

**EFFECT OF COGNITIVE BEHAVIOURAL THERAPY ON SHYNESS AMONG SECONDARY
SCHOOL STUDENTS IN ABOH MBAISE LOCAL GOVERNMENT AREA OF IMO STATE.**

OGUZIE, ALPHONSUS EKEJIUBA
Department of Guidance and Counselling,
Faculty of Education,
Nnamdi Azikiwe University, P.M.B. 5025 Awka,
Anambra State, Nigeria
ae.oguzie@unizik.edu.ng
+2347032388453

&

NWOKOLO, CHINYELU NGOZI (PhD)
Department of Guidance and Counselling,
Faculty of Education,
Nnamdi Azikiwe University, P.M.B. 5025 Awka,
Anambra State, Nigeria.

Abstract

Considering the obvious devastating impacts of shyness on students' social, psychological and academic wellbeing, it is quite disheartening that little or no attention is being paid to the problem, especially among secondary school students in Aboh Mbaise local government area, in particular, and Imo state in general. Therefore, this study investigated the effect of cognitive behavioural therapy on shyness among secondary school students in Aboh Mbaise local government area of Imo state. Two research questions guided the study, while two null hypotheses were posed and tested at 0.05 level of significance. The pre-test post-test control-group quasi-experimental research design was adopted for the study. The population of the study was a total of 884 junior and senior (JSS2 and SS2) students identified with shyness from all public secondary schools in Aboh Mbaise local government area. Purposive sampling technique was used to select a sample size of 67 students with the highest pre-test scores in the shyness measuring instrument. The researchers used a standardised instrument called Revised Cheek and Buss Shyness Scale (RCBS) for collection of data for this study. Data collected for this study were analysed using mean and ANCOVA. Results obtained from the study showed that cognitive behavioural therapy was significantly effective in reducing shyness among the participants. The results also revealed that cognitive behavioural therapy was significantly more effective in reducing shyness among the male secondary school students than their female counterparts. Based on the findings of this study, it was recommended among others, that secondary school counsellors should adopt cognitive behavioural therapy as a means of curbing the problem of shyness among their students since the therapy has been found to be significantly effective.

Keywords: Effect, Cognitive behavioural therapy, Shyness, Secondary School, Students.

Introduction

As members of the middle stratum of education, all secondary school students no matter their age, gender or socioeconomic background are expected to command a reasonable level of sociability. Hence, students are supposed to be gregarious enough so as to be able to adequately adjust to the social milieu of the academia, both in present and in future times. Perhaps, this is the major reason why the federal government of Nigeria introduced guidance and counselling for all public and private secondary schools students nationwide (Oye, Obi, Mohd & Bernice, 2012; Modo, Sani, Uwah & Mogbo, 2013). However, it is disheartening that some secondary school students in Imo state, and Nigeria in general are still less sociable, feel unease to air the views and opinions in social gatherings, and find it very difficult to perform at their optimum during social situations and events. In the psychological enclave, such students are referred to as shy students.

The concept of shyness has earlier been defined by Drever (1953) as a discomfort in presence of other people, arising from intense self-consciousness. According to Buss (2000), shyness is defined as an inhibition of expected social behaviour, together with feelings of tension and awkwardness. Nwamuo and Ekwe (2005) defined shyness as a discomfort experienced in social development which is revealed in the emotion, self-evaluation and behavioural patterns of the shy individuals. Similarly, Lear (2006) emphasized that shyness is mainly a social phenomenon, and as such should be conceptualised in terms of both social anxiety and inhibition. The author further explained that shyness is a behaviour deficit and mainly a social phenomenon which is always expressed in terms of and in relation to other persons. Natesha (2007) simply described the term shyness as being timid, circumspect and reserved. Shyness has also been perceived as a temperamental trait characterized by the persistent experience of wariness and anxiousness in novel social situations (Rubin, Coplan & Bowker, 2009).

Moreover, Konya (2010) aptly described shyness as a subjective experience which is displayed through nervousness and apprehension in interpersonal encounters. Shyness has also been defined as the tendency to feel awkward, worried or tensed during social encounters, especially with unfamiliar people (APA, 2012). D'Arcy (2016) viewed shyness as an emotion that affects how an individual feels and behaves around others. Durmus (2007) suggested that the concept of shyness should be explained as a character trait, an attitude, or a state of social inhibition. In addition, Uba and Idieune (2016) referred shyness to as a strong form of social anxiety. Oguzie, Ezunu, Uba and Osagie-Obazee (2018) saw shyness as a form of superfluous self-focus, an obsession with an individual's thoughts and emotions which invariably leads the individual to an undesirable action or behaviour. In a similar development, Oguzie, Obi and Nnadi (2019) described shyness as a behavioural deficit that makes it very difficult for people to be at ease with themselves around others or during social situations. However, for the purpose of this study, shyness is defined as a maladaptive behaviour that makes affected individuals to be unable to function properly in novel or social situations.

Judging from its negative consequences, shyness can lead to a decreased level of happiness, poor academic achievement and performance, low self-esteem, negative self-concept, as well as social and emotional maladjustment (D'Souza, Urs & Ramanswang, 2008). Coplan, Prakash, O'Neil and Armer (2004) observed that the social encounters of shy people are characterized by an approach-avoidance conflict, which may be inhibited by social fear and anxiousness. Also, Coplan and Arbeau (2008) pointed out that people with shyness often feel weary in novel situations, perceive such situations as threatening, and so experience high level of anxiety. Studies have also indicated that highly shy adolescents may be more susceptible to Parkinson disease in their later life (Jayaraju, 2008). Karaoglu, Avsaroglu and Deniz (2009) bewailed that shyness affect people's mood, social skills and sociability. Chein (2006) therefore pointed out that shy students hardly engage in collaborative learning activities, such as group discussions and seminars. This may decrease their opportunities to have oral practice in language and to polish their communication skills when the communication language teaching is applied to the mission of second language acquisition.

In the same vein, D'Souza, Urs and James (2005) reported that students with shyness tend to produce negative effects such as poor academic performance, which may affect their personality in the future. These reports by implication suggest that shyness could hinder students' academic performance and cause devastating impacts on their psychological and social development in the future. Lightbown and Spada (2006) suggested that effective language learning is best in a communicative context and form focus activities, and necessary corrections. Students who have shy personality may not get the optimum benefits from communication-oriented classroom learning activities like group discussions, seminars or debates, may later in life suffer generalized social phobia or avoidant personality disorder. This is very pathetic owing to the fact that teachers use group activities to facilitate teaching and learning processes. In such classroom situations, one may wonder what could be the faith of shy students.

Subsequently, Mclead (2012) observed that students with shyness rely on coping strategies that are counter-productive such as withdrawal, lying, cheating, avoiding social situation as well as taking up unnecessary responsibilities. A study by Jefferson (2001) revealed that shyness could result to social anxiety or avoidant personality disorder. The author further stressed that such disorders are characterized by the avoidance of interpersonal contacts accompanied by significant fears of embarrassment in social situation. Supporting the above assertion, Evans (2010) opined that people with shyness are usually fearful, anxious, cautious, and reluctant to take part in interactions with others in situations that involve uncertainty, novelty, and actual or perceived judgment by others. Ubah and Idieune (2016) also observed that students with shyness are likely to withdraw from class activities such as asking or answering questions and will not participate in many academic and social growth opportunities. This category of students may become

dominated by anxiety, making concentration on academic activities very difficult. Shy students are often unable to function adequately with their peers and significant others (Ibaishwa, 2014).

Consequently, Oguzie, Obi and Nnadi (2019) lamented that shyness is a very serious problem among secondary school students in Imo state, and Nigeria in general. Although many efforts made by various stakeholders such as parents, teachers, religious leaders, and counsellors seem to have helped in one way or the other in ameliorating the plight of shy students, the efficacy of such efforts still remains questionable bearing the high cases of shyness witnessed among our secondary school students. Since the inculcation and maintenance of desirable behaviours among students are entrusted upon the shoulders of guidance counsellors, the need therefore to explore a more effective and long lasting counselling technique for combating the problem of shyness among students becomes inevitable. Hence, the researchers selected a prominent behaviour intervention measure known as cognitive behavioural therapy and determined its efficacy in reducing shyness among students.

Cognitive behavioural therapy (CBT) is a counselling intervention technique that helps people to understand the influence of thoughts and feelings on human behaviour. According to Kathleen (2016), CBT is an intervention technique used by counsellors and other therapists to teach individuals how to change their unwanted behaviours and feelings through their thought patterns. It is a short-term, goal-oriented psychotherapeutic treatment that takes a hand-on, practical approach to problem-solving. Cognitive behavioural therapy is a psychotherapy based on modifying everyday thoughts and behaviours with the aim of positively influencing emotions (Ali, 2014). This technique is based on the premise that people's thoughts, feelings, physical sensations and actions are interconnected, and that negative thoughts, feelings and beliefs can lead to maladaptive behaviours. Hence, negative and unrealistic thoughts and beliefs could cause emotional distresses and may result into deficit behaviours such as shyness. Basco and Rush (2011) therefore opined that cognitive behavioural therapy is directed towards alleviating cognitive biases and distortions, and developing behavioural skills for coping.

However, for the purpose of this study, cognitive behavioural therapy is defined as a behaviour change method used by counsellors and other therapists to resolve clients' problems by modifying their irrational thoughts, beliefs and behaviours. It involves learning how to think differently, to change fundamental faulty thinking and replace it with more rational, realistic and perhaps positive thinking. The aim of this therapy is to assess the negative thoughts clients have about themselves and their view of the world around them, and to replace such thoughts with more positive and rational thoughts, beliefs, and behaviours. CBT is a structured program that perhaps may help clients to identify and replace thoughts and beliefs that cause shyness with those that promote boldness and assertiveness.

Perhaps, gender may be a moderating factor to shyness. According to (Bornstein 2008), gender is defined as the social attributes and opportunities associated with being male and female. Gender refers to the state of being a male or female (Oguzie, Obi & Nnadi, 2019). The concept of gender includes the expectations held about the characteristics, aptitudes and likely behaviours of both women and men. In the typical Nigerian context, females and males are not expected to behave in the same way in a group situation or encounter. Supporting the above assertion, Anuka, George and Ukpona (2012) observed that Nigeria cultural system assigns traditional sex roles that are mutually exclusive to males and females. The authors further noted that some activities are branded abnormal for females but normal for males and vice versa. Therefore, the way females may behave in a group activity such as cognitive behavioural therapy experiment may differ from the way males may behave.

Meanwhile, there have been some arguments by researchers as to whether gender significantly correlates with shyness. For example, research has shown that females are more likely to experience shyness, especially in adulthood, than males (Coplan, 2011), while other researchers came up with contrary reports that males are more socially anxious and shy than their female counterparts (Coplan & Weeks, 2009; Morison & Masten, 2006; Stevenson & Glover, 2006). More-so, studies have indicated controversy on the gender difference in the effects of cognitive behavioural therapy in reducing maladaptive behaviours. Chiang, Tsai, Liu, Lin, Chiu and Chou (2017) in their study found that cognitive behavioural therapy was more effective among male participants than the females. In contrary, Onyia (2010) found that female students benefited from cognitive behavioural therapy than the males. Similarly, Akujeze and Nwadinobi (2015) in their study concluded that there was no gender difference in the effects of cognitive behavioural therapy. Hence, the present study also stood to resolve the gender controversy on the effects of cognitive behavioural therapy.

More often than not, students may develop faulty beliefs and thoughts which may keep them tensed, worried, unease and discouraged, resulting to shyness. For this reason, there is a need to modify these

destructive thoughts and beliefs associated with shyness. To that effect, Martin (2018) observed that cognitive behavioural therapy has been successfully used to treat a wide range of maladaptive behaviours such as anxiety, depression, drug abuse and low self-esteem among students. Goncalves and Byrne (2012) in their study found out that cognitive behavioural therapy was significantly effective in reducing anxiety and depression among older adults in Australia. Alavi, Molavi and Molavi (2017) carried out a study which determined the effects of cognitive behavioural therapy on self-esteem and quality of life of hospitalized amputee elderly patients in Isfahan, Iran. The results showed that cognitive behavioural therapy was effective in enhancing the self-esteem and quality of life of the patients. Brecht, Anna, Izaak and Jongh (2017) concluded that cognitive behavioural therapy was effective in enhancing the self-esteem of participants in Nederland.

While acknowledging the fact that previous researchers have successfully used cognitive behavioural therapy in treating other psychological problems such as anxiety, depression, low self-esteem, among others, it appears that little or no effort has been made to investigate the effect of CBT directly on shyness, especially in the context of Imo state. This is a dearth in literature, and a gap in knowledge that needed to be filled. Since cognitive behavioural therapy is a thought changing approach and has been found to be effective in modifying other behavioural problems as indicated by previous researchers, the present researchers thus believed that cognitive behaviour therapy could serve as a veritable intervention measure for curbing the problem of shyness among secondary school students. In the light of the above scenario, this study therefore investigated the effect of cognitive behavioural therapy on shyness among secondary school students in Aboh Mbaise Local Government Area of Imo state, Nigeria.

Purpose of the Study

The main purpose of this study was to determine the effect of cognitive behavioural therapy on shyness among secondary school students in Aboh Mbaise local government area of Imo state, Nigeria.

Research Questions

The study was guided by the following research questions:

1. What are the differences between the Pre-test and Post-test shyness mean scores of students treated with cognitive behavioural therapy (CBT) and those in the control group?
2. What are the differences between the Pre-test and Post-test shyness mean scores of male and female students treated with (CBT)?

Hypotheses

The following null hypotheses were formulated and tested at 0.05 significant level;

1. There is no significant difference between the Pre-test and Post-test shyness mean scores of students treated with (CBT) and those in the control group.
2. There is no significant difference between the Pre-test and Post-test shyness mean scores of male and female students treated with (CBT).

Method

The pretest-posttest non-randomized control group quasi-experimental research design was adopted for this study. The design is called quasi experimental because it does not employ randomisation in the placement of participants into experimental and control groups. Nworgu (2015) described a quasi-experimental study as a type of experiment study where random assignment of participants into experimental and control groups is not possible. The population of the study was 884 students. This comprised all junior and senior secondary school students (JSS11 and SS11) identified as shy students from all coeducational public secondary schools in Aboh Mbaise Local Government Area of Imo State. The sample of this study consisted of sixty seven (67) students drawn through purposive sampling technique.

The instrument used for data collection in this study was the Revised Cheek and Buss Shyness Scale (RCBS) developed in 1990. RCBS is one of the most commonly employed measures of dispositional shyness (Cheek & Briggs, 1990). The Revised Cheek and Buss Shyness Scale for this study had two sections: A and B. Section A is an introductory part that solicited for the bio-data of the respondents and section B is directed towards measuring students level of shyness. The RCBS was found to be internally consistent (coefficient $\alpha = .90$), and 45-day test-retest reliability coefficient was $r = .88$ (Cheek & Briggs, 1990). Considerable support was also reported for the validity of the scale. The convergent validity was supported via strong

correlations with Social Avoidance and Distress Scale ($r = .77$), and Social Reticence Scale (Jones, Rose & Russell, 2005, $r = .79$). The scale also correlated with the original 9-item version ($r = .96$).

Two research assistants participated in this study. The research assistants were the resident Guidance Counsellors of each of the two selected secondary schools. Revised Cheek and Buss Shyness Scale (RCBS) for the pre-test was administered on the students in both the experimental and control groups. The research assistant in the experimental school administered the cognitive behavioural therapy, while the research assistant in the control school handled the control group and administered copies of the instrument respectively. The treatment lasted for six weeks using 1 hour per session for each group. The experimental group was treated with cognitive behavioural therapy, while the control group received conventional Counselling. After the treatment, the RCBS instrument was reshuffled and re-administered to the experimental and control groups respectively. This was done by the sixth week. The participants' responses were then scored and overall data generated were subjected to statistical analysis. All data collected for this study were organised in tables and analysed. Mean was used to answer the research questions while Analysis of Covariance (ANCOVA) was used to test the null hypotheses at 0.05 level of significance.

Results

Table 1: Pre-test and Post-test shyness mean scores of students treated with cognitive behavioural therapy (CBT) and those in the control group.

Source of Variation	N	Pre-test Mean	Post-test Mean	Reduction in mean	Remark
CBT	35	60.12	28.07	32.05	Effective
Control	32	52.81	47.41	4.77	

Norm=32.85.

CBT=Cognitive behavioural therapy

Table 1 showed that students treated with cognitive behavioural therapy had a pre-test mean score of 60.12 and post-test mean score of 28.07 with a reduction in mean of 32.05, while students in the control group had a pre-test mean score of 52.81 and post-test mean score of 47.41 with a reduction in mean of 4.77. Therefore, cognitive behavioural therapy (CBT) was effective in reducing shyness among the students who participated in the experiment. More so, the post-test shyness mean score (28.07) of students treated with cognitive behavioural therapy was below the norm of 32.85.

Table 2: Pre-test and Post-test shyness mean scores of male and female students treated with CBT.

Source of Variation	N	Pre-test Mean	Post-test Mean	Reduction in mean	Remark
Male	12	56.34	26.50	29.84	More effective
Female	23	57.01	29.03	27.98	

Data contained in table 2 showed that male students treated with cognitive behavioural therapy had a pre-test mean score of 56.34 and post-test mean score of 26.50 with a reduction in mean of 29.84, while the female students had a pre-test mean score of 57.01 and post-test mean score of 29.03 with a reduction in mean of 27.98. Also the post-test mean scores of 26.50 and 29.03 respectively, for male and female students treated with cognitive behavioural therapy were all below the norm 32.85. This implies that cognitive behavioural therapy was more effective in reducing shyness among male students than their female counterparts.

Table 3: ANCOVA on the pre-test and post-test mean scores of students treated with CBT and those in the control group.

Source of variation	SS	Df	MS	Cal. F	P-value	$P \geq 0.05$
Corrected Model	8552.921	2	4279.281			
Intercept	274.305	1	274.305			
Pretest Scores	78.669	1	78.669			
Treatment Models	8326.141	1	8326.141	93.11	0.00	S
Error	4457.362	64	109.684			
Residual	718736.000	67				
Corrected Total	29270.401	66				

Table 3 revealed that at 0.05 level of significance, 1df numerator and 66df denominator, the calculated F is 93.11 with P-value of 0.00 which is less than 0.05. Therefore, the first null hypothesis (H_{01}) is rejected. This indicated that the treatment package; cognitive behavioural therapy was significantly effective in reducing shyness among participants in the experimental group.

Table 4: ANCOVA on the post-test shyness mean scores of male and female students treated with CBT

Source of variation	SS	Df	MS	Cal. F	P-value	$P \geq 0.05$	
Corrected Model	103.519	2	64.722				
Intercept	215.182	1	215.182				
PRETEST	76.910	1	76.910				
GENDER	12.604	1	12.604	0.16	0.00	S	
Error	1820.261	33	11.721				
Total	52273.000	35					
Corrected Total	4570.937	34					

Table 4 indicated that at 0.05 level of significance, 1df numerator and 34df denominator, the calculated F is 0.16 with P-value of 0.00 which is less than 0.05. Therefore, the second null hypothesis (H_{02}) is rejected. Thus, there is significant difference between the effectiveness of cognitive behavioural therapy in reducing shyness among male and female secondary school students. This implies that the treatment package; cognitive behavioural therapy was significantly more effective in reducing shyness among male participants than their female counterparts.

Discussion

The finding of this study showed that cognitive behavioural therapy was effective in reducing shyness among the secondary school students who participated in the experiment treatment as compared with those in the control group. Notably, the finding showed that prior to the experimental treatment, all participants both in the experimental and control groups exhibited high level of shyness as evidenced in their pre-test scores. But at the post-test, there was a significant difference in the level of shyness between the students in the cognitive behavioural group and those in the control group. The significant decrease in the shyness scores of participants in the experimental group could be a signal that during the cognitive behavioural therapy experiment, the participants in the experimental group were enabled to assess their negative thoughts and beliefs about themselves and their view of the world around them, and perhaps may have replaced their self-downing thoughts and beliefs with more positive, rational and self-enhancing thoughts and beliefs. This probably may have enhanced their personal-social capacity. This finding is in line with the report of Alavi, Molavi and Molavi (2017), and Martin (2018) who observed that cognitive behavioural therapy is significantly effective in treating a wide range of maladaptive behaviours among students. The finding also supports the findings by other previous researchers who concluded that cognitive behavioural therapy is significantly effective in reducing behavioural problems (Goncalves & Byrne, 2012; Brecht, Anna, Izaak & Jongh (2017).

In addition, a possible reason for the reduction in shyness among the secondary school students in the experimental group may be due to the irrational thought and belief changing process in cognitive behaviour therapy. Perhaps, at the course of the experiment, participants gained better understanding of the fact that negative and unrealistic thoughts and beliefs can cause emotional distresses which may lead to shyness. As such, the participants may have recognized their irrational thinking and beliefs, and possibly have seen the need to replace such thoughts and beliefs with more rational and adaptive ones. According to Basco and Rush (2011), cognitive behavioural therapy is directed towards alleviating cognitive biases and distortions, and developing behavioural skills for coping. Sharf (2008) concluded that cognitive behaviour therapy could be used in treating behavioural problems because it brings about change in irrational beliefs and distorted thinking patterns.

Another finding of this study also showed that male students who received the cognitive behavioural therapy treatment had greater reduction in their level of shyness as evidenced in their reduction in mean scores. This indicates that cognitive behavioural therapy was significantly more effective in reducing shyness among male students than their female counterparts. It also signifies that male participants benefited more from the cognitive behaviour therapy treatment than the female participants. This finding is consistent with the findings of previous researchers who reported that cognitive behaviour therapy was significantly more effective among males than females (Chiang, Tsai, Liu, Lin, Chiu & Chou, 2017). However, this particular finding contradicts the results of some previous researchers who found that females benefited more from cognitive behaviour therapy than males (Onyia, 2010; Akujieze & Nwadinobi, 2015). Probably, this particular finding may have ensued due to the cultural lag in the Nigerian society. It is very necessary to

reiterate at this point that in the typical Nigerian context, females and males are not expected to behave in the same way. In order to further buttress the above fact, Anuka, George and Ukpona (2012) stated that the Nigerian cultural system assigns traditional sex roles that are mutually exclusive to males and females. The authors further observed that some activities are branded abnormal for females but normal for males and vice versa. Therefore, it is very likely that the compounding cultural influence of gender which makes females appear less proactive in group activities that involve males may have constituted hindrance to female students and made them not benefit equally with their male counterparts.

Conclusion

Based on the results of this study and the discussion that followed, the researchers concluded that cognitive behavioural therapy is significantly effective in reducing shyness among secondary school students. It was also concluded that cognitive behavioural therapy is significantly more effective in reducing shyness among male secondary school students than their female counterparts.

Recommendations

Consequent upon the findings of this study, the following recommendations were made:

1. That secondary school counsellors should adopt cognitive behavioural therapy as a means of curbing the problem of shyness among their students since the therapy has been found to be effective.
2. That students suspected to exhibit shyness should be promptly referred to the school resident counsellors for proper and timely intervention using cognitive behavioural therapy.
3. That counsellors should develop both individual and group counselling programs aimed at inculcating adequate cognitive behavioural skills among secondary school students.
4. That counsellors should use cognitive behavioural therapy more in handling the problem of shyness among male students than the female students.

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