Nigeria and the world at large.

It is hoped that, the findings of this study would be significant to the school counsellors and psychologists, the teachers, students, school management, parents, school administrators, education policy makers, the research community and other professional helpers.

The school counsellors and psychologists, through this study would be exposed to the theories, types, causes, components and treatment techniques of social anxiety. They would

also derive empirical data for addressing social anxiety among students. They will be able to handle and guide the students in such a way that social anxiety would be minimized and school achievement be enhanced. The study would further provide the school counsellors and psychologists with relevant materials concerning the effect of cognitive restructuring on social anxiety. The school counsellors and psychologists would be aware of the need to help the victims of social anxiety to replace their irrational and negative behaviour towards people with a more rational and socially acceptable behaviour in the school and the society at large for the purpose of promoting socially acceptable interaction with colleagues and other members of the school and the society at large. The study would in addition help the counsellor and psychologists in selecting relevant and behaviour modification technique in addressing social anxiety among students.

The findings of this study would help the teachers to develop a new and more effective measure of addressing social anxiety among students that would not cause injury requiring medication on the students. This means that the study would help the teachers to replace corporal punishment with a modern and more effective behaviour modification technique in addressing social anxiety among students by referring the affected students to the school counsellors or psychologists for help.

The students are not left out as the study would help them to be more independent and rational in dealing with their day to day school schedules such as participating in the school activities as well as interacting with colleagues and authority figures without fear.

The school management including the principal, vice principal academics, vice principal administration and other non-teaching staff are not left out of the beneficiaries of this study as it would encourage them to give their support financially and as para counsellors by

referring the affected students to the school counsellors and psychologists for help. It would also guide these personnel on how to support guidance programmes in the school settings by approving the programme, providing conducive office for counselling, providing counselling materials that would help in addressing the prevalence of social anxiety among students.

This study would help the parents to be aware of the importance of interacting with their children on the problems affecting their wellbeing in the school as well as the society at large. This is because the study would reveal the adverse effect of social anxiety on the school achievement of their children thus, they will understand the importance of paying attention to the issues affecting their wellbeing hence, contributes their own quota in ensuring the provision of enabling environment at home and in the school for the progress of their school activities as well as social interaction with colleagues. The parent would understand the need for exhibiting socially acceptable behaviour at home while moulding the behaviour of their children at early age.

The school administrators would be convinced on the need for establishing functional guidance programme in the school. The study would help them understand the need to join hand with the school counsellors in identifying and addressing various anxiety behaviours such as social anxiety which may hinder the students from achieving their set academic objectives.

The education policy makers would be assisted by the study to be aware of their responsibility of making budgetary allocation for the establishment of guidance programme in the various schools. It would awaken them to their responsibility of making budget to train more counsellors that would help in addressing social anxiety among students.

The research community would also benefit from the study as it would provide instruments, empirical data and many references to interested researchers working on cognitive restructuring technique and social anxiety as they may comment, adopt, adapt and modify where and when necessary.

Other professional helpers such as doctors, nurses, psychiatrists and other social workers would also derive benefits from this study as it would expose them to the measures of addressing social anxiety among students thus, they would refer the affected students to the counsellor for help where and when necessary.

The findings of this study would also add to the existing literature of cognitive restructuring technique in addressing social anxiety problems among secondary school students in Nigeria and the world at large

**1.8 Scope and Delimitation**

This study determined the effect of Cognitive Restructuring Technique on Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger state Nigeria. The scope of this study therefore was all the Senior Secondary Schools in Suleja Education Zone Niger state, Nigeria. The study was thus, delimited to only Government Day Secondary School Students (SS2) Gawu Babangida, Gurara Local Government, Suleja Education Zone Niger state, Nigeria.

# CHAPTER TWO

# REVIEW OF RELATED LITERATURE

## 2.1 Introduction

This chapter deals with the review of related literature and is done under the following sub-headings; the concept of social anxiety, symptoms of social anxiety, characteristics of students with social anxiety, types of social anxiety, components of social anxiety, causes of social anxiety, effects of social anxiety, the concept of cognitive restructuring, forms of cognitive distortions, cognitive restructuring working template, elements of cognitive restructuring, theoretical framework, empirical studies and summary.

## 2.2 Conceptual Clarification

This is discussed as follows:

### 2.2.1 Concept of Social Anxiety

Social anxiety is a persistent and overwhelming fear of or anxiety about one or more social situations where embarrassment may occur. This fear or anxiety is out of proportion to the actual threat posed. Although anxiety about some social situations is common in the general population, people with social anxiety can worry excessively about them and can do so for weeks in advance. They may also ruminate on social events they perceive have gone wrong for weeks afterwards. Social anxiety involves an intense feeling of fear in social condition, especially situations that are unfamiliar or in which an individual will be watched or evaluated by others (Yahaya & Nyarko-Sampson, 2016). The feeling of fear can be so great that the individuals may be so worried to the extent of avoiding the threatening situations. They may become isolates or bullies (Yahaya & Nyarko-Sampson, 2016).

According to Valente (2002) “social anxiety is a debilitating psychiatric condition that is treatable but often remains undetected and untreated and without treatment, clients are at risk for complications, such as reduced quality of life, social interactions, daily functioning, and treatment adherence”. Social anxiety leads to more sick days, poor job performance, costly medical and emergency care visits, mental health visits, and greater reliance on disability or welfare and in the worst cases, the patient may decide that life is not worth living and consider suicide.

Social anxiety is a discomfort or a fear of a person in social interactions that involve a concern about being judged or evaluated by others (Jacobs, 2012). It is typically characterized by an intense fear of what others are thinking about them (specifically fear of embarrassment, criticism, or rejection), which results in the individual feeling insecure, and that they are not good enough for other people. In the words of Garcia-Lopez (2013), the results of this are fear and anxiety within social situations, and the assumption that peers will automatically reject them in the social situations. Social anxiety is a discomfort or a fear usually manifested when a person is in a social situations that involves being judged or evaluated by others Feeney (as cited in Yahaya & Nyarko-Sampson, 2016).

Iroegbu (as cited in Ibrahim 2017) defined social anxiety as a psychological state characterized by cognitive, somatic, emotional and behavioural components which combine to create sweating, dizziness, headaches, racing heartbeats, nausea, fidgeting, drumming on a desk, fear, apprehension and worry. Unlike fear, social anxiety involves a more general or diffused emotional reaction beyond simple fear that is out of proportion to threats from the environment.

According to Akinsola (2011), social anxiety involves exaggerated, persistent, irrational and disruptive fear of a particular object, a particular event, or a particular setting. Social anxiety

becomes social anxiety disorder when it is very distressing or it interferes with work or school or other activities.

Social anxiety is the most common anxiety disorder; is said to be one of the most common Psychiatric disorders. It is a persistent irrational fear of and a compelling desire to avoid situations in which a person may be exposed to unfamiliar people or to the security of others, causing considerable distress and impaired ability to function in at least some parts of daily life (Gimba, 2015). While the fear of social interaction may be recognized by the person as excessive or unreasonable, overcoming it can be quite difficult. The person will experience marked anticipatory anxiety if confronted with such a situation and will attempt to avoid it (Oyedele, 2015). Examples include: fear of speaking in public, eating or taking a test in the presence of others, using public rest rooms, attending a social engagement alone, interacting with the opposite sex or with strangers, making complaints, and becoming the center of attention.

Consequently, in social anxiety, the fear of interaction with other people brings on self-consciousness, feelings of being negatively judged and evaluated, and as a result, avoidance, and feelings of adequacy, inferiority, embarrassment, humiliation, and depression. The fear is rooted in low self-esteem and concern about others' judgments (Gaji, 2015). He further states that the person fears looking socially inept, appearing anxious, or doing something embarrassing, such as burping or spilling food. Social anxiety is sometimes referred to as an "Illness of loss opportunities" where individuals make major life choices to accommodate their illness (Emmanuel, 2015).

The term 'social anxiety' reflects current understanding, including in diagnostic manuals, and is used throughout the guideline. As set out in the International Classification of Diseases, 10th Revision (ICD-10) (World Health Organization) and in the Diagnostic and Statistical Manual of

Mental Disorders, 4th Edition Text Revision (DSM-IV-TR) (American Psychiatric Association, 2013), social anxiety is a persistent fear of one or more social situations where embarrassment may occur and the fear or anxiety is out of proportion to the actual threat posed by the social situation as determined by the person's cultural norms. Typical social situations can be grouped into those that involve interaction, observation and performance. These include meeting people including strangers, talking in meetings or in groups, starting conversations, talking to authority figures, working, eating or drinking while being observed, going to school, shopping, being seen in public, using public toilets and public performance including speaking.

The Diagnostic and Statistical Manual of the American Psychiatric Association (2013) currently defines social anxiety as follows:

A. A persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be embarrassing and humiliating.

B. Exposure to the feared situation almost invariably provokes anxiety, which may take the form of a situational bound or situational pre-disposed Panic Attack.

C. The person recognizes that this fear is unreasonable or excessive.

D. The feared situations are avoided or else are endured with intense anxiety and distress.

E. The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person's normal routine, occupational (academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

F. The fear, anxiety, or avoidance is persistent, typically lasting 6 or more months.

G. The fear or avoidance is not due to direct physiological effects of a substance (e.g., drugs, medications) or a general medical condition not better accounted for by another mental disorder (The American Psychiatric Association, 2013*).*

Social anxiety is characterized by an intense and persistent fear of being regarded and subsequently judged negatively by others. The individual believes that he/she will act inappropriately or that his/her physiological symptoms of anxiety, such as sweating or heart palpitations, will be obvious to those around him/her and thus, lead to further embarrassment and critical appraisal (American Psychiatric Association, 20013). Those with elevated social anxiety will invariably attempt to avoid those situations which lead to distress, such as an office party, or will otherwise endure the experience with great duress.

Social anxiety is associated with performance situations, such as public speaking, and everyday social interactions, such as attending a party or speaking to an employer. The fear of public speaking has been found to be the most typical fear, followed by situations such as entering a room, which is already occupied by others, being addressed in front of others and meetings with strangers (Faravelli et al., 2000; Furmark, Tillfors, Stattin, Ekselius, &Fredrikson, 2000; Stein, Torgrud, & Walker, 2000). Typical worries involve being embarrassed or judged anxious, weak, crazy, inadequate or stupid. People diagnosed with social anxiety are also often hypersensitive to criticism and negative evaluation and find it difficult to be assertive. Additionally, many social persons suffer from feelings of inferiority (Clark & Wells, 2011). The anxiety provoked in a social situation is often accompanied by a series of physical anxiety symptoms, which are likely to be visible, such as blushing, sweating, or trembling. In severe cases these symptoms may meet criteria for a panic attack (DSM-IV, 1994, fourth edition).

Social anxiety is of major concern due to its very high rate of comorbidity with other psychiatric disorders as major depression and substance abuse. It also affects young people's intellectual life and choice of career, causing them to abandon their education, refuse job interviews and get stuck in dead-end jobs (Frey & Rebecca, 2013).

Social Anxiety is the most frequently diagnosed anxiety disorder and is the third most commonly diagnosed psychological disorder; only depression and alcohol use disorder are diagnosed more frequently (Kessler, MCGonagle, & Zhao, 1994). The typical age of onset of social anxiety is approximately 13-15 years of age (Ballenger et al., 1998; Chartier, Walker, & Stein, 2003) but it has been diagnosed in children as young as 8 years of age (Beidel & Turner, 1998). If untreated, social anxiety has a chronic pattern that continues into adulthood. Individuals with social anxiety fear performance and social situations and are hyper-aware of physiological cues, such as blushing, trembling, and sweating (Turk, Heimberg, & Hope, 2001). This hyper-awareness and fear of judgment and embarrassment often leads to avoidance of social situations.

### 2.2.2 Signs and Symptoms of Social Anxiety

According to the National Institute of Mental Health (2014), people with social anxiety tend to be very anxious about being with other people and have a hard time talking to them, even though they wish they could be very self-conscious in front of other people and feel embarrassed, be very afraid that other people will judge them, worry for days or weeks before an event where other people will be, stay away from places where there are other people, have a hard time making friends and keeping friends, blush, sweat, or tremble around other people and feel nauseous or sick to their stomach when with other people.

The South African Depression and Anxiety Group states that, people suffering from Social anxiety display three essential features: a fear of scrutiny by other people in social situations, a

marked and persistent fear of performance situations in which embarrassment may occur, as well as an active avoidance of the feared situations. Social anxiety may present as a generalized condition, where fears involve almost all social contacts, or non-generalised, where fears relate to specific social activities or performance situations.

The most obvious symptoms of Social anxiety are those brought on by the fear of becoming embarrassed in front of other people. People may have difficulty speaking, eating or writing in front of others. When exposed to the feared situation or location, sufferers will frequently experience somatic symptoms of anxiety, such as palpitations, trembling, sweating, tense muscles and headaches. Additional symptoms include a sinking feeling in the stomach, hot and cold flushes, as well as a dry throat and mouth (South African Depression and Anxiety Group, 2013).

Physical symptoms of social anxiety brought on by the event manifest themselves before, during and after the actual event. The sufferer may be convinced that the secondary (somatic) symptoms of social anxiety are in fact the primary problem, and experience great self-consciousness, fear and apprehension.

The Anxiety Disorder Association of America (2014) classifies the symptoms of social anxiety as follows:

**Feelings and Emotional Symptoms**

The feelings and emotional symptoms are:

- Anxiety, stress or worry.
- Feeling panicky or having panic attacks.
- Embarrassment, shame or humiliation.
- Fatigue.

- Loneliness.
- Frustration or anger.
- Acting or feeling foolish
- A fear of negative observation/evaluation.

**Physical and Cognitive Symptoms**

The physical and cognitive symptoms are:

- Feeling hot, blushing, sweating, and developing a rash.
- Unable to think straight or the mind goes blank.
- Dry mouth and throat.
- Stumbling over words.
- Facial freezing or tension.
- Racing thoughts.
- Hand tremor.
- Poor concentration and short-term memory.
- Racing heart or palpitations.
- Easily distracted and uncoordinated.
- Trembling.
- Self-criticism.
- Headache.
- Urgency to use the toilet.
- Grinding teeth.
- Tightness in chest or hyperventilation.
- Nausea or butterflies, a churning stomach.

- Crying.
- Feeling lightheaded or faint.

**Behavioural Symptoms and Safety Behaviours**

The behavioural symptoms and safety behaviours are:

- Distraction (not listening, fidgeting).
- Talking excessively.
- Housebound.
- Avoiding initiating conversations.
- Not speaking or speaking quietly.
- Non-assertive behaviour.
- Avoiding eye contact.
- Missing appointments, events or classes.
- Leaving/avoiding the situation.
- Choosing solitary hobbies or careers. (Anxiety Disorder Association of America, 2014)

According to the DSM-5, (Diagnostic and Statistical Manual of Mental Disorders, fifth edition), there are a total of ten diagnostic criteria for social anxiety:

- fear or anxiety specific to social settings, in which a person feels noticed, observed, or scrutinized. In adult, this could include a first date, a job interview, meeting someone for the first time, delivering an oral presentation, or speaking in a class or meeting. In children, the phobic/avoidant behaviours must occur in settings with peers, rather than adult interactions, and will be expressed in terms of age appropriate distress, such as cringing, crying, or otherwise displaying obvious fear or discomfort,

- typically the individual will fear that they will display their anxiety and experience social rejection,
- social interaction will consistently provoke distress,
- social interactions are either avoided, or painfully and reluctantly endured,
- the fear and anxiety will be grossly disproportionate to the actual situation,
- the fear, anxiety or other distress around social situations will persist for six months or longer and
- cause personal distress and impairment of functioning in one or more domains, such as interpersonal or occupational functioning,
- the fear or anxiety cannot be attributed to a medical disorder, substance use, or adverse medication effects or another mental disorder, and
- if another medical condition is present which may cause the individual to be excessively self-conscious such, prominent facial scar, the fear and anxiety are either unrelated, or disproportionate. The clinician may also include the specifier that the social anxiety is performance situation specific such as, oral presentations (DSM-5, 2013).

### 2.2.3 Characteristics of Students with Social Anxiety

According to Pratt (2013) the following are the characteristics of students with social anxiety, thus:

**School Behaviour**

In the school, student with social anxiety may display the following behaviours:

- potentially does poorly in school
- doesn't raise his/her hand in class
- avoids classmates outside class

- fears performing in front of others/public speaking
- fears speaking up in class
- is uncomfortable in the spotlight
- sits alone in the library or cafeteria
- is afraid to ask the teacher for help
- is afraid to walk into class late
- may refuse to go to school or drop outs

**Behaviour with Peers**

The students exhibit the following behaviours with peers:

- is uncomfortable in group settings
- has few friends
- is afraid to start or participate in conversations
- is afraid to ask others to get together
- is afraid to call others
- avoids eye contact
- speaks softly or mumbles
- appears to always be "on the fringes"
- reveals little about him/herself when talking to others. Pratt (2013).

### 2.2.4 Types of Social Anxiety

Individuals with social anxiety vary considerably in the number and type of social situations that they fear and in the number and range of their feared outcomes. These two features (feared situations and feared outcomes) can vary independently. For example, some people fear just one or two situations but have multiple feared outcomes (such as, ‘I will sound boring’, ‘I will

sweat', 'I will appear incompetent', 'I will blush', 'I will sound stupid' or 'I will look anxious'). Others can fear many situations but have only one feared outcome (such as 'I will blush'). Several subtypes have been suggested, some of which are defined by specific feared outcomes (fear of blushing, fear of sweating and so on). The most common distinction is between generalised social anxiety, where individuals fear most social situations, and non-generalised social anxiety, where individuals fear a more limited range of situations (which often, but not always, involve performance tasks such as public speaking). The generalised subtype is associated with greater impairment and higher rates of comorbidity with other mental disorders Kessler, (1994).

Some researchers further suggested that another way to group people with social anxiety is based on the kind of situation that triggers anxiety. Two primary categories have been proposed: performance and interactional. The performance group includes people who have strong anxiety at the idea of doing something in front of, or in the presence of other people. Such situations include dining out, working, giving a speech or using a public restroom. The interactional group includes people whose fears center on circumstances where they have to converse or otherwise engage with others, such as meeting new people (Grohol, 2017).

### 2.2.5 Components of Social Anxiety

The components of social anxiety include cognitive, physiological, behavioural and emotional components. When these components are connected, the individual feels physical sensation that relate back to his thought, behaviour and emotions (Porter, 2010). These components are explained below:

**Cognitive Component:**

The cognitive component of social anxiety, simply put, consists of the thoughts you think when anticipating a social situation, the thoughts you think while you are in the situation, often while monitoring your own performance; and the thoughts you have about your performance after the situation is over (often replaying it over and over in your mind). Here are some examples:

"I will be tongue-tied and will not be able to think of anything to say."

"She yawned. That means she thinks am boring. She thinks am a complete idiot."

"That was a disaster. I never should have attempted this. Next time when someone invites me to a party, I will just say no"

**Physiological Component**:

The physiological component of social anxiety consists of the many natural changes that take place in the body in response to the perception of some sort of social situations. Often called "the flight-or-fight" response, it is nature's way of ensuring our survival. If we suddenly come upon a mountain lion in the woods, we have three options: fight the lion, escape quickly, or be eaten. The body does its best to prepare up for either the first two options, in order to avoid the third. Common symptoms: racing/pounding heart, rapid breathing, a rise in body temperature, dizziness, tingling, and others. Some may be quite sensitive to the perception that they might be blushing, trembling, or sweating ("they can see me blush and know that am anxious, I have got to get out of here") and that others with whom they interact may observe these symptoms, and judge them negatively as a result.

**Behavioural Component:**

The behavioural component of social anxiety deals with those actions we take when we become depressed or anxious. They are those negative actions we take when anticipating a social

situation, while in the situation and after the situation. These negative action include having too much alcohol to drink, leaving the situation altogether among others. These negative actions can also include what's called "safety behaviours" such as looking away, minimizing eye contact, positioning oneself on the periphery of a group, or avoiding situations altogether.

**Emotional Component**:

The emotional component of social anxiety has to do with the irrational feelings we have when anticipating a social situation, while in the situation and after the situation. These include panic, frustration, anger, sadness, disappointment and depression.

### 2.2.5 Causes of Social Anxiety

There is no single cause of social anxiety. In most people, social anxiety is the result of a combination of factors (Verywell, 2019). The following therefore includes the causes of social anxiety, thus:

**Genetic factor**

It has been shown that there is two to threefold greater risk of having social anxiety if a first degree relative also has the disorder. This could be due to genetics and / or due to children acquiring social fears and avoidance through processes of observational learning or parental psychosocial education. Studies of identical twins brought up (via adoption) in different families have indicated that, if one twin developed social anxiety, then the other was between 30 percent and 50 percent of more likely than average to also develop the disorder (Kendler, 1992). To some extent, this heritability may not be specific for example, studies has found that if a parent has any kind of anxiety or clinical depression, then a child is somewhat more likely to develop an anxiety. Studies also suggest that parents of those with social anxiety tend to be more socially isolated themselves (Bruch & Heimberg, 1994; Caster, Inderbitzen & Debra, 1999). Growing up

with over protective and hypercritical parents has also been associated with social anxiety. Adolescent who were rated as having an insecure (anxious-ambivalent) attachment with their mother as infants were twice as likely to develop anxiety problems by late adolescence.

**Social experience**

A previous negative social experience can be a trigger to social anxiety particularly for individuals high in interpersonal sensitivity (Erwin, 2006). For around half of those diagnosed with social anxiety, a specific traumatic or humiliating social events appears to be associated with the onset or worsening of social anxiety. This kind of event appears to be particularly related to specific (performance) for example, regarding public speaking (Stemberg, 1995). As well as direct experiences, observation or hearing about the socially negative experiences of others (for instance, a faux pas committed by someone) or verbal warning of social problems and dangers may also make the development of social anxiety more likely. Social anxiety may be caused by the long-term effects of not fitting in, or being bullied, rejected or ignored (Beidel &Turner, 1998).

**Cultural experiences**

The cultural factors that have been related to social anxiety include a society's attitude towards shyness and avoidance, affecting the ability to form relationship or access employment or education, and shame. One study found that the effect of parenting is different depending on the culture. For example, American children appears more likely to develop social anxiety if their parents emphasize the importance of others opinions and use shame as a disciplinary strategy (Leung, 1994), but this association was not found in Chinese/Chinese-American children. In china, research has indicated that shy-inhibited children are more accepted than their peers and

more likely to be considered for leadership and considered competent, in contrast to the findings in western countries.

Problems in developing social skills or social fluency may be a cause of some social anxiety, through either inability or lack of confidence to interact socially and gain positive reaction and acceptance from others.

**Isolated upbringing**

The upbringing of an individual can also impact the likelihood of developing social anxiety. The individual is likely to develop social anxiety if as a child he or she was not exposed to enough social situations and was not allowed to develop appropriate social skills. Also, if one or both parent were rejecting, controlling, critical or overprotective. Children that do not form proper attachment to their primary caregiver are at greater risk because they cannot calm and soothe themselves when in stressful situations.

**Psychological factors**

Research has indicated that the role of core or unconditional negative beliefs (for instance "I am inept") and conditional beliefs nearer to the surface (for instance "if I show myself, I will be rejected"). They are thought to develop based on personality and adverse experiences and to be activated when the person feels under threat.

### 2.2.6 Effects of Social Anxiety

Social anxiety has a lot of negative effects on the individuals, their families and the society at large, as a result of functional disability, poor educational achievement, and loss of work productivity, social impairment, greater financial dependency and impairment in quality of life. These negative effects are substantially higher in those with comorbid conditions, which are very common in people with social anxiety: 50 to 80% of people with social anxiety presenting to

health services have at least one other psychiatric condition, typically another anxiety, depression or a substance-use disorder (Wittchen & Fehm, 2003).

Another effect of social anxiety is that, educational achievement can be undermined, with individuals having a heightened risk of leaving school early and obtaining poorer qualifications (Van Ameringen, 2003). One study (Katzelnick, 2001) found that people with generalised social anxiety had wages that were 10% lower than the non-clinical population. Naturally, social life is impaired. On average, individuals with social anxiety have fewer friends and have more difficulty getting on with friends (Whisman, 2000). They are less likely to marry, are more likely to divorce and are less likely to have children Wittchen (2003). Social anxiety can also interfere with a broad range of everyday activities, such as visiting shops, buying clothes, having a haircut and using the telephone. The majority of people with social anxiety are employed; however, they report taking more days off work and being less productive because of their symptoms (Stein, 2005). People may avoid or leave jobs that involve giving presentations or performances. The proportion of people who are in receipt of state benefits is 2.5 times higher than the rate for the general adult population.

Four-fifths of adults with a primary diagnosis of social anxiety will experience at least one other psychiatric disorder at some time during their life (Marques, porter, keshaviah, Pollack, van, & stein, 2012). Among adults, social anxiety is particularly likely to occur alongside other anxiety disorders (up to 70%), followed by any affective disorder (up to 65%), nicotine dependence (27%) and substance-use disorder (about 20%) (Fehm, 2008; Grant, 2005). There is also a significant degree of comorbidity between social anxiety and some personality disorders. The most common is avoidant personality disorder (APD), with as much as 61% of adults who seek

treatment for social anxiety also meeting criteria for a personality disorder (Marques, Porter, Keshriah, Pollck, Van Amerigen & Stein, 2012).

**2.3 Concept of Cognitive Restructuring**

Cognitive restructuring, sometimes called cognitive refocusing, entails identifying and challenging irrational thoughts that often lead to social anxiety symptoms. The goal of cognitive restructuring is to replace thought patterns that induce stress with more constructive ways of thinking in order to help social anxiety sufferers cope better.

Cognitive restructuring was first developed as a therapeutic tool of cognitive behavioural therapy and rational emotive behavioural therapy (Mills, Reiss & Dombeck, 2008). It is a stable of cognitive behavioural therapy and a frequently used tool in a therapist's toolbox because many of our problems are caused by faulty ways of thinking about ourselves and the world around us. Cognitive restructuring helps people reduce their stress through cultivating more positive and functional thoughts habits Mills, Reiss & Dombeck, (as cited in Ackerman, 2018). Cognitive restructuring also known as cognitive reframing is a therapeutic process that helps the clients discover, challenge and modify or replace their negative irrational thoughts (or cognitive distortions).

Cognitive restructuring when applied correctly, it will help the client to stop automatically trusting his or her thoughts as representative of reality and begins testing his or her thoughts for accuracy (Mills, Reiss & Dombeck, 2008).

According to Abodike, Nkechi and Ebenebe cognitive restructuring is a cognitive behaviour therapy that aims at modifying distorted thinking patterns. It is based on the assumption that certain maladaptive behaviours are caused by unrealistic expectations. Mujtaba defined cognitive restructuring as a counselling process of learning to identify and dispute irrational or maladaptive

thoughts. It is a useful technique for understanding what lies behind negative moods. Eneasator and Umezulike (2010) viewed cognitive restructuring as a re-education of clients which involves changing the way clients think or adhere to certain maladaptive beliefs.

Cognitive restructuring refers to a structured, collaborative therapeutic approach in which distressed individuals are taught how to identify, evaluate, and modify the faulty thoughts, evaluations, and beliefs that are considered responsible for their psychological disturbance (Dobson & Dozois, 2012).Clark and Beck (2012) defined cognitive restructuring as a structured, goal-directed, and collaborative intervention strategies that focus on the exploration, evaluation, and substitution of the maladaptive thoughts, appraisals, and beliefs that maintain psychological disturbance.

Cognitive restructuring is a technique in cognitive behavioural therapy developed by Aaron Beck in the 1960s and aims at removing one's "faulty thinking" and irrational counter-factual beliefs with more accurate and beneficial ones. Chujor and Kennedy (2014) states that, it is a process by which the individual is made to avoid crooked and irrational thinking and thinks straight. The therapy restructures the already structured irrational thoughts, beliefs and philosophies, which an individual has already acquired by redressing and changing them at the mental level of the person concerned to ensure his happiness and efficiency at school or workplace (Onyije & Ojedapo, 2010 & Okun, 2011).Yunusa, Abdullahi, Oliagba, Sambo & Abdulwahid (as cited in Ibrahim 2017) posited that cognitive restructuring involves the process of re-orienting one's thought process to reality, and of requiring one's mind to think truthfully, factually and logically. It is a talk therapy that helps one to reframe an earlier negative or irrational belief or understanding one had about things which inhibits the behaviour of set goals or which discouraged one in his/her effort to change his/her behaviour in life.

Cognitive restructuring is also based on rational emotive behaviour therapy propounded by Albert Ellis who focused more on thoughts. Ellis (1962) stated that human beings made themselves victim of irrational thinking and could virtually destroy themselves through irrational and muddled thinking. Beck (1976) stated that cognitive restructuring involved a process of re-orientating one's thought processes to reality, requiring one's mind to think truthfully, factually and logically. Cognitive restructuring also known as cognitive reframing is a technique that can help people identify, challenge and alter anxiety provoking thoughts patterns and beliefs (Chen &Weikert, 2008). According to Chen and Weikert, irrational thoughts and their accompanying behaviour play a big part in the onset of social anxiety.

Cognitive restructuring technique attempts to teach a client how to reduce negative emotional reactions by getting him to interpret situations with greater accuracy. The major task facing the therapist engaged in cognitive restructuring is how to modify the client's distorted perception of the world. An accurate interpretation of the realities of life can arise from the nature of the mental set which a person brings to his experience. If the dominant disposition is negative, reaction to human events will also follow such a line. The opposite is the case if the disposition is positive. It is assumed by therapists that one's interpretation of reality determines his emotional responses to it (Chujor & Kennedy, 2014).

Cognitive restructuring is a useful technique for understanding unhappy feelings and moods, and for challenging the sometimes-wrong automatic beliefs that can lie behind them. As such, it can be used to reframe the unnecessary negative thinking that one experiences from time to time. Social anxiety are unpleasant, they can reduce the quality of performance, and undermine ones relationships with others. Cognitive restructuring helps one to change the negative or distorted

thinking that often lies behind these moods. As such, it helps one approach situations in a more positive frame of mind (Anyamene, Chinyelu & Catherine, 2017).

Cognitive restructuring is defined as a process which is aimed at helping a client to become aware of thought distortions which are reinforcing his negative feelings and behaviours and how to correct them (Dombeck & Wellsmoran, 2013). The objective of the above assertion is not to correct every distortion in a client's entire outlook, but just those which may be at the root of distress.

Dombeck (2013) defined cognitive restructuring as a technique designed to help alter an individual's habitual appraisal habits so that such individual can become less biased in nature and less moody. The implication of this is that cognitive (thoughtful) appraisal drives emotional responding. What you think about what is happening to you influences how sad or worried you will feel in response, even when you are not especially aware of having interpreted those events because problematic mood disorder involving anger and depression can occur when people's appraisal processes get messed up and they come to the wrong conclusions about the various stimulus events they are confronted with. The way to fix such problem mood is thus to help the people experiencing those problem moods to have better and more accurate appraisals. Both authors agree that in cognitive restructuring, the counsellor teaches the client how to restructure negative automatic thoughts which are mostly the cause of emotional disturbances by using the thought Record (a tool for recording an individual's automatic thought and fixing them when they are biased) (Dombeck, 2013).

For Greenberger and Padesky (2015), cognitive restructuring refers to the basic techniques that are taught in cognitive behaviour therapy. This technique involves teaching clients how to become conscious of the fact that they are unconsciously appraising and judging all the various

stimulus events that come their way, and then teach them to consciously take charge of their appraisal process so as to make sure that their conclusions are accurate and free of bias and mistake.

Scott (2015) submitted that cognitive restructuring involves recognizing, challenging and changing cognitive distortions and negative thought patterns. The author maintained that self-talk, the internal dialogue that runs in our heads, interpreting, explaining and judging the situations we encounter can actually make things seem better or worse, threatening or non-threatening, implies that the rate and type of learning that a person is capable of can be altered through assisted acquisition of generalized cognitive operations (thinking, imagining and reasoning). Perner (2012) said that cognitive restructuring is the ability to use generalizable cognitive operations to modify one's own cognitive structure.

Cognitive Restructuring in this study means a behaviour modification technique used by the researcher to help the students identify and challenge their irrational thoughts that often lead to social anxiety symptoms.

**2.3.1 Forms of Cognitive Distortions**

In 1976, psychologist Aaron Beck first proposed the theory behind cognitive distortions and in the 1980s, David Burns was responsible for popularizing it with common names and examples for the distortions.

Cognitive distortions are simply ways that our mind convinces us of something that is not really true. They are faulty or biased ways of thinking about ourselves and or our environment. They are beliefs and thoughts patterns that are irrational, false or inaccurate and have the potentials to cause serious harm to our sense of self, confidence and the ability to succeed.

These inaccurate thoughts are usually used to reinforce negative thinking or emotions, telling ourselves things that sound rational and accurate, but really only serve to keep us feeling bad about ourselves (Leahy, 2017). For instance, a person might tell himself, "I always fail when I try to do something new; I therefore fail at everything I try." This is an example of "black or white" (or polarized*)* thinking. The person is only seeing things in absolutes, that if he fails at one thing, he must fail at all things. If he added, "I must be a complete loser and failure" to his thinking, that would also be an example of overgeneralization*,* taking a failure at one specific task and generalizing it on their very self and identity.

Cognitive distortions are at the core of what many cognitive-behavioural and other kinds of therapists try and help a person learn to change in psychotherapy. By learning to correctly identify this kind of "stinking' thinking'," a person can then answer the negative thinking back, and refute it. By refuting the negative thinking over and over again, it will slowly diminish overtime and be automatically replaced by more rational, balanced thinking (McKay, & Fanning, 2016).

The most common cognitive distortions are:

**Filtering:**

We take the negative details and magnify them while filtering out all positive aspects of a situation. For instance, a person may pick out a single, unpleasant detail and dwell on it exclusively so that their vision of reality becomes darkened or distorted.

**Polarized Thinking (or "Black and White" Thinking):**

In polarized thinking, things are either "black-or-white." We have to be perfect or we are failure, there is no middle ground. You place people or situations in "either/or" categories, with no

shades of gray or allowing for the complexity of most people and situations. If your performance falls short of perfect, you see yourself as a total failure.

**Overgeneralization:**

In this cognitive distortion, we come to a general conclusion based on a single incident or a single piece of evidence. If something bad happens only once, we expect it to happen over and over again. A person may see a single, unpleasant event as part of a never-ending pattern of defeat.

**Jumping to Conclusions:**

Without individuals saying so, we know what they are feeling and why they act the way they do. In particular, we are able to determine how people are feeling toward us.

For example, a person may conclude that someone is reacting negatively toward them but doesn't actually bother to find out if they are correct. Another example is a person may anticipate that things will turn out badly, and will feel convince that their prediction is already an established fact.

**Catastrophizing:**

We expect disaster to strike, no matter what. This is also referred to as "magnifying or minimizing." We hear about a problem and use what if questions (such as, "What if tragedy strikes?" "What if it happens to me?").

For example, a person might exaggerate the importance of insignificant events (such as their mistake, or someone else's achievement). Or they may inappropriately shrink the magnitude of significant events until they appear tiny (for example, a person's own desirable qualities or someone else's imperfections).

With practice, you can learn to answer each of these cognitive distortions

**Personalization:**

Personalization is a distortion where a person believes that everything others do or say is some kind of direct, personal reaction to the person. We also compare ourselves to others trying to determine who is smarter, better looking.

A person engaging in personalization may also see themselves as the cause of some unhealthy external event that they were not responsible for. For example, "We were late to the dinner party and caused the hostess to overcook the meal. If I had only pushed my husband to leave on time, this wouldn't have happened."

**Control Fallacies:**

If we feel externally controlled, we see ourselves as helpless a victim of fate. For example, "I can't help it if the quality of the work is poor, my boss demanded I work overtime on it." The fallacy of internal control has us assuming responsibility for the pain and happiness of everyone around us. For example, "Why aren't you happy? Is it because of something I did?

**Fallacy of Fairness:**

We feel resentful because we think we know what is fair, but other people would not agree with us. As our parents tell us when we're growing up and something doesn't go our way, "Life isn't always fair." People who go through life applying a measuring ruler against every situation judging its "fairness" will often feel badly and negative because of it. Because life is not "fair", things will not always work out in your favour, even when you think they should.

**Blaming:**

We hold other people responsible for our pain, or take the other track and blame ourselves for every problem. For example, "Stop making me feels bad about myself!" Nobody can "make" us feel any particular way, only we have control over our own emotions and emotional reactions.

**Shoulds:**

We have a list of ironclad rules about how others and we should behave. People who break the rules make us angry, and we feel guilty when we violate these rules. A person may often believe they are trying to motivate themselves with shoulds and should not, as if they have to be punished before they can do anything.

For example, "I really should exercise. I shouldn't be so lazy." The emotional consequence is guilt. When a person directs should statements toward others, they often feel anger, frustration and resentment.

**Emotional Reasoning:**

We believe that what we feel must be true automatically. If we feel stupid and boring, then we must be stupid and boring. You assume that your unhealthy emotions reflect the way things really are, "I feel it, and therefore it must be true."

**Fallacy of Change:**

We expect that other people will change to suit us if we just pressure or cajole them enough. We need to change people because our hopes for happiness seem to depend entirely on them.

**Global Labeling:**

We generalize one or two qualities into a negative global judgment. These are extreme forms of generalizing, and are also referred to as "labeling" and "mislabeling." Instead of describing an error in context of a specific situation, a person will attach an unhealthy label to themselves.

For example, they may say, "I'm a loser" in a situation where they failed at a specific task. When someone else's behaviour rubs a person the wrong way, they may attach an unhealthy label to him, such as "He's a real jerk." Mislabeling involves describing an event with language that is highly colored and emotionally loaded. For example, instead of saying someone drops her

children off at daycare every day, a person who is mislabeling might say that "she abandons her children to strangers."

**Always Being Right:**

We are continually on trial to prove that our opinions and actions are correct. Being wrong is unthinkable and we will go to any length to demonstrate our rightness. For example, "I don't care how badly arguing with me makes you feel, I'm going to win this argument no matter what because I'm right." Being right often is more important than the feelings of others around a person who engages in this cognitive distortion, even loved ones.

**Heaven's Reward Fallacy:**

We expect our sacrifice and self-denial to pay off, as if someone is keeping score. We feel bitter when the reward doesn't come.

### 2.3.2 Cognitive Restructuring Working Template

Cognitive Restructuring working template was used to guide the researcher on how to use cognitive restructuring to help the student replace their irrational thoughts and belief with a more rational one. The working template helped the cognitive restructuring researcher with the procedures to use and questions to ask the students so as to create a conducive environment for the purpose of achieving the set research objectives. To achieve this, the cognitive researcher therefore used the following specific skills:

**Psycho-education:** here the researcher guides the students to understand what cognitive restructuring and cognitive distortions are and how powerful cognitive distortions are in triggering social anxiety. The researcher further guides the students to understand the different cognitive distortions and how they affect emotions and behaviour. This will help the students to

identify with at least few of the cognitive distortions and easily connect them with their own experiences.

**Increase awareness of Thoughts:** after building a general understanding of cognitive distortions, the researcher then guides the students to identify their own cognitive distortions

**Thoughts Record:** here the researcher guides the students to record all their negative thoughts, feelings and behaviours that accompany them. This skill will help the students to be aware of their cognitive distortions that previously went unnoticed and unquestioned. With practice, they will learn to identify cognitive distortions in the moment and immediately challenge them.

**Challenge the Thoughts:** here the researcher guides the students to explain how successful these thinking and behaviours has been for him or her in the past, the facts that he or she has challenged the thoughts. The strength the student has that he or she may be overlooking and the advice the students will give someone else in the same situation.

**Alternative Thinking:** here the researcher guides the students to provide alternative thinking that will replace the negative ones mentioned or recorded.

**Action Plan:** the researcher guides the students on what to do if this situation arises again, how the students will prepare for the situation.

### 2.3.3 Elements of Cognitive Restructuring

Ellis (as cited in Bakori 2014) state the following as the key or basic elements of cognitive restructuring thus;

- Show clients the ABC of REBT. Show them how adversities (As) alone do not lead to their disturbed behavioural consequences (Cs) but that they personally contribute to their Cs by engaging in strong and persistent beliefs (Bs) about their As. Thus A x B = C

- Particularly show clients that when they disturb themselves (at point C) they have powerful RBs that largely consist of flexible preferences as well as strong IBs that are largely of absolutistic, rigid musts, should and other demands.
- Show clients how to think, feel and act against their rigid IBs with a number of cognitive, emotive and behavioural techniques which interrelates with each other.
- Show clients how to specifically dispute their IBs realistically and empirically, logically, juristically or pragmatically. Particularly show them how to change their rigid, absolutistic demands on themselves, other people and world conditions to flexible, workable preferences.
- Show clients that when they actively and persistently dispute their IBs they can create an effective new philosophy that includes strong rational coping statements that can help them to feel better and stay better.

## 2.4 Theoretical Review

The following theories are reviewed in line with the study, thus:

### 2.4.1 Psychoanalytic Theory of Sigmund Freud

**Brief Biography of Sigmund Freud (1856-1939)**

Freud was born into a middle-class Jewish family in Freiberg, Moravia (now Czech Republic), on May 6, 1856. Shortly thereafter, the family settled in Vienna, where Freud remained for most of his life. Although Freud's ambition from childhood had been a career in law, Freud decided to become a medical student shortly before he entered Vienna University in 1873. Freud was driven by an intense desire to study natural science and to solve some of the challenging problems confronting contemporary scientists.

**Psychosexual Stages of Human Development**

According to Freud (1965), through natural tendency, a child acquires sexual impulses or energy called libido or libidinal energy which is the source of id at birth and he seeks for a pleasurable way to release himself of this energy as he passes through stages of development so as to have satisfaction. He proposed that children pass through five stages of psychosexual development which are Oral, Anal, Phallic, Latent and Genital. During each of these stages, the child releases sexual impulses through specific areas of the body called erogenous zones to satisfy the pleasant tendencies of the Id. Freud opined that during the first three stages of psychosexual development, which covers from birth to six years of age, the erogenous zones (pleasurable parts of the body) are the mouth, the anus and the genital organs. He deduced that sexual impulses are released through these parts of the body and that children experience more pleasure in using them than other parts of the body during the first three stages.

According to Freud, our adult personality is determined by the way we resolve conflicts between these early sources of pleasure and the demands of reality within the first six years of life. Excessive gratification or deprivation leads to fixation, in which an individual becomes attached to developmental habit of the respective stage. If adequate gratification is attained at every stage, an individual develops a healthy personality and if there is an unresolved conflict in any of the stages, a child becomes fixated on that particular erogenous zone. He either over-indulges or under-indulges in the habit of that stage when he becomes an adult. Thus, the experiences of early childhood of an individual have profound impact on his personality traits and behaviour in later life Eagle, Bateman& Holmes (as cited in Abolarin, 2010).

Freud's Stages of Psychosexual Development are explained below;

**Oral Stage:** (Birth to 18 months). The oral stage occurs during infancy. Infants gain primary satisfaction from taking in food, and from sucking on breasts, a thumb or some other objects. Therefore, the pleasurable or sensitive part of the body through which sexual energy is released is the mouth. Excessive gratification or deprivation (due to early weaning) of oral needs can result into fixation. The problem of fixation can produce in adults, an oral receptive character, which often reflects in individual's tendency to be very trusting and over-dependent on others. It can as well produce in adults, an oral aggressive character which often makes one to be hostile and domineering. Such a person may have a strong tendency to smoke, drink alcohol, over-eat, or bite his or her nails. Personality- wise, these individuals may become overly dependent upon others and gullible.

**Anal Stage:** (18 months to 3 years). The main source of releasing sexual energy to bring satisfaction is the anal area. The child enjoys sitting down on potty for a long time. During toilet training, the child is faced with society's first attempt to control biological urge. According to lsbister (as cited in Abolarin, 2010), harsh toilet training can produce compulsions for neatness: an over-emphasis on cleanliness, obsessive concerns with orderliness and insistence on rigid rules. In contrast, extreme lack of toilet training may result in a messy and disorganized adult personality.

**Phallic Stage:** (Age 3 to 6 years). At this stage, the child releases libido and derives pleasure from fondling/playing with his sexual organs. He also becomes sensitive to the physical gender features between male and female. Freud believed that during this stage, a boy acquires the Oedipus Complex, in which he develops unconscious sexual desires for his mother. Because of this, he becomes a rival with his father and sees him as a competitor for the mother's affection.

During this time, the boy also develops a fear that his father will punish him for his feelings of love for his mother, by castrating him. Male children are able to resolve this complex through identification with their fathers. (Oedipus was the Greek mythology figure who accidentally killed his father and married his mother). Girls are also believed to go through a similar situation, by developing unconscious sexual attraction to their father (Electra complex). According to Freud, out of fear of castration and due to the strong competition of his father, boys eventually decide to identify with him rather than fight him. By identifying with his father, the boy develops masculine characteristics and identifies himself as a male, and represses his sexual feelings toward his mother. People who are fixated at this stage develop a phallic character. Men with a phallic character are described as being arrogant, conceited, proud, self-confident, self-opinionated, and self-assured. But, women with a phallic character fight hard for superiority over men Eysenck (as cited in Abolarin, 2010).

**Latency Stage:** (Age six to puberty). It is during this stage that sexual urges remain dormant or repressed and children interact and play mostly with same sex peers.

**Genital Stage:** This stage lasts from puberty onwards. The main source of energy release and sexual pleasure is the genitals. The focus of the adolescent child is on sexual pleasure with his or her peer of the opposite sex unlike .the phallic stage when it was with the opposite sexed parents. Children who escaped being fixated at any of the earlier stages develop acceptable characters in adulthood. They are well adjusted, mature, able to love and be loved.

**Application of Freudian theory to this study**

The relevance of psychoanalytic theory to this study is that, freud believed that all psychological problems such as social anxiety are rooted from the unconscious mind, he believed that social anxiety is part of a larger problem that develops during childhood. Freud viewed social anxiety as a

disorder of childhood origin. Therefore, sees an individual's social anxiety as resulting from his or her early experiences and attachments to his or her caregivers and other important people in their lives.

According to Freud, an individual social anxiety may be the result of the following:

- expectation of shame and humiliation elicited by critical or harsh parents
- a conflict between an individual's need to achieve and succeed, and his or her fear of success
- a conflict between an individual's need for independence and his or her fear of rejection or abandonment by his or her parents or peers
- his or her narcissistic fear of being unable to make a perfect impression

  Each of these conflicts is believed to result in social anxiety.

**2.4.2 Rational Emotive Theory of Albert Ellis**

Rational Emotive Theory (RET) was formulated by Albert Ellis in (1962). It is one of the cognitive oriented theories. The cognitive theories talk about mental processes, ability to see things in their proper perspectives in relation to healthy and unhealthy personalities otherwise called logical and illogical individuals. The major contributions of Ellis is to show how individuals make themselves disturbed with irrational beliefs learned from the society in general and from significant others in particular . Ellis talked about beliefs and attitude and so he maintains that an individual's ways of reasoning relate directly to the ways he feels.

To Ellis, man could be rational or irrational in thinking which could lead to logical and illogical feelings. The rational individual is logical in the way he does things, that is, the well-adjusted individual is logical. On the other hand, the individual that is irrational feels illogical and therefore maladjusted. Ellis views man as being unique, rational, as well as irrational, happiness depends on whether man is rational or not. Emotional disturbances are as a result of irrational

and illogical thinking. Irrational thinking originates in the early illogical learning that the individual is biologically disposed.

Illogical thoughts when perpetuated cause emotional disturbances. Since persistent emotional disturbance is a result of self-verbalization, they are not determined by external circumstances or events, but by the individual's perceptions and attitudes towards these events. Thoughts and emotions are not separate functions (emotion accompanies thinking and is in effect biased prejudiced and personalized).

Ellis outlined eleven irrational beliefs which are universally inculcated in western society and which inevitably lead to widespread neurosis. These ideas are passed onto individuals during the process of socialization before more rational ways of thinking are acquired. Once an individual acquires these ideas, they become part of his belief system and the individual through self-talk continues to re-indoctrinate himself thereby thinking and behaving irrationally. According to Ellis, an individual must be loved and approved also by everyone. In order to feel worthwhile, a person must be competent in all possible respects. People who are villainous should be punished severely. When things are not the way you want them to be, it is catastrophic. People have little or no control over external causes of the bad things that happen to them. The best way to handle a dangerous or fear producing event is to worry about it and dwell on it. It is easier to avoid certain life difficulties and responsibilities than to face them. One needs to depend on others and to rely on someone stronger than oneself. One's present behaviour is determined primarily by one's past history. One should be upset by the problem of others. There is always a perfect solution to human problems and it is essential to find it.

**Application of Rational Emotive Theory to this study**

Ellis, (1962) formulated irrational beliefs as an explanation of neurotic disorders. He argues that social anxiety can be explained by the irrational belief that one must always make a good impression in order to be loved and accepted by everybody one is in contact with. Another aspect can be that people get hooked to the idea that they must always achieve perfect performances in order to be regarded as valuable, leading to fear of risk and failure. As a consequence, these people tend to be more occupied with themselves than with the task, which results in less enjoyment or actual failure. Even if people managed to achieve this perfectionist and actually unreachable goal, they would have to continuously worry about how much they are loved or whether they are still loved. According to Lazarus (1979) an overgeneralization of the self takes place when people see their whole ego questioned because of an imperfect performance in a social situation. This overgeneralization goes together with an absolutistic way of thinking and a low feeling of self-worth and thus is mainly responsible for social anxiety.

### 2.4.3 Social Learning Theory of Albert Bandura

**Brief History of Albert Bandura**

Albert Bandura born in Mundare, in Alberta as the youngest child and only son, in a family of six (December 4, 1925) is a psychologist who is the David Starr Jordan Professor Emeritus of social science in psychology at Stanford University for almost six decades, he has been responsible for contribution to the field of education and to many fields of psychology, including social cognitive theory, therapy and personality psychology and was also influential in the transition between behaviourism and cognitive psychology.' He is known as the originator of social learning theory and the theoretical construct of self-efficacy and is also responsible for the influential 1961 Bobo doll experiment.

**Key Concepts of Social Learning Theory**

The key concepts of social learning theory are explained below:

**Observational learning:** the social learning theory stated that people can learn by watching other people perform the behaviour. Observational learning explained the nature of children to learn behaviours by watching the behaviour of the people around them, and eventually, imitating them.' With the "Bob Doll" experiment(s), Bandura included an adult who is tasked to act aggressively towards a Bobo Doll while the children observed him. Later Bandura let the children play inside a room with the Bobo Doll. He affirmed that these children imitated the aggressive behaviour towards the doll, which they had observed earlier. After his studies, Bandura was able to determine three (3) basic models of observational learning, which includes;

**A live model**: which includes an actual person performing a behaviour.

**A verbal instruction model**: which involve telling of details and descriptions of behaviour to be performed.

**A symbolic model**: these include either real or fictional character demonstrating the behaviour via movies, books, television, radio, online media and other media sources.

**The state of mind (mental state) is crucial to learning:** In this concept, Bandura stated that not only external reinforcement or factors can affect learning and behaviour. There is also that he called intrinsic reinforcement, which is in a form of internal reward or a better feeling after performing the behaviour e. g sense of accomplishment, confidence, satisfaction, etc.

**Learning does not mean that there will be a change in behaviour of an individual:** learning can occur without a change in behaviour. The Behaviourists believe that learning has to be represented by a permanent change in behaviour however; social learning theorists believe that because people can learn through observation alone, their learning may not necessarily be shown

in their performance. Learning may or may not result in behaviour change. Bandura understood that not all behaviour would be retained.

**Modelling Process in Social Learning Theory**

The modeling process developed by Bandura helps us understand that not all observed behaviours could be learned effectively, nor learning can necessarily result to behavioural changes. The modeling process includes the following steps in order for us to determine whether social learning is successful or not.

**Attention**: Social cognitive theory implies that you must pay attention for you to learn. If you want to learn from the behaviour of the model (the person that demonstrate the behaviour), then you should eliminate anything that catches your attention other than him also, the more interesting the model is, the more likely you are to pay full attention to him and learn.

**Retention**: Retention of the newly learnt behaviour is necessary without retention, learning of the behaviour would not be established and you might need to get back to observing the model again since you were not able to store information about the behaviour.

**Reproduction**: When you are successful in paying attention and retaining relevant information, this step requires you to demonstrate the behaviour. In this phase, practice of the behaviour by repeatedly doing it is important for improvement.

**Motivation**: feeling motivated to repeat the behaviour is what you need in order to keep on performing it. This is where reinforcement and punishment comes in. You can be rewarded by demonstrating the bahaviour properly, and punished by displaying it inappropriately.

**Application of social learning theory to this study**

According to Albert Bandura (1977), the principal founder of Social Learning Theory, individuals learn new ways of thinking and/or behaving by observing how other people think and

behave. Unlike the more traditional view of "behaviourism" that suggests people learn a behaviour because of direct experience. If a behaviour is rewarded people learn to increase that behaviour. If a behaviour is punished, people learn to discontinue that behaviour. In contrast to this behavioural learning theory, Social Learning Theory proposes that people can learn how to behave vicariously, without ever having direct experience with a particular situation themselves. Instead, individuals are able to learn how to respond to a particular situation simply by observing how others respond. This concept, that learning can take place without any direct experience, has important implications for the formation of anxiety problems. It helps to explain the many different ways that people experience anxiety.

According to Social Learning Theory, people with social anxiety may have learned to be anxious through prior contact with other people. Other people may have communicated, via their actions or the information they provided, that certain situations or objects are dangerous and subsequently must be avoided at all costs. For instance, some people with social anxiety were taught (directly or indirectly) that it was extremely important to receive the approval of other people. For example, a child may watch her parents getting ready for a visit from Grandma. During these preparations, she observes her parents becoming highly anxious. She overhears her parents arguing about the impending visit. Then, her usually friendly parents become very formal and stilted in front of Grandma. In addition, her parents have carefully instructed her about what she can, and cannot, say to grandma with the threat of punishment for any misbehaviour. Her observations before and during grandma's visit may cause this child to learn social interactions stressful. In her experience, social gatherings are not opportunities for rewarding and enjoyable experiences. Instead, social experiences represent potentially threatening and risky situations. As a natural outcome of these learning experiences, a social anxiety may develop.

The exposure to these early learning experiences may make people come to "mimic" the anxious behaviours of others. Social Learning Theorists suggests that this learning can take place simply through observation. Therefore, people may learn to avoid certain objects or situations without ever having any independent knowledge or experience. As such, they have no opportunity to form their own beliefs or opinions about the accuracy of the information they were provided. It is irrefutable. Therefore, the avoidance of objects or situations that are feared by caregivers is nearly guaranteed.

**2.5 Review of Empirical Studies**

The following empirical studies were reviewed in line with the study:

Ahmed (2016) conducted a study on the effect of Cognitive Restructuring and Graded exposure counselling Technique on school phobia among Secondary School Students in Kaduna Metropolis, Nigeria. The population of his study was 415 secondary school students and the study was guided by five research objectives and five hypotheses. He also used quasi experimental design for the study. His data were analyzed using mean, standard deviation, t-test and ANCOVA. The result of his study revealed that; Male and Female students exposed to cognitive restructuring had a reduced school phobia in favour of Female students with (t =0.819, p =0.432). Male and Female students exposed to Graded exposure technique had a reduced school phobia in favour of male secondary school students with (t =0.948, p =0.366).

Denise, Christiane, Volkmar, Florian, David and Clark (2012) conducted a study on the relationship between competence and outcome in cognitive restructuring therapy (CRT) for social anxiety disorder, using hierarchical linear modeling analyses (HLM). Data were drawn from a multicenter randomized controlled trial. Five trained raters evaluated videotapes of two therapy sessions per patient using the Cognitive Therapy Competence Scale for Social Phobia

(CTCS-SP). Overall adherence to the treatment manual and patient difficulty were also assessed. Patient outcome was rated by other assessors using the Clinical Global Impression Improvement Scale (CGI-I) and the Liebowitz Social Anxiety Scale (LSAS). Results indicated that competence significantly predicted patient outcome on the CGI-I (b ¼ .79) and LSAS (b ¼ .59). Patient difficulty and adherence did not further improve prediction. The findings support the view that competence influences outcome and should be a focus of training programs. Further research is needed to compare different ways of assessing competence and to understand the complex relationships between competence and other therapy factors that are likely to influence outcome.

Jensen, Hougaard, and Fishman (2013) conducted a case study with Sara, a 37 year-old social anxiety woman who suffered from a primary fear of blushing as well as comorbid disorders, including obsessive-compulsive disorder, generalized anxiety disorder and spider phobia. The client was treated in an intensive, one-week group cognitive restructuring therapy program in an educational university clinic in Aarhus, Denmark. She achieved a remarkable and durable change in her longstanding social anxiety after two in-session behavioural experiments conducted during the third and fourth days of the program. After treatment, the client was interviewed about her sudden gain, and she read and commented on the case study report. The primary aim of the study was to investigate the micro level mechanisms of change for this particular client, and thereby illustrate the prospects of pragmatic case studies in meticulous process research focusing on one of the most intricate problems in psychotherapy: how does treatment work.

Muhammad (2014) conducted a study on the effectiveness of cognitive restructuring and systematic desensitization counselling techniques in the control of high-stakes test anxiety among final year secondary school students in kaduna metropolis, Nigeria. The population of his

study comprised of 300 final year male and female students guided by seven research objective and hypotheses. The study employed quasi-experimental pre-test posttest design and used standard deviation, t-test and ANOVA for data analysis. The findings revealed that cognitive restructuring treatment has significant effect in reducing the student's high-stakes test anxiety with (t =12.736, p =0.000) and systematic desensitization treatment was effective in reducing the levels of high-stakes test anxiety of the students with (t =8.665, p=0.000).

Mohamed (2017) conducted a study on the effect of cognitive restructuring treatment program on anxiety level and self-esteem among secondary school students. A Quasi experimental pre-post non-equivalent group design was used for her study. The study was conducted at El Manial National Language Schools. A convenient sample of thirty secondary school students was selected. The researcher divided the sample into two groups, fifteen students as the study group and fifteen students as control group. Three tools were used to collect the data for her study that is, a Personal Data Sheet, Hamilton Rating Scale of Anxiety, and Self-esteem Inventory. A constructed cognitive restructuring treatment intervention was developed by the researcher and implemented to the study group in ten sessions that were held twice weekly, and each session ranged from 60 to 90 minutes. The main study findings revealed that, there was a statistical significant difference between study and control groups in the reduction of anxiety level; however, there was no significant change in self-esteem for both groups. The study concluded that, cognitive restructuring treatment program was effective with secondary school students concerning the reduction of their anxiety level. The study recommended that, there is a great need for continuous follow-up of secondary school students who participated in cognitive restructuring treatment program to support and boost their coping strategies with anxiety.

Saied, Sulaiman, Hamzah, Garmjani, Kamaliyeh and Roslan (2013) examined the effects of cognitive restructuring technique on state and trait anxiety among Iranian high school students. In their study, 94 boy high school students were randomly selected to receive cognitive restructuring through eight psycho-educational sessions. Two-way repeated measure ANOVA indicated that cognitive restructuring has no significant effect on trait anxiety symptoms across pre-test, post-test and follow-up. The study found that cognitive restructuring has no significant effect on students' state anxiety symptoms across pre-test, post-test and follow-up. Despite these and other limitations, it was concluded that cognitive restructuring is effective intervention in order to decrease students' trait anxiety symptoms.

Ngwoke and Numode (2013) conducted a study on the effect of cognitive restructuring intervention programme on test anxiety of low-achieving students. Two research questions and two null hypotheses guided the study. The design adopted by the researchers was a quasi-experimental, non-equivalent control group, pretest posttest, involving one treatment group and control group. The sample of their study consisted of 135 low-achieving senior secondary school students purposively drawn from four public senior secondary schools, two from each educational zone of Yenagoa and Okolobiri in Yenagoa Local Government Area of Bayelsa State, Nigeria. These schools were randomly assigned to experimental and control groups. One instrument, Test Anxiety Inventory and an intervention programme. Cognitive Restructuring Intervention Package were developed, validated and used for the study. The treatment group was exposed to the cognitive restructuring intervention package while the control group received placebo programme on examination malpractice and prevention. The data obtained were analyzed using means and standard deviation for research questions and ANCOVA for the hypotheses. The hypotheses were tested at 0.05 probability level. Results showed that cognitive

restructuring significantly reduced test anxiety of low-achieving students. There was no significant interaction effect between cognitive restructuring and gender on test anxiety of low-achieving students. Based on the findings the researchers recommended that workshops and seminars should be organized in schools to train teachers on how to use cognitive restructuring techniques in the classroom to reduce the test anxiety of low-achieving student.

Anyio (2015) conducted a study on the effect of cognitive restructuring on delinquent behaviour among adolescent in borstal training institute, barnawa, kaduna state. The population of the study comprised of 364 inmates out of which 40 were purposefully sampled for the study. The researcher employed quasi-experimental nonequivalent control group with pre-test posttest. Five research objectives as well as five hypotheses guided his study. He used mean, standard deviation and t-test to analyze his data. His findings revealed that significant differences exist between those in the experimental and control group in their aggressive with ($p=0.05$, $t=1.96$), hostility with ($p=0.30$, $t=1.96$) and theft delinquent behaviour with ($p=0.000$, $t=1.96$) after exposure to cognitive restructuring technique respectively. Based on this findings therefore, cognitive restructuring is said to be effective in addressing delinquent behaviour.

Pour (2014) conducted a study on the effect of Cognitive Restructuring Therapy (CRT) on anxiety in infertile women. All the women who had referred to Mehr Professional Clinic during 4 months in Rasht were successfully treated. Using Cattle Anxiety Scale, 30 women who had high anxiety were randomly selected and randomly assigned to two 15 subjects experimental and control groups. After an initial assessment of participants' anxiety, the experimental group went under CRT for 8 sessions of 90 minutes and control group did not receive any intervention. Finally, participants' anxiety was measured again. Findings from the Analysis of Covariance showed that CRT significantly has improved the anxiety in experimental group in comparison

with control group. According to their findings in this study, it can be concluded that CRT can be used as an effective intervention method in women with high anxiety.

Usman (2015) conducted a study on the effect of rational self-analysis and cognitive restructuring counselling techniques on retirement anxiety among academic staff of tertiary institutions in katsina state, Nigeria. The population of his study comprised of 1225 staff of which 36 formed his sample size. The study of the researcher was guided by five research objectives and five null hypotheses. The researcher employed quasi-experimental design involving pre-test posttest. The researcher also used mean, standard deviation and t-test and analysis of variance to analyze his data. The findings of his study revealed that both counselling techniques are effective in reducing retirement anxiety among academic staff of tertiary institutions in katsina state. However, based on this study, cognitive restructuring technique is recommended for use in addressing retirement anxiety.

Lawan (2016) conducted a study on the effect of cognitive restructuring and social skills training counselling techniques on avoidant personality disorder among secondary school students in kano metropolis, Nigeria. The population of his study comprised of the senior secondary school students with avoidant personality disorder in kano metropolis. The study was guided by seven research objectives and seven null hypotheses. Quasi-experimental design involving pre-test posttest control group only was used. The statistical tool used for data analysis was standard deviation, t-test and ANOVA. The findings revealed that cognitive restructuring counselling technique has effect in the reduction of avoidant personality disorder with ($t = 8.086$, $p = 0.000$) and social skills training has effect in the reduction of avoidant personality disorder among students with ($t = 8.884$, $p = 0.000$).

Zakariyah (2016), conducted a research on the effect of cognitive restructuring and solution-focused brief counselling techniques on occupational stress among female workers in tertiary institutions in zaria metropolis, Nigeria. The population of his study was 2699 of which 36 were purposively selected to constitute his sample. His study also employed quasi-experimental design involving pre-test posttest control group. The study was guided by seven research objectives and hypotheses tested at 0.05 level of significance using t-test and ANCOVA. The findings revealed that cognitive restructuring counselling technique has effect in reducing occupational stress among female workers in tertiary institutions with (t =12.079, p =0.000) and that solution-focused brief has effect in reducing occupational stress among female workers in tertiary institutions with (t =11.843, p =0.000).

A study conducted by Adefokun (2015) on the effectiveness of cognitive restructuring and brainstorming counselling techniques in the management of psychological distress induced by infertility challenges among women in lokoja, kogi state, Nigeria. The population of the study comprised of 187 women with infertility challenges in kogi state of which 36 were purposefully selected as the sample. The study employed quasi-experimental design involving pre-test posttest control group. Twelve objectives as well as twelve hypotheses guided the study and t-test and ANOVA were used for data analysis. The study revealed that cognitive restructuring treatment has effect of reducing anxiety from mean score of (x=36.00) to posttest anxiety mean score of (x=21.75) and brainstorming treatment has effect of reducing pre-test mean score on anxiety from (x=29.58) to posttest mean score of (x=13.16).

Muhammad (2016) conducted a study on the effect of cognitive restructuring and solution focused brief counselling techniques on self-concept of secondary school underachievers in Ilorin metropolis, Nigeria. The population of the study comprised of 50 identified students with

low self-concept underachievers of which 45 were purposively selected as sample. Quasi-experimental design involving pre-test posttest control and experimental group were used. His study was guided by five research objectives as well as five hypotheses and ANCOVA statistical tool was used to analyze the data. The findings revealed that cognitive restructuring technique is effective in managing self-concept of secondary school underachievers with (p=0.000) and solution focused brief is effective in improving self-concept with (p=0.000).

Sunday (2015) conducted a study on the effects of cognitive restructuring and bibliotherapy techniques on the reduction of anger manifestation of secondary school students. The study was guided by four research questions and two null hypotheses. The population of her study comprised of 41 identified aggressive students which also constituted her sample. The researcher employed a quasi-experimental design which adopted pretest and posttest, control group. The researcher also used mean, standard deviation and analysis of covariance to analyses her data. The findings revealed that both cognitive restructuring and bibliotherapy techniques are effective in the reduction of the manifestation of anger. Based on this study therefore, the two techniques are recommended for use in addressing anger manifestation of students.

Ada, Nwakolo, and Nwosu (2017), conducted a study on the effects of Cognitive Restructuring Technique on Lateness among secondary school students in Gombe State, Nigeria. One research objective and one hypothesis guided the study. The researchers employed quasi-experimental design with pre-test and posttest. The population of their study comprised of one hundred and sixty-five (165) students with lateness behaviour. The researchers also used analysis of variance (ANOVA) for data analysis. The findings of their study showed that Cognitive Restructuring was effective in modifying lateness behaviour and reducing the magnitude of times of lateness among

secondary school students. Based on this finding, Cognitive restructuring is recommended as an effective treatment technique on students' lateness behaviour in school setting.

Olubusayo (2014) conducted a study on the effect of Cognitive-Restructuring on the reduction of mathematics anxiety among Senior Secondary School Students in Ogun State, Nigeria. Three objectives and three hypotheses were used to guide his study. The researcher also employed Quasi-experimental design with pre-test posttest for the study. The population of his study comprised of all senior secondary school students with social anxiety in ogun state. . Analysis of Covariance (ANCOVA) was used to analyse his three hypotheses formulated and tested at 0.05 level of significance. Results of his study revealed a significant effect of treatment (Cognitive-Restructuring) on subjects' level of Anxiety in Mathematics with (F-ratio= 5.81, P <0.05). Cognitive-Restructuring was found to be more effective (× = 40.80) than the control group. The study also revealed that gender affected students' anxiety in Mathematics significantly with (P<0.05) with male students having more reduction in Mathematics anxiety than female students. It was also found that study habit did not affect students' anxiety in Mathematics significantly. However, based on this findings, it is recommended that counsellors could use Cognitive Restructuring as technique to reduce anxiety in Mathematics among Secondary School Students since it has been found to be effective by this study.

Ghamari, Rafeie, and Kiami (2015) conducted a study on the efficacy of cognitive restructuring therapy and the appropriate methods of study in reducing test anxiety symptoms among third grade high school students in Khalkhal, Iran. Three objectives as well as three hypotheses were formulated to guide their study. The researcher used quasi-experimental design with pretest, posttest and control group. The population of the study was all students in the third grade of high school in Khalkhal city. The participants included 300 sampled through Spielberger test anxiety

questionnaire and clinical interview. The data were analyzed using SPSS at two levels (descriptive and inferential). The results revealed that the prevalence of test anxiety among students was 36.6%. Results of the standard Hotelling test showed that the impact of cognitive restructuring method and study methods were significant in reducing the symptoms of test anxiety of students.

Wajeeha, Attiya, and Muhammad (2015) conducted a research on Social Anxiety and academic achievements of girls at postgraduate level. Four objectives and four hypotheses were formulated to guide their study. The population of the study comprised of Students from College of Home Economics, Lahore of which 128 students identified with Social Anxiety using Social Phobia Inventory scale were taken as sample. The researcher used descriptive research and survey design for the study. His data were analyzed using t- test, Coefficient of correlation and Regression analysis. The results indicated that social anxiety was highly prevalent among the girls but it had no significant effect on the academic achievements of students. The results also showed that the demographic factors of students had no significant effect either on the social anxiety or the academic achievements. It is recommended that further studies on this topic should be conducted on a larger scale and the qualitative analysis should be carried out to get an in depth viewpoint of adolescents about social anxiety.

Afifi (2012) conducted a study on social anxiety among Egyptian university students. The population of his study comprised of 300 undergraduate University students. The researcher employed survey design for the study and used two objectives as well as two hypotheses to guide his study. He also used mean and standard deviation statistical tool to analyze his data. His findings revealed that 9.3% of students were diagnosed as having social anxiety and most of

them were females. 7.3% of them showed moderate degree of social anxiety, and only 2% of them showed severe social anxiety.

Strahan (2014) conducted 2-year longitudinal study that examined whether social anxiety, social skills, and other academic variables affect college grade point average (GPA) and academic persistence. First-year students (*n*=253) provided baseline data. Those who reported emotional control (e.g. hiding emotions) were less likely to persist. For GPA over the first 2 years of college, predictors included social skills, institutional commitment, academic and social adjustment, high school class rank, quantitative aptitude scores, gender, and ethnicity. Emotional control became a significant predictor of lower GPA by the third semester. Those with higher college adjustment scores, higher class ranks, higher quantitative aptitude scores, and female gender were more likely to earn higher GPAs. Social anxiety did not emerge as a significant predictor of college persistence or GPA.

Uzonwanne (2014) conducted a study on the prevalence of social anxiety, gender and school type among young adults in Nigerian universities. Two hypotheses were formulated to guide his study. The population of the study comprised of students from five Nigerian universities of which 400 students were selected as sample from the five universities in southwest Nigeria, using Social Phobia Inventory (SPIN). The researcher also adopted survey design for the study and the data obtained were analyzed using both descriptive and inferential statistical methods (t-test, standard deviation, mean, range and percentage count). The Findings revealed a high prevalence of social anxiety among the participants, with 20% of them manifesting severe social anxiety and 16.8% manifesting extremely severe social anxiety. The study also showed that neither gender nor school type revealed statistically significant differences in the manifestation

of social anxiety. However, this finding may be useful in further understanding the prevalence of social anxiety among young adults and determining possible clinical intervention in schools.

Aletan, and Akinso (2014) conducted a research on the effects of social anxiety on adolescents manifested social skills and adjustment in Lagos Metropolis. Four null hypotheses were formulated to guide his study. The population for the study comprised of adolescents with social anxiety from four schools in Lagos Metropolis. The researcher employed Descriptive survey design in carrying out the study. Data generated were analyzed using Pearson Product Moment Correlation Coefficient to test the hypotheses. Results obtained showed that social anxiety strongly relates with adolescents' social adjustment, social interaction skills, social performance and social competence. This implies that adolescent' with social anxiety have poor social adjustment, poor social interaction skills and poor social competence than those without social anxiety. It is therefore recommended, among other things, that all hands should be on deck to assist adolescents deal with their social anxiety as a way to acquire socially acceptable skills and competencies as one of the prerequisites for enjoying and benefiting meaningfully from social contacts.

Johe (2016) conducted a study on the prevalence of social anxiety among students of Rafsanjan University of Medical Sciences, Iran. The study population included all students of Rafsanjan University of Medical Sciences. His study was guided by three research objectives and three hypotheses. The researcher also employed survey design for the study. The data were analyzed using the Pearson correlation, ANOVA, independent t-test, and multivariate regression. The findings revealed that the prevalence of social anxiety among the subjects, except in mild cases, was 58.5%, of which, 19.4% suffered from severe social anxiety and 10.2% from very severe social anxiety. Among personality dimensions, neuroticism had a direct meaningful relation with

social anxiety and its aspects. In addition, extraversion, agreeableness, openness to experience, and conscientiousness were inversely associated with social anxiety. The personality dimensions of neuroticism and openness to experience were effective predictors of social anxiety. The results are indicative of the high prevalence of social anxiety among medical students. They also suggest that social anxiety and its dimensions have a direct meaningful relation with neuroticism personality dimension. Neuroticism and agreeableness personality dimensions had the necessary power to predict social anxiety.

Azza, Taha, El-shereef, Abdullah, and Aldahasi (2017) conducted a study to determine the prevalence of Social Anxiety and investigate its associated correlates among Saudi adolescent females. The researcher used a cross sectional study design to conduct the study at Taif University in the period from January to May 2016. A self-report pre-designed questionnaire was distributed to the students about personal factors and Social Phobia Inventory (SPIN) which is a reliable and valid psychometric tool of screening Social Anxiety. The finding revealed that data of 957 female students were analyzed and rendered a prevalence of 16.3% for Social Anxiety among the students. Most of the affected students had a moderate degree of the social anxiety in 43.5% of cases. Personal factors significantly associated with Social Anxiety in univariate analysis were obese weight perception ($p < 0.001$), having body deformities ($p = 0.004$), insufficient income ($p = 0.003$), 1st birth order ($p = 0.006$), parental conflict ($p = 0.003$), parental death ($p < 0.001$) and smoking ($p < 0.001$). Based on this study, the results shows that there is a high prevalence of Social Anxiety among female university students in Taif, Saudi Arabia. For this reason, the researcher recommends early detection and intervention to reduce the overall burden associated with this psychiatric disorder in the adolescent population as emphasized by the literature.

Djidonou (2016) conducted a study on associated factors and impact of social anxiety on academic performance among students from the University of Parakou (UP). The population of the study comprised of 363 students at the campus of UP. Two hypotheses guided his study. The researcher also adopted a descriptive cross-sectional design for the study. His data were analyzed using the software EPI DATA 3.1fr and EPI info Version 7 and Karl Pearson's chi square test or Fischer's test was used for frequency comparison. The results of the findings revealed that the prevalence of social anxiety among students from the campus of University of Parakou was 11. 6% [CI95% = 10. 9 - 21. 2]. Its intensity was moderate (66.7%), medium (23.4%), severe (7.1%) and very severe (4.8%) only among female students. Moreover, gender, rural or urban living environment and field of study were statistically associated with this social anxiety which reduced academic performance by 57.1%, among the studied population. However, 42.9%were not influenced in any way. His study also revealed that addiction to alcoholic beverages (23.8%) and anxiolytics (9.5%) were used to overcome the disorder. Although the risk of dependency to these substances was low, adverse effects on their health and socio-professional future were to be taken seriously.

Mekuria, and Mulat (2017) conducted a study to assess the prevalence and associated factors of social anxiety among high school students in Ethiopia. The researcher used a cross-sectional study among 386 randomly selected students. Data were collected using pretested and self-administered questionnaire. The researcher also assessed social anxiety using Social Phobia Inventory (SPIN). Logistic regression was used by the researcher to analyze the data with 95% confidence interval and variables with value less than 0.05 were considered as statistically significant. The study revealed that from 386 study participants, 106 (27.5%) of them were positive for social anxiety. Being female (AOR = 3.1; 95% CI: 1.82–5.27), current alcohol

drinking (AOR = 1.75; 95% CI: 1.03–2.98), poor social support (AOR = 2.40; 95% CI: 1.17–4.92), and living with single parent (AOR = 5.72; 95% CI: 2.98–10.99) were significantly associated with social anxiety. Based on the result of this finding, the proportion of social anxiety was higher compared to previous evidences. As such, counsellors, psychologist and other professional workers should design a measure to address this problem.

Goldin,Ziv, Jazaieri, Hahn, Heimberg, and Gross (2012) conducted a study on the impact of Cognitive-Behavioral Therapy for Social Anxiety on the Neural Dynamics of Cognitive Reappraisal of Negative Self-Beliefs. The population of the study comprised of Seventy-five patients with generalized social anxiety randomly assigned to Cognitive-Behavioral Therapy or waitlist. The design used by the researchers was a controlled trial of Cognitive-Behavioural Therapy for social anxiety versus waitlist control group. The study has only one objective that is, to determine whether Cognitive-Behavioural Therapy for social anxiety modifies cognitive reappraisal-related prefrontal cortex neural signal magnitude and timing when implementing cognitive reappraisal with negative self-beliefs. The result of the study revealed that during reactivity trials, compared to waitlist, Cognitive-Behavioural Therapy produced (a) greater reduction in negative emotion ratings and (b) greater blood oxygen-level dependent signal magnitude in medial prefrontal cortex. During cognitive reappraisal trials, compared to waitlist, Cognitive-Behavioural Therapy produced (c) greater reduction in negative emotion ratings, (d) greater blood oxygen-level dependent signal magnitude in dorsolateral and dorsomedial prefrontal cortex, (e) earlier temporal onset of dorsomedial prefrontal cortex activity, and (f) greater dorsomedial prefrontal cortex-amygdala inverse functional connectivity. Based on this study therefore, the researchers concluded that modulation of cognitive reappraisal-related brain

responses, timing and functional connectivity may be important brain changes that contribute to the effectiveness of Cognitive-Behavioural Therapy for social anxiety.

Strahan (1998) conducted a study on the effects of social anxiety and social competence on undergraduate retention and academic performance. The population comprised of 253 students in the first six weeks of their first year in college. The researcher employed experimental design with four research objectives. Results of the multiple regression predicting enrollment status indicated those with higher class ranks were more likely to persist, while those with high degrees of emotional control were more likely to drop out. Social phobia approached significance (p =.06) as a predictor of persistence, such that more socially anxious students were more likely to drop out. In predicting college GPA over the first two years, significant predictors included social skills, college and social adjustment, high school class rank, gender, and ethnicity. Individuals with higher self-reported social skill were tended to receive lower GPAs than those who reported lower social skill. Emotional control also became a significant predictor for GPA by the third and fourth semesters of college. Those with higher college adjustment scores, higher class ranks, and female gender were more likely to earn higher GPAs over the first two years. Ethnicity played a role, as well, with differences being observed between students who were African-American and those of the other ethnic groups studied, with the former receiving lower GPAs.

Liaqat, and Akram (2014) conducted a study on relationship between Self-Esteem and Social Anxiety among Physically Handicapped People. The researcher employed correlational design for the study. The study has three research objectives and the population comprised of 150 disables (75 males, 75 females) taken from Government schools for special learners and other vocational training institutes from 3 cities of Southern Punjab, Rahim-yar-khan, Bahawalpur,

Multan through purposive sampling technique. Statistical analysis was done by the researcher through SPSS, Pearson product moment correlation co-efficient and independent sample t-test was applied for evaluation of results. Results indicates that self-esteem is negatively correlated with social anxiety (r = .321, p=.000) in physically handicapped. The findings of result showed that physically handicapped women have low self-esteem as compare to men [t= 7.720 (0.000), p< 0.05]. The findings also showed that physically handicapped female experienced high levels of social anxiety as compared to male [t= -8.094(0.000), df= 148, p<0.05].

**2.6 Summary**

This chapter reviewed related literature on the effect of cognitive restructuring technique on social anxiety among senior secondary school students in suleja education zone, Niger state, Nigeria. In respect to this, the concept of social anxiety was reviewed under the following sub-headings thus; the meaning of social anxiety, symptoms of social anxiety, characteristics of students with social anxiety, types of social anxiety, components of social anxiety, causes of social anxiety and effects of social anxiety. The concept of cognitive restructuring was also reviewed under the following sub-headings thus; the meaning of cognitive restructuring, forms of cognitive distortions and cognitive restructuring working template.

The chapter also reviewed relevant theories and their application to this study. The reviewed theories are; psychoanalytic theory of Sigmund Freud, social learning theory of Albert Bandura and Rational Emotive Theory of Albert Ellis. However, based on the reviewed literatures, it has shown that no study has so far been conducted on the effect of cognitive restructuring technique on social anxiety among senior secondary school students in suleja education zone Niger state, Nigeria. In addition, most of the reviewed studies especially on social anxiety were conducted

abroad and on age and gender rather than components. It is therefore expected that this study will fill the gap created in literature in terms of location, components and time.

# CHAPTER THREE

# METHODOLOGY

## 3.1 Introduction

This chapter deals with methodology of the study and is discussed under the following sub-headings: research design, population of the study, sample and sampling techniques, instrument for data collection, validity of the instrument, pilot testing, reliability of the instrument, treatment procedure, procedure for data collection and procedure for data analysis.

## 3.2 Research Design

Quasi-experimental design involving pre-test post-test group only was adopted for this study. Quasi-experimental design involves the manipulation of one or more variables without random assignment of subjects to conditions. Most educational researches use quasi experimental design because they must be conducted on real students in schools without disrupting the educational process (Emmanuel, 2013). The researcher also adopted quasi experimental design because it yields most scientific and more reliable results than survey and other designs Galadima (as cited in Lawal 2015). In addition, quasi experimental design was also used because of the limitation inherent in sample (small number of participants). The design is graphically presented as follows:

**Pretest-posttest treatment group only**

$0_1$ X $0_2$

Keys:

**$0_1$:** refers to the observation before commencement of the experiment (pretest)

**$0_2$**: refers to the observation after commencement of the experiment or treatment (posttest)

**X**: refers to the treatment variable

### 3.3 Population of the Study

The population of this study comprised of forty nine (49) students (SS2B) identified with social anxiety symptoms from Government Day Secondary School Gawu Babangida Gurara Local Government, Niger state, Nigeria. The researcher chose one school because, according to Yahya & Nyarko-Sampson (2016), Social Anxiety Scale can be used as instrument for data collection in a single school. This is also in line with (Polit & Hungler, 1999) who stated that one of the criteria that students must possess in order to be included in the study population is that, the students must be from the same school. The researcher also purposively conducted the study in Government Day Secondary School Gawu Babangida because of the prevalence of social anxiety among the students of the school compare to other schools in the education zone. The researcher selected SS2B for the study because of the confident that each participant in the group will provide unique and rich information of value to the study. The forty nine (49) students were identified using the adapted social anxiety scale developed by Yahya & Nyarko-Sampson from University of Ilorin and Ghana respectively.

There are three hundred and twenty six (326) SS2 students in Government Day Secondary School Gawu Babangida from four arms that is, SS2A=53, SS2B=125, SS2C=100 and SS2D=48 students (school statistics, 2018).

The population of all the public senior secondary school students in suleja education zone Niger state, Nigeria, according to the statistical data from the Planning, Research and Statistics

Department, Niger state Ministry of Education, Minna (2018) revealed that there are thirty one (31) senior secondary schools in suleja education zone with about twelve thousand four hundred and eight (12,408) students. This population cut across the three local governments (Suleja, Gurara & Tafa) in suleja education zone Niger state, Nigeria. The distribution of the student's population in suleja education zone by local government is therefore represented in the following table 1:

**Table 1: Population Distributions of SS Students According to Local Gov't Area in Suleja Education Zone**

| S/N | Local Gov't | Number. of Schools. | Population |
|---|---|---|---|
| 1 | Suleja | 9 | 5215 |
| 2 | Gurara | 14 | 4051 |
| 3 | Tafa | 8 | 3142 |
| **Total** | | **31** | **12,408** |

**Source:** P.R.S. Department, Niger State Ministry of Education, Minna (2018).

### 3.4 Sample and Sampling Technique

The sample of this study comprised of nineteen (19) (SS2B) students purposively selected from the forty nine (49) students identified with social anxiety symptoms from Government Day Secondary School Gawu Babangida Gurara Local Government in Suleja Education Zone Niger State, Nigeria. In line with the selected nineteen (19) students for the study, it was suggested by Abdulsalami (2008) that the number for treatment group can range from 15 to 20 and Denga (1986) maintained that better results are achieved in smaller group and there will be effective concentration and understanding of the treatment procedures by the clients. According to Suen, Huang and Lee (2014), purposive sampling is typically used to carefully select subjects based on study purpose with the expectation that each participant will provide unique and rich information of value to the study. The researcher adopted purposive sampling technique because of its accessibility advantage, higher speed in selecting eligible participants and lower cost to sample

the study participants. The selection of the sample was also based on the recommendation of the authors of the adapted instrument of the study. According to Yahya and Nyarko-Sampson (2016), a respondent that scores between 121 and 200 is considered to have a major challenge regarding social anxiety, thus, the nineteen (19) selected students' falls within this category and therefore, were used for the study.

### 3.5 Instrument for Data Collection

The researcher used Social Anxiety Scale (SAS) to collect relevant data for this study. This instrument was adapted from Yahaya and Nyarko-Sampson (2016) with little modifications. This instrument has two sections (A and B). Section A has 5 items on respondents' demographic information. Section B has forty (40) items on social anxiety. These forty items covered four components or indices of social anxiety. Items number 1-10 covered cognitive component, items 11-20 covered behavioural component, items 21-30 covered physiological component and items 31-40 covered emotional component. These items has five Likert scale response options. These options are: Not True of Me (NTM), Slightly True of Me (STM), Moderately True of Me (MTM), Very True of Me (VTM) Very Much True of Me (VMTM), which the respondents' are expected to choose one from the five response options that best described them. The minimum score a respondent can obtain is 40 (that is, 1x40) while the maximum obtainable score is 200 (that is, 5x40). By interpretation therefore, any respondent that obtained a score less than 121 (that is, 0-120) is considered as not having major challenges on social anxiety, while a respondent that has between 121 and 200 is considered to have a major challenge regarding social anxiety. This interpretation is based on the fact that every individual need a moderate level of anxiety to operate effectively and efficiently APA (as cited in Yahaya & Nyarko-Sampson, 2016).

The section A of the original social anxiety scale developed by the authors has 10 items but was modified to 5 items while the section B of the scale which covered social anxiety has 50 items but also modified to 40 items to suit the four components (cognitive, behavioural, physiological and emotional).

**3.6 Validity of the Instrument**

To determine the validity of the instrument used for this study, some copies of the instrument were given to three (3) experts from the Department of Educational Psychology and Counselling, Faculty of Education, Ahmadu Bello University, Zaria to evaluate the contents of the instrument, scrutinized them and make necessary corrections and modifications to ascertain their appropriateness and content coverage with reference to the research objectives. Thus, the final copy of the instrument (social anxiety scale) was produced in the light of the experts' observations, opinions and corrections that were harmonized.

**3.7 Pilot Testing**

To establish internal consistency of the instrument, a pilot testing was conducted on twenty three (23) (SS2B) students identified with social anxiety from Government Day Secondary School Lambata. These students were identified using Social Anxiety Scale adapted from Yahya & Nyarko-Sampson. This school is not the main school in which the study was conducted but shares similar characteristics with Government Day Secondary School Gawu Babangida, the school where the main study was conducted.

**3.8 Reliability of the Instrument**

To determine the reliability of the instruments, a pilot testing was conducted using test re-test method of reliability. The instrument was administered twice with an interval of two weeks to the same respondents of Government Day Secondary School, Lambata and the two sets of scores

obtained were correlated using Pearson Product Moment Correlation Coefficient and the r value 0.795 was obtained. This reliability coefficient was considered adequate for the measure of stability. The result revealed high positive numerical value of correlation which provided strong evidence for use in this study. In support of this, Spregel and Stevens (1999) stated that an instrument is considered reliable if it lies between 0 and 1 and that the closer the calculated reliability coefficient was to 1 the more reliable the instrument is. This is also in line with Akuezuilo (2005) who suggested that a correlation that is close to 1 was high and reliable for use as an instrument for data collection.

**3.9 Procedure for Data Collection**

The researcher collected an introductory letter from the Department of Educational Psychology and Counselling, Faculty of Education, Ahmadu Bello University, Zaria. The letter was taken to the Niger State Ministry of Education to seek for approval. The approval letter obtained from the ministry was further taken to the principal of the selected senior secondary school for introduction and approval too.

The principal of the selected school for the study introduced the researcher to the staff and students of the school for the purpose of familiarity. The researcher was also given two teachers who served as research assistants to the researcher. The principal and the researcher also agreed that the programme should be run twice in a week (Thursdays & Fridays) after going through the class time table.

The researcher and the two research assistants in the first week of the programme, went to the class of the study (SS2B) for further introduction and commencement of the study. After the introduction, the researcher with the help of the research assistant distributed the instruments to the students for pretest. All the instruments were collected back after the completion. The

instruments were scored and the targeted population determined for the study. The sample was also selected from the population for treatment. The treatment session lasted for six weeks (twice a week) and at the last week of the session, a posttest was administered with the help of the two research assistants.

After the study, the researcher thanks the principal of the school, the research assistants and other staff for their cooperation and support throughout the period of the study.

**3.9.1Treatment Session**

The whole treatment session lasted for a period of six weeks. It was based on group counselling and each session lasted between 40–50minutes. The students identified with social anxiety received treatment. The researcher and the school authority agreed on a particular day (Thursdays and Fridays) for the exercise. The post-test was taken at the last week of the treatment period. The following are the activities carried out during the sessions:

**Session One: Introduction**

**Objectives:**

- To introduce the researcher to the students;
- To explain to the student the mission of the researcher;
- To establish relationship with the students.

Step I: The researcher introduces himself to the student;

Step II: Then the researcher introduces to the student what relationship they are about to enter, which is to establish a student/researcher relationship;

Step III: The researcher then explains to the student his responsibilities throughout the process;

Step IV: The researcher then explains to the student their own responsibilities throughout the process;

Step V: The researcher then stresses the importance of developing a cooperative relationship for a successful counselling process;

Step VI: The researcher then requests the student to ask any questions on what has been discussed in the session;

Step VII: The researcher then concludes the session.

**Session Two: Understanding Social Anxiety and Cognitive Restructuring**

**Objectives:**

- To enable the students properly understand what social anxiety is;
- To introduce to the student what counselling technique can do to change behaviour;
- To introduce to the student, the concept of cognitive restructuring technique.

Step I: The researcher welcomes the student to the second session;

Step II: The researcher then explains to the students the main objectives of the session;

Step III: The researcher then explains to the student what cognitive restructuring is and how it can be used to minimize their social anxiety;

Step IV: The researcher ensures that the goals of the whole counselling relationship will be set collectively between the counsellor and the student;

Step VI: The researcher then gives the student an assignment which will form part of the next session. The students were asked to list at least five items in their thought about social anxiety.

Step VII: The researcher concludes the session for the day.

**Session Three: Identifying Negative Thoughts**

**Objectives:**

- To identify the negative thoughts of the students (cognitive distortions);
- To understand how cognitive distortions trigger social anxiety;
- Explain the process of attaching behaviour to automatic thoughts.

Step I: The researcher welcomes the student to the session and make them feel relaxed for the collaborative session to commence

Step II: The researcher then reminds the students about the homework given to them in the previous session. They are then asked to mention their negative thoughts.

Step IV: The researcher then picked the thoughts one by one and requested the students to explain what they mean and how they feel about those thoughts.

Step V: The researcher then listens while the students explains their feelings about the thoughts and where necessary used some counselling skills to elicit more response

Step VI: The researcher then explained what the researcher can do to help provide an Environment for collaborative efforts between him and the students to change the negative thoughts.

Step VII: The researcher then explained the process of automatic thought formation to the student and discussed a few of the student‘s automatic thoughts and how they started. The researcher further discussed how these automatic thoughts affect their performance that makes them become anxious

Step VIII: The researcher then concluded by giving the student homework to list the behaviours that each of the automatic thoughts (cognitive distortions) they listed causes them to exhibit.

**Session Four: Identifying Negative Thoughts**

**Objectives:**

- To identify evidences against the negative thoughts mentioned in the previous session.
- Examine the evidences against the negative thoughts mentioned in the previous session.
- Identify the irrational behaviours exhibited by the students, which are mainly caused by the negative thoughts.

Step I: The researcher warmly welcomes the client into another session. Some complimentary comments were made by the researcher on the students to make them feel comfortable of the whole process.

Step II: The researcher read out the negative thoughts (cognitive distortions) as forwarded by the students. This was done to refresh the minds of both the researcher and the students.

Step III: Each of the negative thoughts was viewed in its own merit, looking at its negative effects on the students and the behaviour that the thoughts precipitated.

Step IV: The students were then guided to identify how these thoughts affect their academic pursuits and career in future.

Step V: The researcher then informed the students about the end of the session, by asking if the students had anything to enquire or bring forward.

Step VI: The researcher then conclude by giving homework to the students asking them to come up with at least ten difficulties on how they think social anxiety affects their academic performance.

**Session Five: Challenging Distorted Thoughts**

**Objectives:**

- Challenge the distorted thoughts identified in the previous sessions.
- Guide the students to positively think of better alternatives to challenge their distorted thoughts (cognitive distortions).

Step I: The researcher once again welcomes the client into another session of the therapy.

Step II: The researcher then leads the client in recapping of the previous sessions and the success so far achieved.

Step III: Having discussed the negative thoughts in previous sessions, the researcher now defines what a normal and positive thinking is, contrary to having a distorted thought.

Step IV: The researcher, with the students begin to challenge the distorted thoughts presented by the students by picking each of the thought and discussed them in detailed

Step V: The researcher then guides the students in selecting substitute positive thoughts to replace the negative distorted thoughts.

Step VI: The researcher then clearly offers his support to the students appreciating the kind of collaborative sessions they have had.

Step VII: The students were then asked if they have any observations to make on the progress made.

Step VIII: The session then ends with an assignment for the students to think deeply on the substitution of the negative thoughts with more realistic ones, and report back in the next session how such substitution has affected their thoughts, feelings and behaviour towards social situations.

**Session six: Conclusion and Posttest Administration**

Objectives:

- To round off the counselling relationship.
- To ascertain the effects of the counselling or treatment process carried out in the study.
- To discuss other relevant issues not discussed in the previous sessions.
- To administer the posttest on the student.

Step I: The researcher warmly welcomes the client into the final session of the therapy.

Step II: The researcher expresses gratitude for the collaborative efforts they had throughout the counselling process.

Step III: The students were requested to express what resulted from the substitution of their distorted thoughts with more realistic thoughts.

Step IV: The students were told to get ready for another test (posttest) which was the concluding part of the counselling process.

**3.10 Procedure for Data Analysis**

The data collected through the use of social anxiety scale was subjected to statistical analysis. Simple percentage and frequency counts were used to present demographic data of the respondents. Descriptive statistics of mean and standard deviation were used to answer the research questions while inferential statistics of paired sampled t-test was used to test all the four null hypotheses at 0.05 level of significance.

# CHAPTER FOUR

# RESULTS AND DISCUSSION

## 4.1 Introduction

This chapter deals with the result and discussion of the findings and is done under the following sub-headings: presentation of demographic data of respondents in frequency and percentage, hypotheses testing, summary and discussion of findings.

## 4.2 Demographic Data of the Respondents

The following table presents the demographic data of the respondents. Thus:

**Table 2: Age Distribution of Respondents in Frequency and Percentage**

| Age category | Frequency | Percentage |
|---|---|---|
| < 18 years | 5 | 26.3 |
| > 18 years | 14 | 73.7 |
| **Total** | **19** | **100.0** |

Table 2 shows the age category of the study subjects. Thus, out of the nineteen students that participated in the study, five students were less than eighteen years old with 26.3% while fourteen students were 18 years and above with 73.7%. This implies that the students that participated in this study were majorly 18 years and above.

**Table 3: Sex Distribution of Respondents in Frequency and Percentage**

| Gender | Frequency | Percentage |
|---|---|---|
| Male | 11 | 57.9 |
| Female | 8 | 42.1 |
| **Total** | **19** | **100.0** |

Table 3 shows the sex distribution of the respondents. Thus, out of the nineteen students that participated in the study, majority of the respondents which comprised 11 with 58% were male while 8 respondents with 42% indicated female. This means that male students were the majority respondents in this study.

### 4.3 Hypotheses Testing

The hypotheses stated for this study were tested using paired sample t-test; this is because the study involved a pretest and posttest for the same group of respondents. The hypotheses were tested at .05 level of significance. The result is presented as follows:

**$H_{01}$**: There is no significant difference between pre-test and post-test Cognitive Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria.

**Table 4: Paired sample t-test comparing pre-test and post-test Cognitive Component of Social Anxiety based on Cognitive Restructuring technique**

| Test | N | Mean | SD | t | df | P |
|---|---|---|---|---|---|---|
| Pre-test | 19 | 23.89 | 5.908 | 2.619 | 18 | .017 |
| Post-test | 19 | 19.95 | 4.209 | | | |

Table 4 shows that the mean score for the pre-test is 23.89 and post-test is 19.95. The t=2.619 and p=.017 which is less than .05 level of significance. Therefore, the null hypothesis that states that there is no significant difference between pre-test and post-test Cognitive Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria is hereby rejected. This means that there is significant difference between pre-test and posttest cognitive component of social anxiety among senior secondary school students in suleja education zone Niger state, Nigeria.

**$H_{02}$**: There is no significant difference between pre-test and post-test Behavioural Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger state, Nigeria.

**Table 5: Paired sample t-test comparing pre-test and post-test Behavioural Component of Social Anxiety based on Cognitive Restructuring technique**

| Test | N | Mean | SD | t | df | P |
|---|---|---|---|---|---|---|
| Pre-test | 19 | 28.68 | 4.911 | 4.389 | 18 | .000 |
| Post-test | 19 | 20.89 | 7.666 | | | |

Table 5 shows that the mean score for the pre-test is 28.68 and the post-test is 20.89. The t-value is 4.389 and p=.000 which is less than .05 level of significance. Therefore, the null hypothesis

that states that there is no significant difference between pre-test and post-test Behavioural Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria is hereby rejected. This means that there is significant difference between pre-test and posttest Behavioural Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria.

**$H_{03}$:** There is no significant difference between pre-test and post-test Physiological Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger state, Nigeria.

**Table 6: Paired sample t-test comparing pre-test and post-test of Physiological Component of Social Anxiety based on Cognitive Restructuring technique**

| Test | N | Mean | SD | t | df | P |
|---|---|---|---|---|---|---|
| Pre-test | 19 | 26.11 | 5.811 | 3.238 | 18 | .005 |
| Post-test | 19 | 20.11 | 6.814 | | | |

Table 6 shows that the mean score for the pre-test is 28.11 and the mean score for the post-test is 20.11. The t=3.238 and p=.005 which is less than .05 level of significance. Therefore, the null hypothesis that states that there is no significant difference between pre-test and post-test Physiological Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria is hereby rejected. This means that there is significant difference between pre-test and posttest Physiological Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria.

**$H_{04}$**: There is no significant difference between pre-test and post-test Emotional Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger state, Nigeria.

**Table 7: Paired sample t-test comparing pre-test and post-test Emotional Component of Social Anxiety based on Cognitive Restructuring technique**

| Test | N | Mean | SD | t | df | P |
|---|---|---|---|---|---|---|
| Pre-test | 19 | 30.53 | 5.767 | 7.087 | 18 | .000 |
| Post-test | 19 | 20.37 | 6.414 | | | |

Table 7 shows that the mean score for the pre-test is 30.53 and the mean score for the post-test is 20.37. The t=7.087 and p=.000 which is less than .05 level of significance. Therefore, the null hypothesis that states that there is no significant difference between pre-test and post-test Emotional Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria is hereby rejected. This means that there is significant difference between pre-test and posttest Emotional Component of Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria.

**4.5 Summary of Findings**

From the data collated and analyzed the following are the summary of the major findings:

1. There is a significant effect of cognitive restructuring technique on the cognitive component of social anxiety among senior secondary school students in Suleja education Zone Niger state, Nigeria with t=2.619 and p=.017
2. There is a significant effect of cognitive restructuring technique on the behavioural component of social anxiety among senior secondary school students in Suleja education Zone Niger state, Nigeria with t=4.389 and p=.000
3. There is a significant effect of cognitive restructuring technique on the physiological component of social anxiety among senior secondary school students in Suleja education Zone Niger state, Nigeria with t=3.238 and p=.005

4. There is a significant effect of cognitive restructuring technique on the emotional component of social anxiety among senior secondary school student in Suleja education Zone Niger state, Nigeria with t=7.087 and p=.000

**4.6 Discussion of Findings**

The purpose of this study was to determine the effect of cognitive restructuring technique on social anxiety among senior secondary school students in Suleja education zone Niger state, Nigeria. However, the study was successfully conducted and the result collated and analyzed. Generally, the findings of the study revealed that there is significant effect of cognitive restructuring technique on social anxiety among senior secondary school students in Suleja education zone Niger state, Nigeria.

Based on the components of the variable thus, the findings of the study reveals that there is significant effect of cognitive restructuring technique on the cognitive component of social anxiety among senior secondary school students in Suleja education zone Niger state, Nigeria. This however, support the findings of Olubusayo (2014) who conducted a study on the effect of cognitive restructuring counselling technique on the reduction of mathematics anxiety among senior secondary school students in Ogun state, Nigeria. The findings of her study revealed that there was significant effect of cognitive restructuring technique on the subject level of anxiety in mathematics. Similarly, a study conducted by Sunday (2015) on the effect of cognitive restructuring and bibliotherapy techniques on the reduction of anger manifestation of secondary school students revealed that cognitive restructuring technique was effective in the reduction of the manifestation of anger among students.

The finding of this study reveals that there is significant effect of cognitive restructuring technique on the behavioural components of social anxiety among senior secondary school

students in Suleja education zone Niger state, Nigeria. This finding concurred with the findings of Ahmed (2016) who conducted a study on the effect of cognitive restructuring and Graded exposure counselling techniques on school phobia among secondary school students in Kaduna Metropolis, Nigeria. The findings of the study revealed that the male and female students exposed to cognitive restructuring technique had a reduced school phobia. This study is also in line with the findings of Lawan (2016) who conducted a study on the effect of cognitive restructuring and social skills training counselling technique on avoidant personality disorder among secondary school students in Kano Metropolis, Nigeria. The result of the findings revealed that cognitive restructuring counselling technique had effect on the reduction of avoidant personality disorder among secondary school students in Kano Metropolis.

The findings of this study reveal that there is significant effect of cognitive restructuring technique on the physiological component of social anxiety among senior secondary school students in suleja education zone Niger state, Nigeria. The findings of this study agrees with the findings of Mohamed (2017) who conducted a study on the effect of cognitive behavioural treatment program on anxiety level and self-esteem among secondary school students. A Quasi experimental pre-post non-equivalent group design was used for her study. The findings of the study revealed that, there was a statistical significant difference between study and control groups in the reduction of anxiety level among secondary school students. This study also concurred with the findings of Ngwoke and Numode (2013) conducted a study on the effect of cognitive restructuring intervention programme on test anxiety of low-achieving students. The data obtained were analyzed using means and standard deviation for research questions and ANCOVA for the hypotheses. The hypotheses were tested at 0.05 probability level. Results showed that cognitive restructuring significantly reduced test anxiety of low-achieving students.

The findings of this study also reveal that there is significant effect of cognitive restructuring technique on the emotional component of social anxiety among senior secondary school students in suleja education zone Niger state, Nigeria. This finding also agrees with the findings of Pour (2014) who conducted a study on the effect of Cognitive Restructuring Therapy (CRT) on anxiety in infertile women. Findings from the Analysis of Covariance showed that CRT significantly has improved the anxiety in experimental group in comparison with control group.

This is also in line with the findings of Ghamari, Rafeie, and Kiami (2015) who conducted a study on the efficacy of cognitive restructuring therapy and the appropriate methods of study in reducing test anxiety symptoms among third grade high school students in Khalkhal, Iran. The results of their study revealed that the prevalence of test anxiety among students was 36.6%. Results of the standard Hotelling test showed that the impact of cognitive restructuring method and study methods were significant in reducing the symptoms of test anxiety of students.

In general however, the findings of this study is contrary to the findings of Saied, Sulaiman, Hamzah, Garmjani, Kamaliyeh and Roslan (2013) who examined the effects of cognitive restructuring technique on state and trait anxiety among Iranian high school students. Two-way repeated measure ANOVA indicated that cognitive restructuring had no significant effect on trait anxiety symptoms across pre-test, post-test and follow-up. This is because the trait anxiety is biologically inclined thus, a behaviour modification technique can do little or nothing to change the anxiety.

# CHAPTER FIVE

# SUMMARY, CONCLUSSION AND RECOMMENDATIONS

## 5.1 Introduction

This chapter deals with the summary, conclusion and recommendations of the study. The chapter also discussed suggestions for further studies, limitations of the study and contributions to knowledge.

## 5.2 Summary

This study examined the effect of cognitive restructuring technique on social anxiety among senior secondary school students in Suleja Education Zone Niger state, Nigeria. However, the finding of the study was done in five chapters. Chapter one comprised of the introductory aspect which was done under the following sub-headings; background to the study, statement of the problem, research objectives, research questions, research hypotheses, basic assumptions, significance of the study as well as scope and delimitations.

Chapter two of the study focused on the review of related literature which covered the conceptual framework of the key variables, theoretical framework which examined the relevant theories that guided the study (Psychoanalytic Theory, Social Learning Theory and Rational Emotive Theory). The empirical study was also done in line with the key variables.

Chapter three of the study focused on the methodology of the study. Quasi-experimental design was adopted for the study. The population, sample and sampling technique, instruments for data collection, validity and reliability of the instruments, procedure for data collection, treatment procedures as well as procedure for data analysis were adequately explained in this chapter.

Chapter four of the study comprised of the results and discussion. The results and discussions were done under the demographic data, answers to research questions and hypotheses testing.

The chapter five of the study comprised of the summary, conclusion and recommendations. Suggestions for further studies, limitations as well as contributions to knowledge were fully explained in this chapter.

**5.3 Conclusion**

From the findings of this study, it is therefore concluded that cognitive restructuring technique is effective in reducing the cognitive component of social anxiety among senior secondary school students in Suleja education zone, Niger state, Nigeria, cognitive restructuring technique is effective in reducing the physiological component of social anxiety among senior secondary school students in suleja education zone Niger state, Nigeria, cognitive restructuring technique is effective in reducing the behavioural component of social anxiety among senior secondary school students and also cognitive restructuring technique is effective in reducing the emotional component of social anxiety among senior secondary school students in Suleja education zone Niger state, Nigeria.

From the findings of this study thus, it can be concluded that cognitive restructuring technique if positively utilized can be used as a behaviour modification technique to minimize social anxiety particularly among secondary school students.

**5.4 Contributions to Knowledge**

This study has contributed to the existing body of knowledge in the following ways:

1. The study revealed that cognitive restructuring technique was effective in addressing the cognitive component of social anxiety among senior secondary school students in Suleja education zone Niger state, Nigeria.

2. The study revealed that cognitive restructuring technique was effective in addressing the physiological component of social anxiety among senior secondary school students in Suleja education zone Niger state, Nigeria.
3. The study revealed that cognitive restructuring technique was effective in addressing behavioural component of social anxiety among senior secondary school students in Suleja education zone Niger state, Nigeria.
4. The study also revealed that cognitive restructuring technique was effective in addressing the emotional component of social anxiety among senior secondary school students in Suleja education zone Niger state, Nigeria.

**5.5 Recommendations**

Based on the findings of this study, the following recommendations were made that:

1. The school administrators should make effort towards establishing a functional Guidance Programme in the various secondary schools with professional counsellors and school psychologists that will help in handling students with social anxiety
2. School counsellors and psychologists should be encouraged to use cognitive restructuring technique to address social anxiety among secondary school students
3. Secondary school teachers should be encouraged to replace corporal punishment with a modernized behaviour modification technique such as cognitive restructuring technique to address social anxiety among secondary school students by referring the affected students to the school counsellors and psychologists for help
4. Seminars, conferences and workshops should be organized on regular basis emphasizing on the effect and causes of social anxiety among secondary school students

## 5.6 Suggestions for further Studies

Based on the findings of this study, the following suggestions were made that:

1. Further studies should be conducted on the effect of cognitive restructuring technique on social anxiety among junior secondary school students in Suleja education zone Niger state, Nigeria
2. Further studies should be conducted on the effect of cognitive restructuring technique on social anxiety among tertiary institution students in Suleja education Niger state, Nigeria
3. Further studies should be conducted on the effect of cognitive restructuring technique on social anxiety in other states (different population)
4. Further studies should be conducted on the effect of cognitive restructuring technique on social anxiety among private secondary school students in Suleja education Niger state, Nigeria
5. Further studies should be conducted on the effect of cognitive restructuring technique on social anxiety among senior secondary school students in suleja education zone Niger state Nigeria using two groups that is experimental and control group for the purpose of comparison and generalization

## 5.7 Limitations of the Study

The main limitation of this study is related to the nature of the sample size which limits the generalization of the results. Since the sample was a small sized sample, the results will pertain directly to the population that was involved in the study. In addition, the following are also considered as other limitations of this study thus:

1. The study was limited to only senior secondary school students in Suleja education zone Niger state, Nigeria hence; junior secondary schools and tertiary institution students were not covered.
2. The study was limited to public secondary school students hence; private secondary school students were delimited
3. The study also employed only cognitive restructuring technique hence; other techniques such as systematic desensitization, emotional flooding, social skills training and assertive skills training among others were not used.
4. The study was also limited to only secondary schools in Suleja education zone hence; other zones in the state and outside the state were not covered.

**References**


Abdulsalam, A.S. (2008). *Research Methods in Education.* Ibadan: Stirling-Horden Publishers.

Abolarin, E.E. (2010). *Essentials of Developmental Psychology a Foundation for Teaching*: Abuja, Nigeria: Petra Digital Press.

Abodike, N.A., & Ebenebe, R.C., (2016). "Effect of cognitive restructuring on lying tendency among secondary school students in Awka education zone," *The Educational Psychologist*, 10 (1), pp. 232-239, 2016

Ackerman, C., (2018). *Positive Psychology Program*. Retrieved from: www.positivepsychologyprogram.com/cbt-cognitive-restructurin-cognitive distortions on 25/05/2018

Ada, A., Nwonkolo, C. &Nwosu, C.C. (2017). The Effect of Cognitive Restructuring Technique on Lateness to School among Secondary School Students in Gombe, Nigeria. *International Review of Management and Business Research.* 6 (3). Retrieved on 26/02/18 from www.irmbrjournal.com

Adefokun, S.I (2015). *Effectiveness of Cognitive Restructuring and Brainstorming counselling Techniques in the management of psychological Distress induced by infertility challenges.* A thesis submitted to the department of educational psychology and counselling, Faculty of education, Ahmadu Bello University, Zaria.

Afifi, D.Y., (2012). *Social Anxiety among Egyptian University Students*. Unpublished thesis, Submitted to Faculty of Medicine, University of Cairo, Egypt.

Ahmad, M.S., (2016). *Effect of Cognitive Restructuring and Graded exposure Counselling Techniques on School Phobia among Secondary School Students*. An Unpublished Dissertation. Submitted to Department of Educational Psychology and Counselling, Faculty of Education,Ahmadu Bello University, Zaria, Nigeria.

Akinsola, E. F. (2011). Relationships between Parenting Style, Family Type, Personality Disposition and Academic Achievement of Young People in Nigeria. *Ife Psychology*. 4 (2), 246-267.

Akuezuilo, E. O. (2005) *Research and Statistics in Education and Social Science*. Abbe; NuelCenti Publishers Press Ltd.

Aletan, S. & Akinso, S., (2014). Investigating the Effects of Social Anxiety Disorder on Adolescents' Manifested Social Skills and Adjustment in Lagos Metropolis. *Journal of Emerging Trends in Educational Research and Policy Studies*. Retrieved on 25 February, 2018 from: jeteraps.schorlarlinkresearch.com

American Psychiatric Association, (2013). "*Anxiety Disorders" in Diagnostic and Statistical Manual of Mental Disorders.* (5thed)Washiton, DC, USA. Retrieved on 25 December, 2017 from: www.hindawi.com/journal/psychiatry/2017/5643136.

Anyamene, A., Chinyelu, N. & Catherine, N.C, (2017). *International Review of Manangement on Business Research*. NnamdiAzikiwe University Press.

Anyio, B.T (2015). *Effect of Delinquents Behaviour among Adolescent in Borstal Training Institute, Kaduna.* A Dissertation submitted to the deparment of educational psychology and counselling, Faculty of education, Ahmadu Bello University, Zaria.

Anxiety Disorders Association of America, (2014). *Social Anxiety Disorder*. ADAA. Retrieved on January 28, 2018 from http://www.adaa.org/understanding-anxiety/social-anxiety-disorder

American Psychiatric Association, (2013). *Diagnostic and Statistical Manual of Mental Disorders. (5thEd*). Washington, DC. Retrieved January 28, 2018 from http://www.adaa.org/understanding-anxiety/social-anxiety-disorder

Azza, A., Taha, A., El-shereef, E., Abdullah, T.I.M., Abdullah, R.I.M. &Aldahasi, W.A.M. (2017). Social Anxiety Disorder and Its Correlates among Female Students at Taif University, Saudi Arabi*a. Research in Psychology and Behavioral Sciences*. 5(2), 50-56.

Bandura, A. (1971). *Social Learning Analysis*. New Jersey: N.J. Prentice Hall.

Bandura, A. (1977). *"Modelling Theory: Some Traditions, Trends, and Disputes."* In Parke, R. D. (Ed), Recent Trends in Social Learning Theory. New York: Academic Press, Inc.

Beck, A. T. (1976).*Cognitive Therapy and Emotional Disorders*. New York: International Universities Press. Retrieved on 25/12/17 from www.googlescholars.com.

Beided, D.C. & Tuner, S.M. (1998). *Shy children, phobic adults: nature and treatment of social phobia.* Washington, D.C, US: Americana Psychological Association. Pp.324 Retrieved on on 28/12/2017 from www.googlescholars.com.

Bruch, L., &Heimberg, R.G, (1994). Psychometric properties of disability measures among patients with social anxiety disorder. *Journal of Anxiety Disorders*: 18(6):825.

Caster, J. B., Inderbitzen, H. M., & Debra Hope, D. (1999). Relationship between youth and parent perceptions of family environment and social anxiety. *Journal of Anxiety Disorders* (13) 3: 237–251

Chen, Y. P., Weikert, W. (2008). Patients with generalized social phobia direct their attention away from faces. *Behaviour Research and Therapy*, 40(6), 677-687.

Chujor, J. & Kennedy, M. C. (2014). Effects of Counselling in Curbing Persistent Lateness to School.*International Journal of Innovative Research and Development*. Retrieved on 18/01/2018 from www.googlescholars.com

Clark, D. A., & Beck, A. T. (2012). *The Anxiety and Worry Workbook: The Cognitive BehaviouralSolution.* New York, NY: Guilford Press.

Chartier, M. J., Walker, J.R & Stein, M.B. (2003). *Considering Comorbidity in Social Phobia.*Social Psychiatry & Psychiatric Epidemiology, 38, 728-734.

Clarck,D. M & wells, A. (2011). *A Cognitive Model of Social Phobia*. In R.G. Heinberg, M.R Liebiwitz, D.A hope, & F.R schierer (eds.), Social Phobia: Diagnosis Association and Treatment. 69-93. NewYork. Guilford Retrieved on 18/01/2018 from www.googlescholars.com

Cruez, E.L., Martins, P.D. &Diniz, P.R. (2017). Factors Related to the Association of Social Anxiety Disorder and Alcohol Use among Adolescents. *A Psychiatric Review*. 442-51.

Denga, D.I. (1986). *Guidance and Counseling in Schools and non School Setting.* Calabar, Nigeria: Cntuar Press.

Denise M. G., Christiane B., Volkmar H., Florian W., David M. & Clark U. S., (2012). Relationship between competence and outcome in cognitive therapy (CT) for social anxiety disorder, using hierarchical linear modeling analyses (HLM); *Journal of clinical Psychology*, University of Frankfurt, Germany. Retrieved: February 27th, 2017 from: http://www.sciencepublishinggroup.com/j/ajns

Djidonou, A., (2016). Associated Factors and Impacts of Social Phobia on Academic Performance among Students from the University of Parakou.*Open Journal of Psychiatry.* Retrieved on 4/3/2018 from www.Scirp.org/journal/ojpsych

Dombeck, M. &Wellsmoran, J. (2013). *Cognitive Therapy and Emotional Disorder. Journal of Cognitive and Emotional Psychology*, 62 (6). 177-192. Retrieved on 23/01/2018 from www.cognitive.double.com

Dombeck, A. (2013). Concept of Cognitive Restructuring. Retrieved on 23/01/2018. fromwww.cognitive.double.com

Dobson, K. S., & Dozois, D. J. A. (2010). Historical and Philosophical Bases of the Cognitive Behavioral Therapies. In K. S. Dobson (Ed.), Handbook of Cognitive-Behavioral Therapies (3rd ed.). New York, NY: Guilford Press.

Egan, G. (1975). The Skilled Helper: A Problem Management Approach to Helping. Pacific Grove. C.A: Brooks/Cole.

Eneasator, E.U., & Umezulike, R.Q., (2010). *Application of counselling skills and techniques*, Ofona Publishers, Onitsha.

Erwin, B. A, Heimberg, R.G, Marx, B. P, Franklin M. E. (2006). Traumatic and Socially

Stressful Life Events among Persons with Social Anxiety Disorder. *Journal of Anxiety Disorders. 2 (3). 192-198.*

Emmanuel, A. (2015). *International journal of medical and health research*. 3 (2) 98-101

Emmanuel, Y. (2013). *Fundamentals of Research Methodology*: Sunjo A.J. Global Links: Kaduna, Nigeria

Ellis, A. A. (1962). *Reason and Emotion in Psychotherapy*. New York: Lyle Stuart.

Fehm, L., (2008). Social anxiety disorder above and below the diagnostic threshold: prevalence, comorbidity and impairment in the general population. *Social psychiatry and psychiatric epidemiology*, *43*(4), 257-265.

Furmark, T. (2002). Social phobia: overview of community surveys. *ActaPsychiatrica Scandinavica, 105*(2), 84-93.

Greenberger, D. &Padesky, C.A. (2015). *Mind over Mood. A cognitive Therapy Treatment Manual for Clients.* Retrieved on 23/01/2018 from: www.org.uk/guidance/index.action=byidandr=true and 0=10958

Goldin, P.R.,Ziv, M., Jazaieri H., Hahn, K., Heimberg, R.. &Gross, J.J. (1998). Impact of Cognitive-Behavioral Therapy for Social Anxiety Disorder on the Neural Dynamics of Cognitive Reappraisal of Negative Self-Beliefs. *Journal of Anxiety Disorders* 12(4):293-305. Retrieved on 9/3/2017 from:http://www.clinicaltrials.gov/ct2/show/

Grohol, J. (2017). *Social Anxiety Overview. Psych Central*. Retrieved on February 4, 2018, from https://psychcentral.com/disorders/anxiety/social-anxiety-overview/

Ghamari K.H, Rafeie S. H. &Kiani A.R. (2015). "Effectiveness of Cognitive Restructuring and Proper Study Skills in the Reduction of Test Anxiety Symptoms among Students in Khalkhal, Iran."*American Journal of Educational Research*. 3 (10) 1230-1236.

Garcia-Lopez, L. J. (2013). *Treating Social Anxiety Disorder"*. Madrid: Piramide.

Gaji, L.D. (2015). *International journal of medical and health research.* 2 (4) 124-129

Gimba, S.M. (2015). *International journal of medical and health research*. 2 (4) 68-75.

Ibrahim, H.O. (2017). *Effect of Cognitive Restructuring on Academic Anxiety among Senior Secondary School Students in Gwagwalada Area Council*. Unpublished Dissertation Submitted to the Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria.

Jacobs, A. M. (2012). *Social Anxiety Disorder and Social Phobia*. Retrieved on 26 January, 2018 from www.googlescholars.com

Jensen V.L., Hougaard E., & Fishman D.B. (2013). Pragmatic Case Studies in Psychotherapy; *Journal of Clinical Psychology* Volume 9, Module 3, Article 1, pp. 275-336, 10-27-13. Retrieved from: http://pcsp.libraries.rutgers.edu

Johe, S. (2016). *The Prevalence of Social Anxiety Disorder of Students of Rafsamjan University of Medical Sciences, Iran and Its Relation with Personality Traits.* Retrieved on 27/5/2017 from https://psychcentral.com/disorders/anxiety/social-anxiety-overview

Kessler, R.C., McGonagle, K.A., & Zhao, S. (1994). Life Time and 12-Months Prevalence of DSM-III-R Psychiatric Disoders in the United States: results from the national Comorbidity Study. *Archives of General psychiatry*, 51-8-19

Katzelnick D. J., Kobak K. A., DeLeire T., Henk H.J., Greist J.H. & Davidson J.R. (2001). Impact of Generalized Social Anxiety Disorder in Managed Care. *The American Journal of Psychiatry.* 4 (2) 1999–2007.

Kendler, K. S., Neale, M.C., Kessler, R. C., Heath A. C. & Eaves, L. J. (1992). The Genetic Epidemiology of Phobias in Women. The Interrelationship of Agoraphobia, Social Phobia, situational phobia, and simple phobia. *Archives of General Psychiatry*. 49:273–81.

Kolo, F. D. &Mallum, Y. A. (2015). *Counselling Practices and Approaches*. Zaria: P.A Ndahi Printing.

Lazarus, A. A. (1979). *Cognitive Behavioural Therapy. München*: Urban und Schwarzenberg

Lawal, (2015). *Effectiveness of Reinforcement Counselling Technique in Reducing Truancy among Secondary School Students in Katsina State, Nigeria.* An Unpublished Dissertation Submitted to the Department of Educational Psychology and Counseling, Faculty of Education, Ahmadu Bello University, Zaria.

Lawal, M. (2016). *Effect of Cognitive Restructuring and Social Skills Techniques on Avoidant Personality Disorder among Secondary School Students in Kano Metropolis*. An Unpublished Thesis Submitted to Department of Educational Psychology and Counselling, Faculty of Education, Ahmadu Bello University, Zaria

Leahy, R. L. (2017). *Cognitive Therapy Techniques*: A Practitioner's Guide. (2nd Ed) New York: Guilford Press.

Leung, B. (1994). Social and school adjustment of shy and aggressive children in China. *Journal of Development and Psychopathology, 7,* 337-349.

Liaqat, S. & Akram, M. (2014). Relationship between Self-Esteem and Social Anxiety among Physically Handicapped People. *International Journal of Innovation and Scientific Research*. 9 (2) 307-316. Retrieved on 16/03/2018 fromhttp://www.ijisr.issr-journals.org/

Marks, I. M. & Gelder, M. G. (1965). A Controlled Retrospective Study of Behaviour Therapy in Phobic Patients. *The British Journal of Psychiatry*. 561–73. Retrieved on 25/01/2018 from www.sciencedirect.com

Marks, I.M, Kenwright, M., McDonough, M., Whittaker M. &Mataix-Cols D. (2004). Saving Clinicians' Time by Delegating Routine Aspects of Therapy to a Computer: A Randomized Controlled Trial in Phobia/panic Disorder. *Psychological Medicine*. 2 (2) 34:9–17

Marques L, Porter, E., Keshaviah, A., Pollack, M. H., Van Ameringen, M. & Stein, M. B. (2012). Avoidant Personality Disorder in Individuals with Generalized Social Anxiety Disorder. *Journal of Anxiety Disorders*. 6 (2) 665–672.

McKay, M. & Fanning, P. (2016). *Self-Esteem: A Proven Program of Cognitive Techniques for Assessing, Improving, and Maintaining Your Self-Esteem.* New York: New Harbinger Publications.

Mekuria, K. & Mulat, H. (2017). Research article on high magnitude of social anxiety disorder in school adolescents. *Journal of Psychiatry*. 3 (5) 372-381.

Mohammed, H.B. (2014). *Effectiveness of Cognitive Restructuring and Systematic Desensitization Counselling Techniques in the control of High-Stake Test Anxiety among final year secondary school students in Kaduna Metropolis*. A Dissertation submitted to the department of educational psychology and counselling, Faculty of education, Ahmadu Bello University, Zaria.

Mohamed S.M. (2017). Effect of Cognitive Behavioural Treatment Program on Anxiety and Self-Esteem among El Manial National Language Secondary School Students. *American Journal of Nursing Science.* Vol. 6, No. 3, 2017, pp. 193-201. doi: 10.11648/j.ajns.20170603.17 Retrieved: February 27, 2018 from: http://www.sciencepublishinggroup.com/j/ajns

Muhammad, S.M. (2016).*Effect of Cognitive Restructuring and Solution Focused Brief Counselling Techniques on Self-Concept of Secondary School Underachievers in Ilorin Metropolis, Nigeria.* A thesis submitted to the department of educational psychology and counselling, Faculty of education, Ahmadu Bello University, Zaria.

National Institute of Mental Health, (2014). *Social Anxiety Disorder*. Retrieved on January 28, 2018 from http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

National Institute of Mental Health, (2014). *Science writing, press and dissemination branch.* Retrieved on 27/01/18 from www.nimh.nih.gov

National Institute for Health and Clinical Excellence, (2009). *The Guidelines Manual*. Retrieved on 28/01/2018 from: http://www. nice.org.uk/guidelinesmanual. Retrieved from http://www.nice.org.uk/guidelinesmanual

National Institute for Health and Clinical Excellence, (2013). *Guide to the Methods of Technology Appraisal*. Retrieved on 28/02/2018 from: http://www.nice.org.uk/aboutnice/howwework/devnicetech/Guide

National Institute of Mental Health, (2014). *What is Social Phobia (Social Anxiety Disorder*)? Retrieved on January 28, 2018 from http://www.nimh.nih.gov/health/topics/social-phobia-social-anxiety-disorder/index.shtml

Ngwoke, D.U. and Numonde, D., (2013).Effect of Cognitive Restructuring on Achievement Orientation of Low-Achieving Students. *Indian Journal of Research*, 2(10), 42 - 47.

Okun, C. K. (2011). Effects of Cognitive restructuring and Communication Skills Training on Conflict Resolution among Nigerian Couples. *International Journal of Peace and Development Studies.* 2 (6), 179-189.

Onyije, A.C. & Ojedapo, D.O. (2010). Guidance and Counselling Services for Achieving Skills Development in Nigerian Secondary School System: The Problems. *Journal of Technical EducationResearch and Development*3, (1) 49-56.

Oladele, A. (2007). *Measures to Manage Anger Behaviour. An Introduction*. Jos: Deca publications.

Olubusayo, A. A. (2014). Effect of Cognitive Restructuring on the Reduction of Mathematics Anxiety among senior secondary students in Ogun state, Nigeria. *International Journal on Educational Research. 2 (4) 172-181.*

Oyedele, E. A (2015). International Journal of Medical and Health Research. 4 (2) 71-83

Perner, J.L. (2012). Cognitive Modifiability. The International Encyclopedia of Education, (2nd Ed), 2, 587-866.

Polit, D. & Hungler, B. (1999). Principle and Method: *American Journal of Nursing Research*; 6th ed. Philadephia: Lippincott Company

Porter, G. (2010). *The Four Components of Anxiety.* Retrieved on 20thjune 2017 from https://www.guelphtherapist.ca/blog/four-components-of-anxiety/

Pour (2014). The effect of Cognitive Behavioural Therapy on Anxiety in Infertile Women. *European Journal of Experimental Biology.* 4(1) 415 – 419.

Pratt, K. (2013). *Psychology Tools: What are Cognitive Distortions?* Retrieved on June 13th2016 from https://healthypsych.com/psychology-tools-what-are-cognitive-distortions/.

Saeid, M., Sulaiman, T., Garmaji, M. G., Kamaliyeh, G. N., &Roslan, S. (2013). The Effects of Cognitive Restructuring Intervention on State and Trait Anxiety among Iranian High School Students.*World Applied Sciences Journal*. 26(11), 1499 – 1504.

Scott, E.A. (2015). *Little Cognitive Restructuring can Bring Significant Change*. Retrieved 23/01/2018 from http://.www.accilieskills/com.cognitiverestru.php.

Stein, M.B, (2000). Disability and quality of life in social phobia: Epidemiologic findings. *American Journal of Psychiatry; 157:1606*–1613.

Stein, D. J., Andersen, E. W. &Lader, M. (2006). Escitalopram versus Paroxetine for Social Anxiety Disorder: An Analysis of Efficacy for Different Symptom Dimensions. *European Neuropsychopharmacology*. 33–38.

Stein, M. B., Pollack, M. H., Bystritsky, A. Kelsey, J. E. &Mangano, R. M. (2005). Efficacy of Low and Higher dose Extended-Release Venlafaxine in Generalized Social Anxiety Disorder. *Psychopharmacology*. 280–88.

Simon, S.U. (2015). *Effect of Cognitive Restructuring and Bibliotherapy on Anger Manifestation of secondary school students*. An unpublished thesis submitted to the Department of Counselling, University of Nigeria, Nsuka.

Suen, L.W., Huang, H., and Lee, H. (2014). A comparison of convenience sampling and purposive sampling. *Journal of Nursing* 1(3):105-111. Retrieved on 28/01/2018 from: www.researchgate.net/publication/comparison/of/convenience/sampling/and/purposive/sampling

Sunday, S.U., (2015). Effects of cognitive restructuring and bibliotherapy techniques on anger manifestation of secondary school students. A thesis submitted to the department of education foundation, university of Nigeria, Nnsuka.

Spregel, A. and Stevens, G. (1999) *Applied Multi-varied Statistic for Social Science*. U. S. A: Eribaum.

Strahan, Y. E. (2014). The Effects of Social Anxiety and Social Skills on Academic Performance. *Journal of Anxiety Disorders*. Retrieved on 03/03/2018 from https://doi.org/10.1016/S0191-8869(02)00049-1

Strahan, Y. E. (1998). Effects of Social Anxiety and Social Competence on Undergraduate Retention and Academic Performance. *Journal of Anxiety Disorders*12(4):293-305 Retrieved on 16/03/2018from:http://www.clinicaltrials.gov/ct2/show/

The Kim Foundation (2012). *Mental Disorders in America National Institute of Mental Health.* California: The Kim Foundation.

Tillfors M, Carlbring P, Furmark T, Lewenhaupt S, Spak M, &Eriksson A, (2008). Treating University Students with Social Phobia with Public Speaking Fears: Internet Delivered Self-Help With or Without Live Group Exposure Sessions. Depression and Anxiety. 2008; 25:708–17.

Tillfors, M., Andersson, G., Ekselius, L., Furmark, T., Lewenhaupt, S. &Karlsson , A. (2011). A Randomized Trial of Internet-Delivered Treatment for Social Anxiety Disorder in High School Students. *Journal of Behavioural Psychology.* 6 (2) 147–57.

Turk, C.L. Heimberg R.G, & Hope D.A, (2006).*Therapist guide for managing social anxiety*: A cognitive-behavioral therapy approach. New York: Oxford University Press.

Usman, A. (2015). *Effect of Rational Self Analysis and Cognitive Restructuring Counselling Techniues on Retirement Anxiety among Academic Staff of Tertiary Institutions in Katsina State.* A thesis submitted to the department of educational psychology and counselling, Faculty of education, Ahmadu Bello University, Zaria.

Uzonwanne, F.C. (2014). Prevalence of Social Anxiety Disorder, Gender and School Type among Young Adults in Nigerian University. *Journal of Research in Humanities and Social Science* 2. Retrieved on 25/02/18 from www.questjournals.org.

Valente, S. M. (2002) Social phobia. *Journal of the American Psychiatric Nurses Association* 8, (3) 67–75

Van, A. M., Mancini, C. & Farvolden, P. (2003). The Impact of Anxiety Disorders on Educational Achievement. *Journal of Anxiety Disorders*. 4 (2) 561–71.

Van, A. M., Oakman J., Mancini, C. Pipe, B. & Chung, H. (2004). Predictors of Response in Generalized Social Phobia: Effect of Age of Onset. *Journal of Clinical Psychopharmacology*. 3 (1) 42–48

Wajeeha, R., Attiya, I. & Muhammad, A. (2015). Social Anxiety Disorder and Academic Achievement of Girls of Postgraduate Level. *Journal of Humanities and Social Science*. Retrieved on 25/02/18 from www.10srjournals.org

Whisman, M. A, Sheldon, C. T, & Goering, P. (2000). Psychiatric Disorders and Dissatisfaction with Social Relationships: Does Type of Relationship Matter? *Journal of Abnormal Psychology.* 5 (2) 803–809.

Wittchen, H. U. &Fehm, L. (2003). Epidemiology and Natural Course of Social Fears and Social Phobia. *ActaPsychiatricaScandinavicaSupplementum*. 4–18 Retrieved on 23/4/2017 from www.brighthub.com/education/k-12/articles /19619.

Yahaya, L.A &Nyarko-Sampson, E. (2016). *Social Anxiety Scale*. Ilorin, Nigeria: University of Ilorin press

Zakariyyah, A.A. (2016). *Effect of Cognitive Restructuring and Solution-Focused Brief Counselling Techniues on Occupational Stress among Female Workers in Tertiary Institutions in Zaria Metropolis*. A Dissertation submitted to the department of educational psychology and counselling, Faculty of education, Ahmadu Bello University, Zaria.

# APPENDIX A

# AHMADU BELLO UNIVERSITY, ZARIA

# FACULTY OF EDUCATION

# DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING

# SOCIAL ANXIETY SCALE (SAS)

Dear Respondents,

Am a master student of Ahmadu Bello University, Zaria, Faculty of Education, Department of Educational Psychology and Counselling. Am currently carrying out a research on the topic "**Effect of Cognitive Restructuring Technique on Social Anxiety among Senior Secondary School Students in Suleja Education Zone Niger State, Nigeria"**. You are therefore requested to respond to the items below as honest as you can. Your response would be kept confidential and positively utilized.

**SECTION A: Bio Data**

**INSTRUCTION:** Kindly provide the required information

Date:

Class:

Age:

Gender:

School:

SECTION B: Items

INSTRUCTION: The following is a list of statement concerning Social Anxiety. Read each statement carefully and respond appropriately. Kindly put a tick (√) in the column that best describe you using any of the following response options:

Not True of Me (NTM)

Slightly True of Me (STM)

Moderately True of Me (MTM)

Very True of Me (VTM)

Very Much True of Me (VMTM)

Example: I don't like staying in class

| NTM | STM | MTM | VTM | VMTM |
|---|---|---|---|---|
| | | ✓ | | |

Note: if a statement is true of you, put a tick (√) in the column as shown above

| S/N | ITEMS | NTM | STM | MTM | VTM | VMTM |
|---|---|---|---|---|---|---|
| | **Cognitive Component** | | | | | |
| 1 | I find it difficult to think of things to talk about in public places | | | | | |
| 2 | I feel tensed whenever I talk about myself with colleagues | | | | | |
| 3 | I am always unable to think straight when talking to people | | | | | |
| 4 | I always have a racing thought when talking to opposite sex | | | | | |
| 5 | I criticize myself after an event | | | | | |
| 6 | I always find myself thinking that I would be ignored | | | | | |
| 7 | I always have fear of criticism | | | | | |
| 8 | I always find it difficult to concentrate in class | | | | | |
| 9 | I always think that am inferior to others | | | | | |
| 10 | I always find myself thinking that I would not do better than others | | | | | |
| | **Behavioural Component** | | | | | |
| 11 | I feel like running away when I meet with unfamiliar people | | | | | |
| 12 | I am unable to ask for help from others when I need it | | | | | |
| 13 | I always avoid initiating conversation with peers | | | | | |
| 14 | I always avoid eye contact when talking to people | | | | | |
| 15 | I like missing classes | | | | | |
| 16 | I like solitary hobbies or careers | | | | | |
| 17 | I find it difficult to ask questions in the class | | | | | |
| 18 | I always have hard time making and keeping friends | | | | | |
| 29 | I always find it difficult talking in public places | | | | | |
| 20 | I Prefer to be quiet in social places to avoid being noticed | | | | | |
| | **Physiological Component** | | | | | |
| 21 | I sweat profusely when in the midst of people | | | | | |
| 22 | I find it difficult to breath properly when speaking in public places | | | | | |
| 23 | I experience rumble in stomach when in public places | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 24 | I feel headache when in social places | | | | | |
| 25 | My heart beat rapidly when talking to group of people | | | | | |
| 26 | I stammered when talking to group of people | | | | | |
| 27 | I experience dizziness when in public places | | | | | |
| 28 | I easily get tired or weak when in public places | | | | | |
| 29 | I blush when in the midst of five or more people | | | | | |
| 30 | I experience dry mouth and throat when in the midst of people | | | | | |
| | **Emotional Component** | | | | | |
| 31 | When am in public places, I feel worried | | | | | |
| 32 | When am in the midst of people, I feel bored | | | | | |
| 33 | I am always worried that I would be embarrassed by others | | | | | |
| 34 | I am always worried that I would not know what to say | | | | | |
| 35 | I always worried about meeting the demands of my group members | | | | | |
| 36 | I prefer to keep to myself in order to avoid embarrassment | | | | | |
| 37 | I do not feel at ease interacting with unfamiliar people | | | | | |
| 38 | I am always worried that others will judge me negatively after an event | | | | | |
| 39 | I feel worried whenever I talk about myself | | | | | |
| 40 | when am in the midst of people, I always feel like everyone is staring at me | | | | | |

**Source**: Yahaya and Nyarko-sampson (2016)