

**DIFFERENTIAL EFFECTIVENESS OF COGNITIVE RESTRUCTURING, SOCIAL SKILLS
AND ASSERTIVENESS TRAINING COUNSELLING TECHNIQUES IN HANDLING
SHYNESS AMONG STUDENTS IN JUNIOR SECONDARY SCHOOLS IN EDO STATE.**

Elizabeth Isibhakhomen AGAGA

MARCH, 2024.

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**Elizabeth Isibhakhomen AGAGA
PG/EDU/9810177
B.Sc. (Ed), (PORT HARCOURT), M.Ed. (BENIN)**

**A THESIS WRITTEN IN THE DEPARTMENT OF EDUCATIONAL EVALUATION
AND COUNSELLING PSYCHOLOGY, FACULTY OF EDUCATION AND
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DOCTOR OF PHILOSOPHY IN COUNSELLING PSYCHOLOGY OF THE
UNIVERSITY OF BENIN, BENIN CITY.**

MARCH, 2024.

CERTIFICATION

We, the undersigned, certify that this study was carried out by Elizabeth Isibhakhomen AGAGA in the Department of Educational Evaluation and Counselling Psychology, Faculty of Education, University of Benin, Benin City, Nigeria.

Prof. (Mrs) E. O. Egbochuku
Chief Supervisor

Date

Prof. (Mrs) O. N. Aihie
Co-supervisor

Date

Dr (Mrs) M. U. Orheruata
Head of Department

Date

DEDICATION

This study is dedicated to God Almighty for being my ALL in ALL.

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ABSTRACT

The study investigated the Differential Effectiveness of Cognitive Restructuring Therapy (CRT), Social Skills Training (SST) and Assertiveness Training (AT) Counselling Techniques in Handling Shyness using Students in Public Junior Secondary Schools in Egor Local Government Area of Edo State. The study determined the general level of shyness as well as among male and female students in junior secondary schools in Egor Local Government Area of Edo State. The study also determined if sex influenced the efficacies of the three counselling therapies in the handling of shyness among students in junior secondary schools in Egor Local Government Area of Edo State. To address the problem of the study, nine research questions were raised and seven of them were formulated into seven corresponding hypotheses and tested at 0.05 level of significance.

The target population of the study consisted of thirty thousand, five hundred and seventy-four (30,574) students enrolled in the 2022/2023 academic session in the Public Mixed Junior Secondary Schools Two (JSS2) in Egor Local Government Area of Edo State. The sample size comprised of two hundred (200) junior secondary school students which were selected using a multi-stage sampling technique. Quasi experimental research design which involved non-equivalent pre-test-post-test design was adopted for the study which consisted of three experimental groups. The instrument used for pre-test and post-test was the questionnaire titled; Shyness Inventory (SI). The validity of the instrument was ascertained by three experts- the researcher's two supervisors and one test expert in the Department of Educational Evaluation and Counselling Psychology, Faculty of Education, University of Benin, Benin-City. The instrument was administered on thirty students outside the sample of the study to determine the reliability of the instrument. Cronbach Alpha statistics was used to obtain a reliability coefficient of 0.85. The Shyness Inventory (SI) was used to identify the shy students

who took part in the study. The treatment intervention lasted for a period of six weeks of two sessions weekly lasting for forty-five (45) minutes per session. The data collected were analysed using descriptive statistics of frequencies, means and standard deviation and inferential statistics of paired sample t-test and analysis of covariance (ANCOVA).

The findings of the study showed that the level of shyness among students in Junior Secondary Schools in Edo State was high. That SST was most effective followed by AT and CRT was least effective in handling shyness among students in junior secondary schools in Egor Local Government Area of Edo State. Also, there was no significant interaction effect of treatment by sex of the participants. Based on the findings, it was recommended among others that, counsellors and counselling psychologists should, therefore, utilize the three counselling therapies in handling shyness among secondary school students.

CHAPTER ONE

INTRODUCTION

Background to the Study

Nigeria as a country has recognized and embraced schooling as an absolute platform for educating her citizens and the main reason is to socialize her people through the transfer of desirable values, attitudes and social learning which would help her citizens to relate effectively with themselves and others in the society. The school environment helps to carry out these activities and to shape students' learning behaviour. The school is generally accepted as one of the key agencies of socialization (Oguzie et al, 2019). As an agent of socialization, therefore, every student in the school no matter his or her position is expected to exhibit a reasonable level of sociability. In other words, students should be interactive, gregarious and be in a good social contact and relationship with their peers, classmates, teachers, among others. However, it has been observed that some students still function at a very low level of sociability. Such students are afraid of being with people other than family members; as a result, they may have a hard time in making and keeping friends, whilst displaying a strong disposition for suicidal tendencies, lower education, financial dependence, and being single, and as such are regarded as being shy (Sevari, 2014).

The school is a social and learning agent that provides an environment in which a child would be formally groomed to attain educational goals as well as interact socially with peers and teachers. Oftentimes, certain factors affect the students such that they do not perform up to their capacities. Shyness could be a barrier that may restrain the students from engaging actively in the classroom and thus prevent the attainment of their educational goals. Shyness is a behaviour deficit that particularly relates to an individual's social life. It is mainly a social phenomenon which is always exhibited, experienced or expressed in social situations primarily

due to the presence of other people. Shyness is the tendency to feel awkward, worried or tensed during social encounters, especially with unfamiliar people (American Psychological Association, 2012). A shy person according to Uzonwanne (2014) is someone who is 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. Not only are these psychological symptoms present, shyness may also produce physical symptoms such as abnormal sweating and stomach complication. In the same vein, Coplan and Arbeau (2008) observed that shy people always feel wary in new social situations, perceive such instances as threatening, and thus experience high levels of anxiety. A shy person restrains, withdraws, evades, and escapes from social situations. Shyness has often been defined as the feeling of apprehension, lack of comfort, or awkwardness especially when a person is around other people. It is an emotion that affects how a person feels and behaves around others (D'Arcy, 2016). According to Natesha (2010) shyness may be defined as being timid, circumspect and reserved. It is a sign of discomfort in the presence of other people, arising from intense self-consciousness. The shy person will avoid confrontations or situations where he/she has to face others for fear of how he/she might be perceived by others, whereas the non-shy person is not afraid to be open about his/her emotions, to show his/her vulnerability and to fail or to be rejected. What makes life harder for the shy person is that sometimes society does not acknowledge shyness as a problem.

Shyness is a psychological disorder in the school system and could affect a lot of students negatively thereby leading to poor academic performance as well as impeding normal social development and psychosocial functioning. Oftentimes, students are withdrawn and refrain from interacting with peers, classmates, and schoolmates because of fear of being

embarrassed whenever they want to ask or answer questions in the class, and most times, they would be found sitting at the back of the classroom.

There are several factors that could influence shyness among students in junior secondary schools and one of them is sex of the individual. Sex, could be male or female. Oguzie et al, (2020) opined that females are social and emotional being whose initiative can promote more cordial relationship than their male counterpart. In the typical Nigerian context, females and males are not expected to behave in the same way in a group situation or encounter. Anuka et al, (2012) opined that Nigeria cultural system assigns traditional sex roles that are mutually exclusive to males and females. It is commonly believed that some activities are exclusively abnormal for females but normal for males and vice versa. Therefore, the way females may behave in a group activity may differ from the way males may behave such as going into some engineering field like mechanics, electrical electronics, civil engineering and so on. Coplan, (2011) found in his study that females are more likely to experience shyness than males. On the contrary Coplan and Weeks (2009), Morison and Masten (2006), Stevenson and Glover (2006) found that males are more socially anxious and shy than their female counterparts. The researcher has observed from her personal experience during counselling practicum that male students are bolder than their female counterpart in the school setting and even recent studies seems to support female assertiveness than male.

Students who are shy often experience anxiety, making concentration on academic activities very difficult. Oguzie et al (2020) asserted that shyness is undoubtedly a very serious problem among secondary school students in Nigeria. It is disheartening that some secondary school students in Edo state, and Nigeria in general are shy, find it difficult to air their views and opinions in social gatherings. They equally find it very difficult to perform at their optimum during social situations and events. The researcher has also observed incidences of

shyness among students in secondary schools. This she observed during her counselling practicum and teaching practice experience in one of the schools in Egor Local Government Area where she had the opportunity of interacting with students in a social setting. She observed most students find it difficult to express their views in a social gathering and this has affected not just their academic performance but their relationship with other students. For instance, they find it difficult to ask or answer questions in class even when they do not understand what is being taught in the class, they also find it difficult to ask for assistance from their fellow students. Such students even when they are intelligent may not be able to achieve their educational goals. Considering the obvious devastating impacts of shyness on students' social, psychological and academic wellbeing, it is quite disheartening that little or no attention is being paid to the problem in terms of research, especially among junior secondary school students in Edo State.

From the background information above, there is accumulating evidence to show that the prevalence of shyness among students represents a significant health concern. Hence, the dangers associated with its manifestations deserve utmost attention from professionals. In a bid to find solutions to the problems of shyness, the field of counselling has over the years been directed towards problem-solving. It has been observed that students who are shy are not exposed to appropriate counselling therapies (Kessler, 2015). In the field of psychology and counselling, there are several counselling therapies to improve adaptive behaviours. These therapies-Cognitive Restructuring Therapy (CRT), Social Skills Training (SST), and Assertiveness Training (AT)-are geared towards the eradication of maladaptive behaviours such as shyness.

Cognitive Restructuring Therapy (CRT) is a counselling intervention/technique that helps people to understand the influence of thoughts and feelings on human behaviour.

Cognitive Restructuring therapy was propounded by Beck (2011) as an intervention technique used by counsellors and other therapists to teach individuals how to change their unwanted behaviours and feelings through their thought patterns. This technique is based on the premise that people's thoughts, feelings, physical sensations and actions are interconnected, and that negative thoughts, feelings and beliefs can lead to maladaptive behaviours (Beck, 2011). Hence, negative and unrealistic thoughts and beliefs could cause emotional distresses and may result into deficit behaviours such as shyness (Mejo, 2016). However, for the purpose of this study, cognitive restructuring 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. Cognitive Restructuring Therapy 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.

Cognitive restructuring involves the process of reframing negative and unrealistic thoughts to realistic and positive thinking Beck, (2011). Shyness is a negative and unrealistic behavior. This implies that if students receive cognitive restructuring programme they may likely refrain from negative thoughts and behaviour such as shyness and think positively and be bold to express themselves in public. The tenets of CRT include: cognitive training, self-monitoring, emotion recognition, problem solving, coping skills, and reward programs Bahrami, et'al (2021). Originally, the therapy was designed to manage depression, but its use has been expanded to include treatment of several mental health conditions, including shyness. This

therapy has been found to be effective in reducing a lot of maladaptive behaviours (Egbochuku & Obadan, 2005; Umah, 2015; Enofa, 2017; Mejo, 2016)

Social skills training technique is another therapy that was used in this study. Social skills training are given to individuals that have problems in a number of social skills and the tenets includes: Modeling, Role playing, Performance feedback, and Transfer training. The social skills that frequently become problematic for people are the ability to make pleasant conversations and implicit or explicit absence of social skills. Therefore social skills training could be referred to as training with the objective of teaching the ability to interact with other people in order for the individuals that are unskilled to become skilled in interacting with the people surrounding them, either in formal or non- formal relationships. Social skills training was propounded by Michelson et al. (1985) to enhance communication abilities and individual social skills and it comprises of skills to praise others, complain when disagreeing upon a certain issue, denying another person's requests/demands, exchanging experiences, demanding personal rights, giving suggestions to others, problem or conflict resolution, interact or work with others of the opposite sex and a number of other behaviours that are not possessed by an individual or clients. This technique involves any competence facilitating interaction and communication with others where social rules and regulations are created, communicated, and changed in verbal and nonverbal ways. They are tools that allow individuals to interrelate with society harmoniously (Dowd & Tierney 2017). Social Skills Training is a behavioural therapy that can be used by teachers, counsellors, and trainers to help individuals who are having difficulties in relating with people. The training involves modelling of the relevant social skills and training on social problem solving, emotion regulation strategies and relaxation techniques. Social skills training is one of the behaviour modification techniques that have frequently been

used, especially for individuals experiencing difficulties in socialization (Dowd & Tierney 2017).

Assertiveness training is also another therapy that was used in this study. Assertiveness training is a helping intervention that helps to strengthen individuals' ability to express feelings, needs, likes and dislikes without cheating oneself or hurting others. It is a technique developed by Joseph Wolpe (1958). The goal of assertiveness training is to improve communication through the improvement of individual's capacity to express their thoughts and feelings (Onwuka, 2008). It has been established that through assertiveness training, shy students can learn assertive behaviours as well as interpersonal competence such that the shy individual can provide honest and straightforward expression of thoughts and feelings. Assertiveness training therefore instils much needed competence for active participation in social life through participation in classrooms, initiation and maintenance of conversation (Oguzie et al, 2020). Assertiveness training teaches people how to express themselves in a way that reflects sensitivity to the feelings and right of others. Assertiveness training has been reported to be effective for several classes of people with deficit or maladaptive interpersonal behaviour (Clarkson & Porkony, 2004). Adegoke and Idowu (2022) found assertiveness training effective in reducing shyness among secondary school students in Ondo State. While Nnadi et al (2020) found it effective on social withdrawal among adolescents in secondary schools in Imo State. Kazdin (2007) posited that assertiveness training has been used for people experiencing problems that have to do with interpersonal anxiety and other defects which render them ineffective in coping with life situations and has been found effective.

Studies have shown that Cognitive Restructuring Therapy, Social Skills Training, and Assertiveness Training Counselling Techniques have been used in other countries and Nigeria and have yielded positive results in the handling of shyness among students but the differential

effectiveness have not been used in the handling of shyness among students in Egor Local Government Area of Edo State. Hence, this study investigated the most effective among Cognitive Restructuring Therapy (CRT), Social Skills Training (SST), and Assertiveness Training (AT) Counselling Techniques in handling shyness among junior secondary school students in Egor Local Government Area of Edo State. The study also examines its efficacy with moderating variable of sex students.

Statement of the Problem

The school is a social and learning agent that provides an environment in which a child would be formally educated to attain educational goals as well as interact socially with peers and teachers. Oftentimes, certain factors affect the students such that they do not perform up to their capacities and one of them is shyness. Shyness could be a barrier that may restrain the students from engaging actively in the classroom and thus prevent the attainment of their educational goals. Shyness is a very serious problem that has incapacitated some students. The problem of shyness has raised great concern in the Edo State education system and the Nigerian society in general. Bella and Omigbodun (2022) discovered in their study that an estimated 31.5% of secondary school students are shy and these have a great effect on the academic wellbeing of the students. Similarly, Uzonwanne (2023) study on shyness among students in Nigeria discovered that there is a high prevalence of shyness among students. Shyness could have severe consequences on the students and in later life as adults; if left untreated, they would avoid being chairpersons at social functions as well as declining leadership responsibilities in their communities and social organizations.

The researcher also has observed incidences of shyness among students in junior secondary schools. This she observed in her years of teaching and during her counselling practicum and teaching practice experience in the public schools in Edo State where she had

the opportunity of interacting with students in social settings. She observed most students find it difficult to express their views in a social gathering and this has affected not just their academic performance but their relationship with other students. For instance, they find it difficult to ask or answer questions in class even when they do not understand what is being taught in the class. They also find it difficult to ask for assistance from their fellow students. Such students even when they are intelligent may not be able to achieve their educational goals.

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

of these skills include Cognitive-restructuring Therapy, Social Skill Training and Assertiveness Training Counselling Techniques.

Studies have shown that Cognitive Restructuring Therapy, Social Skills Training and Assertiveness Training Counselling Techniques have been used and have yielded positive results in the handling of shyness among students but the researcher sought to find out the differential effectiveness of these therapies in the handling of shyness among students in junior secondary schools in Egor Local Government Area of Edo State. The study also examined its efficacy with moderating variable of sex of students.

Research Questions

The following research questions were raised to guide the study:

1. What is the Level of Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State?
2. What is the Level of Shyness among Male and Female Students in Junior Secondary Schools in Egor Local Government Area of Edo State?
3. What is the Effect of Cognitive Restructuring Therapy on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State?
4. What is the Effect of Social Skill Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State?
5. What is the Effect of Assertiveness Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State?
6. What is the difference in the posttest mean score of Shyness among Students in the Cognitive Restructuring Therapy, Social Skill Training and Assertiveness Training Counselling Groups in Junior Secondary Schools in Egor Local Government Area of Edo State?

7. What is the interaction Effect of Cognitive Restructuring Therapy and Sex on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State?
8. What is the interaction Effect of Social Skill Training Counselling and Sex on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State?
9. What is the interaction Effect of Assertiveness Training Counselling and Sex on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State?

Hypotheses

Research questions 3-9 were hypothesized as hypotheses 1-7 respectively and were tested at 0.05 level of significance.

1. There is no significant Effect of Cognitive Restructuring Therapy on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.
2. There is no significant Effect of Social Skill Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.
3. There is no significant Effect of Assertiveness Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.
4. There is no significant difference in the posttest mean score of Shyness among Students in the Cognitive Restructuring Therapy, Social Skill Training and Assertiveness Training Counselling Techniques Groups in Junior Secondary Schools in Egor Local Government Area of Edo State.

5. There is no significant interaction Effect of Cognitive Restructuring Therapy and Sex on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.
6. There is no significant interaction Effect of Social Skill Training Counselling and Sex on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.
7. There is no significant interaction Effect of Assertiveness Training Counselling and Sex on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Purpose of the Study

The purpose of this study was to examine the Differential Effectiveness of Cognitive Restructuring Therapy, Social Skills Training and Assertiveness Training Counselling Techniques in Handling Shyness among Students in Public Junior Secondary Schools in Egor Local Government Area of Edo State. The objectives were to:

- determine the level of shyness among students in Public Junior Secondary Schools in Egor Local Area of Edo State;
- determine the level of shyness among Male and Female Students in Public Junior Secondary Schools in Egor Local Area of Edo State;
- determine the Effect of Cognitive Restructuring Therapy on Shyness among Students in Public Junior Secondary Schools in Egor Local Area of Edo State;
- find out the Effect of Social Skill Training Counselling on Shyness among Students in Public Junior Secondary Schools in Egor Local Area of Edo State;

- determine the Effect of Assertiveness Training Counselling on Shyness among Students in Public Junior Secondary Schools in Egor Local Area of Edo State;
- find out the difference in the posttest mean score of shyness among students in the Cognitive Restructuring Therapy, Social Skill Training and Assertiveness Training Counselling Groups in Public Junior Secondary Schools in Egor Local Area of Edo State;
- determine the interaction Effect of Cognitive Restructuring Therapy and Sex on Shyness among Students in Public Junior Secondary Schools in Egor Local Area of Edo State;
- examine the interaction Effect of Social Skill Training and Sex on Shyness among Students in Public Junior Secondary Schools in Egor Local Area of Edo State;
- Find out the interaction Effect of Assertiveness Training and Sex on Shyness among Students in Public Junior Secondary Schools in Egor Local Area of Edo State.

Significance of the Study

The findings of this study would be beneficial to Researchers, Students, Parents, Teachers, Counsellors, Ministry of Education/Government and the general society.

The results of the study will provide database and reference literature for researchers who may want to conduct research in this area. Consequently, the information herein can be disseminated through conferences, workshops, seminars and through write ups in academic journals and magazines. It would also be useful to researchers who may be interested in the same area.

The study will help students when they come in contact with it in the library or online to reduce the risk of developing shyness, an understanding of factors that predispose them to

shyness, and enable them to develop adequate competent behavioural skills to adjust to challenging social situations or events. It will also help them to have a clearer perception of the problem at hand and this will help to reduce the development of the disorder and enable them to live a normal life.

The findings will equip parents through various campaigns and awareness of the outcome of this study to identify children with shyness, the negative outcomes of the disorder in children, and to send such children to a professional counsellor to enhance proper social adjustment.

The findings of this study will benefit teachers in the secondary schools especially those at junior secondary schools. It will help the teachers to be enlightened on the multi-dimensional nature of shyness and the likely factors that can cause shyness in human beings especially in adolescents (students). This knowledge will enable the teachers to make referrals to counselling psychologists for necessary interventions. It will help teachers to be equipped with the knowledge of how to identify and to work with the school counsellors to help these children to overcome their fears and to enable them adjust in the school and the larger society. The study will also guide teachers to ensure that the teaching and learning process is meaningful, interesting, and free from anxiety. It will help teachers to encourage active classroom participation and to improve the interpersonal relationship among the adolescents to reduce shyness.

The findings of this study will help Guidance Counsellors, Psychologists, Psychiatrists, and Mental health workers on the effects of shyness among students and to adopt appropriate counselling strategies such as cognitive restructuring therapy, social skills training, and assertiveness training techniques in handling students' shyness.

The outcome of this study will stimulate the need for the Edo State Ministry of Education to employ more functional and professional counselling psychologists in schools to help to cater for the challenges and psychosocial needs of students thus ensuring better social adjustment and educational attainment. Governments at various levels will also benefit from this study because it will enable them to promulgate laws that will promote good conduct and self-esteem in the society, as well as provide necessary incentives and scholarships to discourage shyness amongst students.

This study will be of immense importance to the general society in Nigeria to be conversant with shyness which would enhance early recognition and interventions that would improve prognosis in individuals with shy attitude.

Scope and Delimitation of the Study

The study sought to determine the Differential Effectiveness of Cognitive Restructuring Therapy, Social Skills Training and Assertiveness Training in Handling Shyness among Junior Secondary School Students in Benin metropolis, Edo State. The Independent Variables (IV) of the study are Cognitive Restructuring Therapy, Social Skills Training and Assertiveness Training Techniques. The Dependent Variable (DV) is shyness while the moderating variable is sex.

This study was delimited to one Local Government Area in Benin Metropolis, Edo State. In effect this becomes necessary as Public Mixed Junior Secondary Schools were selected for the study in Egor Local Government Area of Edo State. It was imperative to use public co-educational schools in order to see if the moderating variable of sex has effect on the outcome. The class of interest was Junior Secondary School Two (JSS2) which is important as they have already completed a year in the system. This is also important as the students would have

ideally another one year experience in the junior secondary level of education. Secondly, this is a preparatory class to the first key examination for senior secondary level of education.

Definition of Terms

Assertiveness Training (AT): This is a treatment package designed to modify behaviour through the improvement of communication as the individual's capacity to express their thoughts and feelings is improved.

Cognitive Restructuring Technique (CRT): This is a treatment package designed and directed at beliefs behind shyness. The procedure involves a therapist working with a patient to identify faulty thought patterns which contribute to shyness as well as practicing the techniques that help reshape the negative thought patterns.

Effectiveness: The degree to which a modality realizes it's stated anticipated client outcomes.

Intervention: This is a deliberate measure or act of influencing another person's affair positively to prevent undesirable consequences. Interventions in this study are Cognitive Restructuring Therapy, Social Skills Training, and Assertiveness Training Therapies.

Junior Secondary School Students as used in this study refers to students enrolled in the last level of Basic Education (last 3 years of Basic 9 years in the UBEC system of education) in the time of the research.

Sex: Male and female students in Junior Secondary School.

Shyness: Shyness refers to the tendency to feel awkward, worried or tensed during social encounters, especially with unfamiliar people.

Social Skills Training (SST): This is a treatment package designed to improve verbal and non-verbal communication skills which incorporates coaching, modelling and social problem solving training.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

In this chapter, existing literatures related to the study are reviewed under the following sub-headings:

- Theoretical Framework of the Study
- Conceptual Framework of the Study
- Concept of Shyness
- Sex and Shyness
- Cognitive Restructuring and Shyness
- Application of Cognitive Restructuring to Shyness
- Social Skills Training
- Assertiveness Training Techniques
- Summary of Reviewed Literature

Theoretical Framework of the Study

This study is hinged on the Social Learning Theory (SLT) propounded by Albert Bandura in 1977. This theory states that individuals acquire new behaviour by observing the behaviour of other individuals. Contrary to the traditional view of "behaviourism" which suggests that individuals acquire new behaviour from direct experience. Individuals learn to continue with behaviour when such behaviour is compensated. Social Learning Theory suggests that individuals can acquire behaviour vicariously, without having direct experience with a particular situation. Rather, people learn how to respond to situations through observation. This concept has important consequences for the development of shyness. According to SLT, individuals who are shy may have learned to be nervous through earlier

contact with people. Some persons may have communicated, through their actions that certain circumstances are dangerous and consequently must be evaded at all costs.

With respect to this study, some students who are shy may have learnt that it is exceptionally important to obtain the endorsement of other students or their peer group. For instance, a child may watch her parents preparing for grandma's visit. During these preparations, she observes her parents becoming very worried. She eavesdrops and probably hears her parents quarrelling about the imminent visit. Then, her typically friendly parents become very formal and stilted in front of grandma. Furthermore, the child's parents may have cautiously instructed her on how to behave in the presence of grandma with the threat of retribution for any naughtiness. Such observations may likely cause the child to think that social communication is stressful and that social meetings are pleasurable but are potentially frightening and risky situations. As a normal consequence of these learning experiences, shyness may develop. Also, some individuals with shyness may have learned at a young age that any mysterious bodily feeling signals danger. This can happen simply by observing the way family members act, shyness may be triggered from within the child or the child may develop shyness because of certain situations and circumstances during their childhood.

Therefore, through exposure to these early learning experiences, individuals may imitate the nervous behaviours of other individuals. Social learning theory proposes that this learning can occur simply through observation. Consequently, individuals may learn to evade certain situations without having any experience. As such, they have no opportunity to form their own beliefs or opinions about the accuracy of the information they were provided with. Therefore, the evasion of situations that are dreaded by caregivers is nearly certain.

With respect to this study, shyness is multidimensional and the approach to intervention should take cognizance of the multidimensional nature of shyness. Hence, the interventions

incorporate the cognitive in cognitive restructuring technique, the social dimension in the social skill training and assertiveness training which is training on communicative competence. Cognitive restructuring technique is directed at beliefs behind shyness. The procedure involves a therapist working with a patient to identify faulty thought patterns which contribute to shyness as well as practicing the techniques that help reshape the negative thought patterns. Social skills training is training in the verbal and non-verbal communication skills which incorporates coaching, modelling and social problem solving training. Assertiveness training seeks to modify behaviour through the improvement of communication as the individual's capacity to express their thoughts and feelings is improved.

Conceptual Framework of the Study

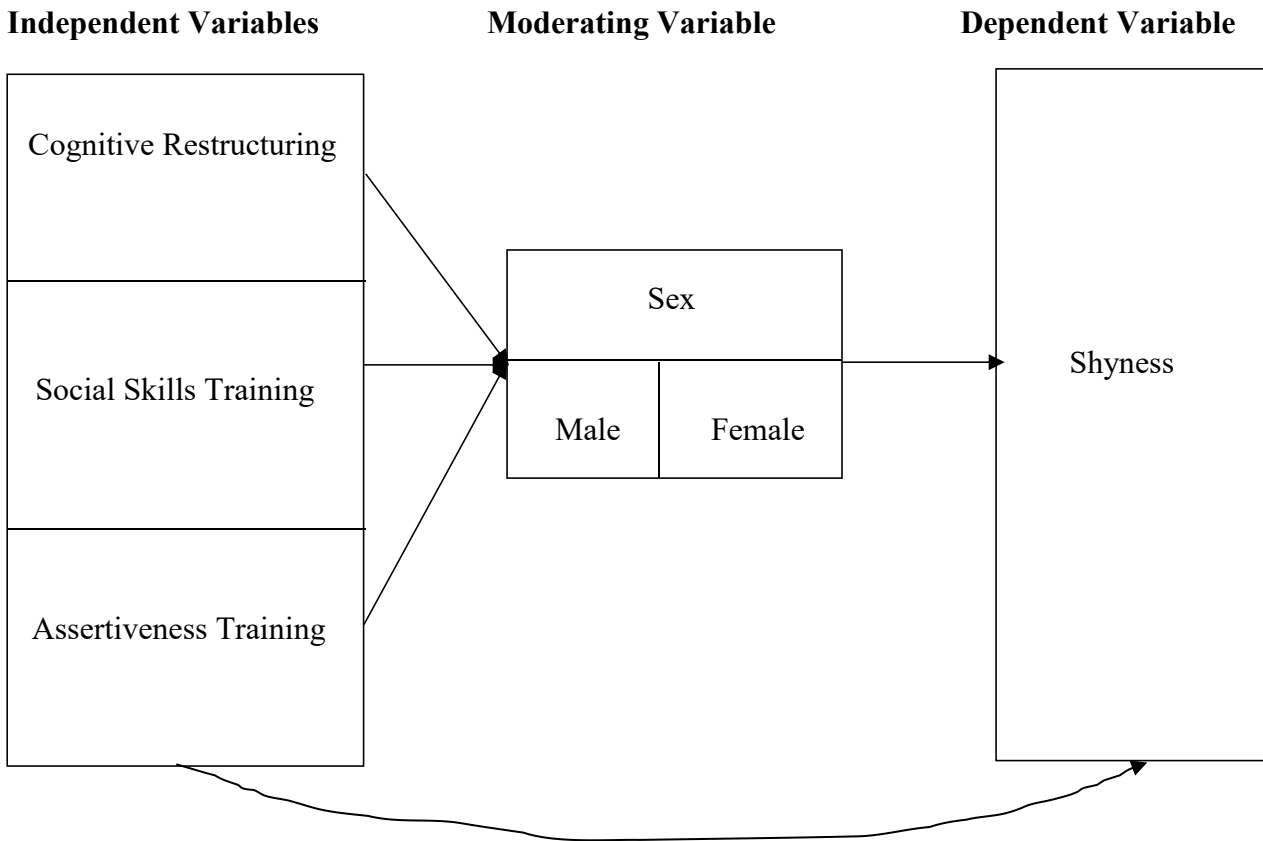


Figure 1: Schematic Conceptual Illustration.

KEY: S-STIMULUS

O-ORGANISMIC

R-RESPONSE

Source: Adapted from Abidoye (2020) and modified by the researcher.

The framework presented above explained the interaction of the treatment methods that was carried out during the groups' counselling. The treatment packages include the Cognitive Restructuring Therapy, Social Skills Training, Assertiveness Training Counselling Therapies which are the independent variables represented as Stimulus (S). The moderating variables mediated between the treatment and the corresponding treatment outcome. The moderating variable in this research is sex of students. The variable is presumed to have the capacity of influencing the treatment outcomes. This explains why it is studied alongside with the independent and the dependent variables to know their level of interactions in the treatment and the outcome of the treatment. The moderating variable represents Organismic (O) in the behaviour sequence. The dependent variable is expected to be affected by the independent and moderating variables resulting in changes known as treatment outcomes. The treatment outcome in this study is the handling of shyness of students represented as (R) in the behavioural equation.

The cognitive view states that a change in behaviour which is called learning is only a reflection of the internal change that has taken place in the person. In other words, this conceptual framework explains the interaction effects of the treatment methods that was carried out during the experimental studies. The proposition is that the framework diagrams gave rise to the specialization and the counter-claims of integration, that have made it easy to reconcile the independent variables, moderating variable, and the dependent variable which provided the students with necessary concepts and skills that will help to evaluate the new ideas resulting from the findings of this research. Cognitive Restructuring Therapy, Social Skills Training, and Assertiveness Training Techniques would enable the students to acquire the new skills and the analytical techniques necessary in the handling of shyness. The S-O-R model of the

behavioural sequence is well appreciated in this research because it showed a clear and easy explanation and interactions of variables used in the study.

Concept of Shyness

Shyness is a state of anxious preoccupation of the self in response to real or imagined social interaction. Its observable features are the avoidance of social contact (Rubin et al, 2015). Many students have found themselves in a situation where they feel a little worried about meeting new people or being in an unfamiliar situation. Shyness according to Buss (2005) is an inhibition and awkwardness in a social situation, particularly in situations with unfamiliar people. Bitaraf, Shaeeri, & Hakim, (2019), opined that shyness is a character trait, an attitude or a state of inhibition. Comer, (2021) asserted that shyness is an affective-behaviour syndrome characterized by public apprehension and interactive reticence which results from the viewpoint or existence of others in an interpersonal assessment. Leary further posits that shyness is completely a social occurrence, and that it should be defined as together with social anxiety and self-consciousness. It may range from insignificant social clumsiness to totally inhibiting social phobia. The responses for shyness can occur at any of the following levels; cognitive, affective, physiological and behavioural.

Shyness is fundamentally an inescapable emotion, which is directly related to many aspects of human nature, Pilkonis (2013), like many other emotions, shyness is learned in social relationships and experienced mostly in connection to others. Shyness is most likely to occur during unfamiliar situations, though in severe cases it may hinder an individual in his or her most familiar situations and relationships as well. In addition, shyness may manifest when one is in the company of certain people and completely disappear when with others. For example, one may be outgoing with friends and family but feels shy when in the presence of authority figures. Spurr and Stopa, (2021) opined that students who feel inadequate or shy

cannot participate in the learning activities more actively. Such students often remain hesitant and dejected which ultimately increase their level of shyness. This increased levels of shyness do not allow them to excel in life. Students with shyness not only feel dejected or discouraged, but cannot solve their problems at school whenever they face it, whether it is academic or social (Zeinvand, 2006). On the other hand, Spurr and Stopa, (2021) explain that lower level of shyness among student leads to success academically and socially.

According to Ahmad et al, (2013), shyness is a highly deciding factor in the overall developmental process of a child. This factor can potentially harm or help a student in his/her social life. For example, students with high level of shyness may have complicated relationship with peers or teachers. Even such students create problems for parents at home. Although there is nothing wrong with shyness in itself, as it is an aspect of personality, the fact remains that school, along with many other social situations, can be torturous for inhibited/shy students. Furthermore, communication is central to learning in classrooms, shy students can be disadvantaged from an educational perspective (Oakley 2014). Hence, shyness can be painful for both parents and students. Parents, however, need to realize that some children are just born to be quiet and less outgoing than other children who are extrovert, therefore, it is important for parents to see whether a child's shyness is becoming a problem and interfering with his/her daily life situations such as problems with school and social interactions. Also, Findlay (2009) reports that despite knowing that shyness is a threat factor for psychosocial disturbance in childhood and that shyness is connected with greater internalizing difficulties and lower well-being, less is known about the conceptual mechanisms that may underlie these associations.

The causes of shyness have not been demonstrated adequately to justify any firm statements on the issue. Muqaddas et al, (2011) observes that some children are dispositional shy: they are more probable than other children to respond to new social situations with shy

behaviour. Even these children, however, may show shyness only in certain kinds of social encounters. Shy children tend to engage in significantly less social misbehavior than other children. This may occur because shy children care so much about what others contemplate of them. Moreover, Dupper (2011) describes a number of factors that may contribute to the feeling of loneliness and problematic shyness in young children which include moving to a new school or neighborhood, losing a friend, losing an object or possession, experiencing the divorce of parents, experiencing the death of a pet or significant person being rejected by peers, lacking the social skills to make friends or possessing personal characteristics as shyness, anxiety and low self-esteem that contribute to the difficulty in making friends. Furthermore, Kasper (2012) posits that when children become older, they may not only experience shyness, but also face awkwardness in new social situations. Coplan (2011) also observe that girls are more likely to exhibit shyness, especially in maturity than boys.

Thus, it may be more socially acceptable for females than males to be shy. Although few teachers may prefer to have shy behaviours in their classroom because the classroom can be more orderly. These researchers (Bosacki & Rose-Krasnor, 2011) view shy students as less capable of performing at a high level compared to their less shy peers. Shyness has a major effect on internalizing behaviours for students. For instance, they are much more likely to experience anxiety disorders (Kasper, 2012). Shyness has also been explored as a developmental problem in children with specific reference to early childhood. In time transition, there is the notion of shyness development. The notion that in the course of time shyness develops based either on biological and social stimuli. As far back as 1986, Buss (1986) distinguished 2 types of shyness-fearful shyness and self-conscious shyness. Fearful shyness refers to shyness which does not require self-awareness and can be observed in infants between 6 and 12 months of age. It is characterized by a fear of strangers. From ages of 3 to 4 years,

when self-awareness has begun to develop, self-conscious shyness begins to be observed. It involves a detached observer perspective directed at the self. Shyness in early childhood lacks self-consciousness. However, with growth and self-consciousness, shyness begins to take a different form from the time when the child clocks between 2 to 3 years there is the emergence of self-awareness, self-consciousness and perspective-taking abilities. The problem of shyness in its cognitive domain is also a problem rooted in self-concept of adolescents. Self-concept is a notion of adolescent's beliefs about the self (Egbochuku & Aihie, 2009). When a child is shy, the individual has a poor self-concept and exhibits behaviours that are antisocial. It is an expression of fear and distress.

In early childhood shyness is rooted in biological factors where the sympathetic autonomic nervous system responses are based on emotional arousal and hyper vigilance to situational cues (Buss, 1986). Early childhood shyness is thought to give way in many instances in the course of growth. However, Baardstu et al (2020) in his review found that in many children, shyness persists and evolve into a form of social anxiety through the years of childhood. Childhood shyness is associated with adolescent personality. Baardust et al (2020) held that the neurobiological base of childhood shyness and adolescent personality are in fact similar. McNaughton and Gray (2000) in the reinforcement sensitivity theory suggested that the differences in behavioural and affective responses are determined to a large extent by what is going on in the neurophysiological systems that are sensitive to varying stimuli (reward and punishment). In maturity, shyness is determined by social contexts, this coincides with a cognitive sense of self (Lagattuta & Thompson, 2007). With this level of awareness comes self-conscious emotions of shame, self-doubt, embarrassment and a heightened sensitivity to criticism (Eggum-Wilkens et al, 2020). Attachment theorists explain that children internalize a sense of self based on the quality of caregiver or parent as the case maybe. In a situation of

warmth, children likely develop a secure attachment, when relationship is insecure, children tend to display low self-worth and insecure attachment (Spurr & Stopa, (2021); Kochanska, 2005). For Onukwufor et al (2017) the causes of shyness were distinguished as a trait inborn and can be observed in as many as a third of the adult population. There is the factor of parenting where children with insecure parenting are most likely to end as shy and a social component factor where shyness is internalized as a form of socialization. Shyness thus becomes an internalized reaction learned and deployed in social situations.

Shyness is the tendency to feel awkward, worried or tensed during social encounters, especially with unfamiliar people (American Psychological Association 2012). Evans (2010) described a shy individual as being 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. Not only are these psychological symptoms present, shyness may also produce physical symptoms such as abnormal sweating and stomach complication. In the same vein, Coplan and Arbeau (2008) observed that shy people always feel weary in new social situations, perceive such instances as threatening, and thus experience high levels of anxiety. Moreover, Rubin, et al, (2009) saw shyness as a temperamental trait characterized by the persistent experience of wariness and anxiety in novel social situations and those perceived to be socially evaluative in nature. Furthermore, Spurr and Stopa, (2021) observed that the social encounters of shy individuals are characterized by an approach-avoidance conflict; where shy students may long for social interactions; this approach motivation is inhibited by social fear and anxiety. Shyness is a deficient behaviour in children, adolescents and adults which is usually expressed in social situations either in overt or covert form. A shy person restrains, withdraws, evades, and escapes from social situations.

With the foregoing, one could easily fathom that the negative effects of shyness on the individual learner are better imagined than experienced. A common observation in most of the shyness research literature is that the consequences of shyness are deeply debilitating. Shyness leads to decreased levels of happiness (Screeshakumar et al, 2017), lower academic performance (Kaith, 2020), lowered self-esteem and negative self-concept (D'Souza et al, 2013), and social and emotional maladjustment (D'Souza et al, 2016). Also, a study by Urs and Jayaraju (2018) revealed that adolescents with high level of shyness may be at the risk of Parkinson disease later in life.

Consequently, schooling for shy students is predominantly more stressful than for their non-shy counterparts. Practically, schools make use of large peer group activities, such as group work and large group interactions. These situations require verbal participation, but shy students due to their predicaments often withdraw from these activities and find it difficult to participate in many other academic and social growth opportunities (Hughes & Coplan, 2021). Shyness makes students always dominated by anxiety, making concentration on academic activities very difficult. Although many teachers may prefer having shy behaviours in their classrooms because the classroom can be more quiet and orderly (Coplan et al, 2011) they view shy students as less capable of performing at a high level compared with their non-shy counterparts. To say the least, there are many expectations for students to participate actively in classes; shy students feel so anxious when such expectations are placed on them. Moreover, teachers hold lower expectations for shy students. Not only do teachers believe that shy students cannot obtain high grades, many teachers hold stereotypes that shy students possess inferior cognitive abilities. In line with the above, Kasper (2012) noted that shy students lack the necessary skills for performing optimally in the classroom.

Signs and Symptoms of Shyness (Encyclopaedia of Mental Disorders, 2020)

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

Shyness sometimes runs in families, but no one knows for sure why some people have it, while others don't. Research has revealed that several parts of the brain are involved in fear and anxiety. Some researchers think that misreading others' behaviour may play a role in causing shyness. For example, you may think that people are staring or frowning at you when they truly are not. Weak social skills are another possible cause of shyness. For example, if you have weak social skills, you may feel discouraged after talking with people and may worry about doing it in the future. By learning more about fear and anxiety in the brain, scientists may be able to create better treatments.

Emotional Symptoms of Shyness

- Excessive self-consciousness and anxiety in everyday social situations
- Intense worry for days, weeks, or even months before an upcoming social situation
- Extreme fear of being watched or judged by others, especially people you don't know
- Fear that you will act in ways that will embarrass or humiliate yourself

- Fear that others will notice that you are nervous

Physical Symptoms of Shyness

Mental Disorders (2020) viewed the following as some of the major likely physical symptoms of shyness:

- Red face, or blushing
- Shortness of breath
- Upset stomach, nausea (that is, butterflies)
- Trembling or shaking (including shaky voice)
- Racing heart or tightness in the chest
- Sweating or hot flashes
- Feeling dizzy or faint

Behavioural symptoms of Shyness

- Avoiding social situations to a degree that limits your activities or disrupts your life
- Staying quiet or hiding in the background to escape notice and embarrassment
- A need to always bring a buddy along with you wherever you go
- Drinking before social situations to soothe your nerves (Mental Disorders, 2020).

Causes of Shyness

While researches to better understand the causes of shyness are ongoing, some investigations indicate a small structure in the brain called the amygdala is responsible for the symptoms of shyness. The amygdala is believed to be a central site in the brain that controls fear responses. Shyness is heritable. First-degree relatives have a two to six time's higher chance of developing shyness. Research supported by the National Institute of Mental Health (NIMH) (2015), has also identified the site of a gene in mice that affects learned fearfulness.

Scientists are exploring the idea that heightened sensitivity to disapproval may be physiologically or hormonally based. Other researchers are investigating the environment's influence on the development of shyness. Childhood maltreatment and adversity are risk factors for shyness. Shyness is believed to occur as a result of a combination of factors. A person's genes, brain and life experiences are all believed to play a part in the development of shyness.

Genes: An individual who has a family history of anxiety may be more likely to develop shyness or another forms of anxiety.

Life experience: People who consistently find themselves in situations where they experience a feeling of difference, inadequacy, or negative judgment are more likely to develop social phobia. Additionally, those who experience consistent negativity in social situations often come to believe that all social situations will proceed in the same manner and will avoid and fear them. Shyness may also stem from feelings and beliefs gained in childhood that may have caused feelings of inadequacy, incompetence, worthlessness, disempowerment, or shame.

Environment: Shyness may be a behaviour that is learned. Some individuals may experience shyness after an irritating or unpleasant social or performance situation. Also, there may be a link between shyness and parents who either model anxious behaviour in social situations or are more controlling or overprotective of their children (NIMH, 2015).

Risk Factors

Several factors can increase the likelihood of developing shyness according to Ozturk and Mutlu, (2016) and these includes:

Family History: People are more likely to develop shyness if their biological parents or siblings have the symptoms of shyness.

Negative experiences: Adolescents who experience teasing, bullying, rejection, ridicule, mockery, or embarrassment may be more prone to shyness. Besides, other negative life events such as family conflict and instability, physical or verbal abuse may be associated with shyness.

Temperament: Adolescents who are introvert, shy, timid, withdrawn, or restrained when facing new situations or unfamiliar people may be at greater risk of developing shyness.

New social or work demands: Shyness symptoms typically begin in the adolescent years, but meeting unfamiliar people, making a public speech, or making an important work presentation may trigger symptoms of shyness for the first time.

Having an appearance or condition that draws attention: For example, facial disfigurement, stuttering, or tremors due to Parkinson's disease can increase feelings of self-consciousness may trigger shyness in some people.

Effects of Shyness

The effects of shyness on adolescent students are so numerous. It affects their overall performance and psychosocial functioning. In a study conducted by Strahan (2020), it was indicated that the risk of incidence of shyness among school children is very high. This may likely affect interaction with others or the formation of new relationships. They slowly evade public speaking, and this invariably affects their academic achievement. Students affected with shyness often perceive ambiguous social situations as negative. They become anxious about making mistakes and feel humiliated in front of others. This fear becomes immense because they lack social skills; hence, they undergo extreme anguish in certain social situations and try to evade them. Quality of life, health, education, employment, interests, and ambitions are easily affected due to shyness.

Individuals with shyness have distorted thoughts and wrong beliefs about themselves and social situations. They possess immense fear of the undesirable opinion of others about

them and this anxiety affects their academic life. Shyness is prevalent and potentially disabling (Valente, 2002), but it is treatable. Shyness weakens employment and academic functioning and can extremely limit one's ability to succeed. It is a risk factor for the successive onset of cannabis and alcohol dependence (Buckner et al, 2018).

Shyness also decreases a person's interpersonal relationship with others and its well-being. Besides, it also leads to poor romantic relationship structure, marital instability, and lack of communication between couples (Ozturk & Mutlu, 2020). In a study carried out by Brook and Willoughby, (2015), they established a remarkable and direct negative relationship between social phobia and the academic performance of students. In another study carried out by Gultekin and Dereboy, (2019) among university students, students with and without shyness did not differ significantly in terms of academic achievement.

Sex and Shyness

The World Health Organization (2010) defines gender as the socially constructed roles, behaviour, activities, and attributes that a particular society considers for men and women. Sex, could be male or female. Ebebuwa-Okoh, (2010) explained that females are social and emotional being whose initiative can promote cordial relationship while males seem better equipped to do abstract thinking and lean towards being bold and courageous in real life situation. These natural features may affect the reactions either as male or female students' shyness attitude in school. Sex is one variable that has been related to differences found in shyness, motivational functioning, and academic performance of students. In Africa, especially in Nigeria, female and male roles are seen as mutually exclusive (Orji, 2000).

Studies have shown that the sex of a student (male and female) is considered to have a tremendous influence on shyness. In a study on sex differences in intrinsic brain functional connectivity underlying human shyness, Yang et al, (2015) examined neurological differences

underlying shyness to determine sex differences in shyness. Sixty-one (61) participants were recruited for the study consisting of 29 males and 32 females. The participants completed the self-report measurement of shyness by Cheek and Buss Scale (CBSS), a 13 item self-report. The items were measured in a five-point scale. Brain imaging was done utilizing the 3.0 T MR Scanner. A brain analysis was done from the scan results. The result showed that shyness scores were normally distributed. There was no significant difference in age and scale measure ($P = 0.205$). For males, shyness did not significantly correlate with $r = 0.340$ $P = 0.07$ as females. However, shyness correlated with LSAs ($r = 0.506$, $P = 0.003$) and Cs TAIT – T ($r = -0.444$, $P = 0.011$). Males in the study scored higher on the statement “I am socially somewhat awkward (3.10 vs 2.34, $P = 0.009$) and for the statement “I am more shy with the opposite sex (3.34 vs 2.56 $P = 6.037$). In the Rf-Cs measure, there was a significant shyness by sex interaction in the dorsal anterior cingulate cortex (dacc), the right insula and right ventral anterior cingulate cortex. There were significant positive correlations in females and negative correlations in males.

Kessler (2015) carried out a study and the findings revealed that men are very conscious about their shyness and are quicker to seek intervention than women. In Western cultures, men tend to be more troubled and anxious than women, and especially male adolescents living in collectivist Western and Eastern societies. Adolescents from Eastern societies living abroad in Western societies regulate their emotional processes differently without expressing their feelings of anxiety (Dwairy et al., 2006). They tend to succeed in school for the sake of getting work opportunities, and this puts pressure on their levels of anxiety. Similarly, Peleg (2009) found that male Arab adolescents have high levels of social anxiety. A study of American college students found that the sex of students plays an important role in determining the relationship between shyness and self-control. It was however revealed that there is a negative

relationship between social phobia and self-construal in males, whereas a positive relationship was reported in females (Moscovitch et al., 2005).

In a study carried out by Essau et al, (2019) on prevalence of shyness among high school students, it was found that shyness is on the increase especially among female students. The study made use of the sample size of 1035 children and youths that is, 1.6 % of the sample size with 2.1 % in the female population and 1.0 % in the male population. The authors also investigated the presence of any social fear and found that almost half of the sample reported any social fear with 47.2 %. Divided into physical gender groups, 42.0 % of boys reported any social fear, and 50.8 % of the girls, which was a significant difference. Canino et al, (2004) found in their sample of 1886 children and youth between 4-17 years that 2.5 % met DSM-IV criteria for SAD; 1.1 % were boys and 2.4 % girls. In the American National Study by Burstein et al. (2011), it was found that girls were more likely than boys to be affected by the generalized subtype of shyness. In a study of 71 adult persons with Social phobia (33 men, 38 women), no differences were found between gender groups concerning comorbid Axis I or Axis II diagnosis. The same result (that is, a 1:1 ratio between boys and girls) was in a study with 350 youth with diagnosed Social phobia. When divided into age groups, however, it was found that 12-14 years old had a ratio of 0.7:1 and 15-17 years old had a ratio of 1.5:1 (Ranta et al, 2009). This is similar to Cohen et al. (2013) and Schniering et al. (2000), where equal rates of shyness were found in girls and boys until adolescence, but from then on, more girls than boys show symptoms. It is not clear why this difference exists. It has been suggested that hormonal changes or different social expectations are possible explanations (Vasey & Dadds, 2001).

Ali (2013) carried out a study on shyness among students in Canada, the sample for this investigation consists of 321 (170 females and 151 males) students aged 19-26 years. For

detection of shyness among the studied sample, the Shyness Inventory is a self-rating scale that captured the spectrum of fear, avoidance, and physiological symptoms. It demonstrates good test-retest reliability, internal consistency, convergent and divergent validity. The sample consisted of participants from all stages, (this was a proportionate representative sample from each class), 56% were from higher income groups, nearly 45% had their residence in the hostel, 21.5% of the students had a Social Phobia Inventory (SPIN) score of 19, and more, mean social phobia was present in almost 22% of the population. There was no statistically significant difference in the prevalence of social phobia concerning gender, family income, or type of residence. It was concluded that social phobia has a high prevalence rate among the students with 22% of the population. It was further recommended that early identification and adequate treatment by college counselling centers will successfully help in reducing the burden of this common condition.

Ali (2012) carried out a study on the Prevalence and Risk Factors of Shyness among secondary school male students in Khamis Mushayt, Kingdom of Saudi Arabia, and the study was conducted in secondary schools for males in Khamis Mushayt. A total of 566 male secondary school students were included in the present study. Study tools included the translated forms of the Social Phobia Inventory and the Shyness Risk Factors Questionnaire. The result revealed that the Prevalence of Shyness is high among male secondary school students (14.1 %). More than half of students expressed the presence of negative temperament symptoms, i.e., being shy (52.5%) or anxious (51.1%) when facing new situations or people.

Almost one-third of students felt restrained (32.7%) or fear (31.6%), while almost one-fourth felt withdrawn (24.4%). Being a middle-born child was associated with the least prevalence of shyness (39%) and being the firstborn child (or the only child) was associated with a higher prevalence of Social Phobia (46.4%, $p=0.036$). All studied risk factors (i.e.,

exposure to teasing, battering, frightening, rejection, mockery, or humiliation) are associated with a significantly higher prevalence of shyness. Having problems with the mother or siblings and the presence of problems within the family is associated with a significantly higher prevalence of shyness ($p < 0.001$ for all). All negative symptoms (that is, shy, withdrawn, restrained, fear and anxiety) felt by students are significantly associated with a higher prevalence of shyness ($p < 0.001$) for all symptoms.

Umeh (2013) find the incidence of shyness to be higher in adolescence subgroup of the population. Onuwkufor and Iruloh (2017) study on prevalence gender and level of schooling differences in secondary school's students' level of shyness find that 76% of females reported being shy while 44% of male students indicated being shy. Onuwkufor and Iruloh 2017 in a study in the prevalence of shyness in secondary school students in Ikwere local government area of Rivers State in Southern Nigeria, associated shyness with social anxiety. They thus agree with Buss (1980) who defined shyness as an "inhibition of expected social behaviour together with feelings of tension and awkwardness". The authors also quoted Bas (2010) who viewed shyness on a range from mild, social awkwardness to the situation where persons exhibit social phobia. Identified causes of shyness are; personality (inborn trait) parental over protection, experience, failure, and culture. Their preliminary review of literature indicated that shyness is prevalent in many parts of the world. They posed their research objectives on prevalence rate of shyness, and the differences across gender in levels of shyness. They adopted descriptive survey method. All students in senior secondary schools class 2 and junior secondary school class 2 constituted the population for the study. Four hundred secondary school students were drawn from four schools in the area of study made up of 200 males and 200 females. The instrument used was the Cheeks & Buss shyness Scale (Buss, 1983). Findings revealed that 240 respondents identified as shy (60%) while 160 respondents were non-shy

(40%) when disaggregated by sex, 44% of males indicated shyness (88 of 200 and 152 of females indicated shyness (76%).

In class level, more senior secondary school students (64%) indicated they were shy in relation to junior secondary school students (43%). Shyness levels for males in social situations when they are in the presence of the opposite sex was (34%) and 70% for girls, t-test result showed that there is a significant difference in levels of shyness between male and female students ($t = 40.22$ $P < 0.05$). The difference between Onukwufor and Iruloh (2017) study and that of Gowda and Jamadar (2015) consists of the fact that shyness was measured using different instruments. Also Onukwufor and Iruloh (2017) 2 scale of shyness and non-shy yielded lower values compared to Gowda and Jamadar's study. Madu et al, (2021) noted that during the period of adolescence, there is a problem of identity crisis plaguing the individual. Nwafor (2014) and the WHO (2010) pointed out that shyness is particularly not helpful to adolescents because they generally enter a period of heightened peer importance and increased socio environmental explanation. Adolescents are expected to develop socio-emotional skills, and shyness presents a barrier to self-development (Madu et al, 2021).

Mandal, (2008) investigated shyness and gender with the specific objective of comparing physical, behavioural, cognitive consequences and the strategies adopted in coping with shyness by men and women with different gender identities. The research study utilized 240 people who were young adults from ages of 20 to 25 years, there are equal member of biological men (120) and women (120) who are students in the Silesian University. The research instrument is the Stanford questionnaire of shyness by Zimbardo (2014). The Stanford questionnaire investigates frequency, causes, consequences and coping mechanism with shyness. The second instrument is the Bem Sex Role Inventory; and the Psychological Gender Inventory. Findings showed no significant difference in the frequency of shyness experience as

women (57%) and men (54.4%) reported experiencing shyness, sometimes. Those who indicated often are 7.9% of women and 6% of men. However, gender identity proved a significant factor. The undifferentiated (14%) and feminine (7.7%) experienced shyness frequently. While the androgynous (51.5%) and masculine (48%) claimed that the experience of shyness is rare.

Mandal (2008) discovered that shyness just like embarrassment or shame belongs to a group of behaviours with a basis of social fear as the basic emotion. The researcher noted that the literature from psychology on shyness largely hold that shyness is more frequent and intense with women. Mandal (2008) queried gender as different from gender identity; a situation identifying with gender has little to do with biological sex but a psychological basis of identity. There are significant differences in comparison of androgynous persons with feminine persons where the androgynous – feminine reported the following values $U = 2.79$, $P < 0.01$, (androgynous – undifferentiated rarely: $u = 2.86$, $P < 0.01$, often: $u = 2.28$, $P < 0.05$). Lack of confidence was more indicated by the women (55.3%) than the men (38.8%), a fear of rejection was indicated mostly in women (36%), than men (12.9%) a lack of concise social skills was implicated in men (23.3%) than women (12.3%). When measured by gender identity, emotional causes of shyness values differed as feminine persons indicated fear of rejection (36.9%) and lack of self-confidence (64.6%) when compared to the undifferentiated (35.1%) fear of rejection. 52.6% lack of confidence while the androgynous cause of shyness was implicated in fear of intimacy 17.6% there was no significant difference in gender differences as regards situations triggering off shyness. In the report, the feminine (90.8%) and undifferentiated persons (84.2%) emphasized that the trigger for shyness is being the centre of attention. The other trigger for feminine sample was the situations requiring assertiveness (46.2%) as well as erotic situations (33.8%).

Ninety-three percent (93%) of women indicated being shy when they had contact with people of higher power and prestige which was a higher figure than men (82.8%) while men were more shy towards members of their family 28.4% more than the women (16.7%). The experience of shyness did not differ significantly between men and women (39.7%, 37.7%) but was significant in gender identity as masculine scored 27.5%. The feminine indicated 44.6%, the androgynous had a score of 30.9% and the undifferentiated had a score of 49.1% in the presence of strangers. The values are as follows 46.6% for men and 56.1% for women, 35% for masculine, 70.8% for feminine, 33.8% for the androgynous and 61.4% for the undifferentiated. Lastly, values of persons of same sex evoking shyness were low as men indicated (11%), women (7%), the masculine (0.0%), the undifferentiated (12.3%).

In the report of physical reaction, women blushed more often (49.1%) than men (36.2%) women trembled in situations of shyness than men (17.2%). There was more violent heart beat in feminine persons (58.5%) than in androgynous ones (41.2%). Muscle trembling occurred more often in feminine persons (32.3%) than in masculine indicated increased sweating (90%) more than the feminine (20%) feminine had the experience of “butterflies in the stomach” (33.8%) than masculine ones. In the shyness experience reactions differed, women had negative thoughts about themselves (50.9%) more than men (31.9%) just as they thought of how they were evaluated by others than their male counterpart (46.5%, female and 33.6% men). When compared across gender identity, the feminine persons (58.3%) had significantly more negative thoughts about themselves than masculine ones (27.5%), women respondents’ behavioural reaction differed from men. They fell silent (64.9%) while experiencing shyness compared to 37.1% of men respondents.

Coping strategies involved: cognitive conviction of oneself that there is no reason to feel shy (women 63.2% men 66.4% $P > 0.05$), continuing activity irrespective of shyness

(women 50%, men 45.7% $P > 0.05$). There was a significant difference in posing as a non-shy person which was more frequent with women (39.5%) than men (25%).

In a study by Rubin and Barstead (2014) on gender differences in child and adolescent social withdrawal sought to examine the assumptions in an article by Coplan et al (2014) which stated as follows:

- (a) Shyness poses a greater development risk for boys when compared to girls
- (b) Shy and anxious boys are responded to negatively by significant other than girls

Rubin and Barstead (2014) examined the assumptions in Coplan et al (2015) study with theoretical and empirical support for or against the assumptions.

They made the observation that Coplan et al (2014) were at liberty with the construct of shyness as they focused largely on the construct of social withdrawal which subsumes shyness and other constructs. Social withdrawal subsumes concepts such as behaviour inhibition, anxious withdrawal, preference for solitude, social reticence and shyness. Using the avoidance – approach framework, shyness is one form or other forms of social withdrawal. From their review of the literature, the shyness /social withdrawal trajectory is disrupted when parents become more supportive.

Rubin et al (2015) citing relevant empirical data noted that gender differences in the prevalence for social withdrawal begins to emerge in early adolescence or late childhood. Doey et al (2013) cited evidence from informants across different western countries where girls were found to be shyer in early adolescence. However, with reference to the longitudinal data in the friendship project Rubin and Mills (2018) found no significant difference in a more diverse sample in shyness. The longitudinal data from the friendship project does not support significant differences in the prevalence of social withdrawal behaviour increasing from the

period of late childhood into adolescence. They however noted that social withdrawal was more stable in females than males suggesting that role of social norms in social withdrawal.

Rubin and Mills (2018) introduced parenting style as the independent variable. The data of reference supported gender differences in nurturance as maternal perception of son's withdrawal were negatively associated son's withdrawal (Grade 8 $r = - .28$, $p < .007$; Grade 9, $r = -.20$, $P = .01$). Hence, parental perception of child withdrawal and report of nurturance becomes increasingly negative for both fathers and mothers. They concluded that contextual factors should be considered in gender differences in shyness.

The study by Yang et al (2015) identified neurological processes in shyness. Neurological differences existed in male and female experience of shyness suggesting that the male and female brain reaction to shyness differed significantly. This neurological basis supports differences in the behavioural, emotional reactions to shy situation. Perhaps the most insightful study was provided by Mandal (2008) who distinguished gender identity from biological sex. With gender identity, the categories are the androgynous, masculine, feminine and undifferentiated which does not necessarily correlate with biological sex.

The emerging issue of sex has been variously investigated. There is no consensus on sex differences in shyness. In the study by Onukwufor and Iruloh (2017) in Southern Nigeria, females had higher levels of shyness (76%) when compared with males (60%). The study was based on adolescents in secondary schools. The study by Yang et al (2015) indicated that there are significant differences in the experience by shyness in males and females hence the situation that provokes the shyness experience is what differs significantly by sex as well as the brain regions involved in the shyness experience.

The study by Mandal (2008) compounds the problem of sex with the notion of gender identity. He challenged the assumption that shyness was more frequent in females than males

by bringing the notion of gender identity that roots gender differences in a psychological base hence, the gender one identifies with was used in the study as opposed to the biological sex. The findings by Mandal (2008) were outstanding as there was no significant difference in shyness frequency and other indices by biological sex but the differences in frequency of shyness, emotional causes of shyness and situation of shyness differed along gender identity (Androgynous, Feminine, Masculine and undifferentiated). Although Mandal's (2008) study provided insight and supports, Yang et al (2015) assertion that shyness is more situational than it is about sex, Mandal utilized an adult sample. Another insight from Mandal was the significant differences in biological sex reaction to shyness as women sample indicates negative thoughts, and blushing. Male samples indicated different sets of reactions to shyness. Rubin and Barstead (2014) that the prevalence of shyness does not differ significantly across biological sex in adolescence. They located biological sex differences in shyness in parenting styles and social norms. What these studies point to is that differences in shyness across sex in adolescences is a proxy measure to social, physical, situational and parental variables. The implication of these studies to the present research is that investigation must control for parental, social and situational independent variables.

Cognitive Restructuring Therapy

Cognitive Restructuring therapy is a technique used to identify and correct negative thinking patterns. It is the idea of revising irrational thought that involves altering negative automatic thoughts that occur in anxiety provoking situations by replacing them with more rational beliefs. As thoughts are challenged and disputed, their ability to elicit anxiety is weakened. Cognitive restructuring is a psychotherapeutic process of learning to identify and dispute irrational or maladaptive thoughts, such as all-or-nothing thinking (splitting), magical thinking and emotional reasoning, which are commonly associated with many mental health

disorders. Cognitive Restructuring (CR) employs many strategies, such as Socratic questioning, thought recording and guided imagery and is used in many types of therapies. A number of studies demonstrate considerable effectiveness in using CR based therapies.

Umar et al, (2014) maintained that cognitive restructuring describes the process of learning to refute cognitive distortion or fundamental faulty thinking of clients with the goal of replacing one's irrational beliefs with more accurate and beneficial ones of note eliciting the undesired behaviour. Cognitive restructuring involves paying attention to thoughts, recognizing when they are irrational, challenging them, and learning replacement thoughts and behaviors. People learn healthy ways to talk to themselves so that they can let go of the self-defeating talk. (Diana, 2013).

Cognitive Restructuring Therapy involves identification of distorted thoughts, conditional beliefs and the patient's core belief, thus allowing the therapist to gain insight into the patient's cognitive processes and functioning to modify the identified distorted thoughts. It focuses on practical discussions performed during sessions and homework assignments to be conducted by the client. Cognitive Restructuring is proved to be effective in the treatment of school refusal as revealed by King (2014) and many other psychological and behavioural problems like school phobia (Shina, 2015), avoidant behavior (Lawan, 2016), school refusal (Bernstein et al, 2014), test anxiety (Goldfried et al, 2008) and so many other psychological issues.

Cognitive restructuring therapy is an expedient tool for understanding and setting aside negative thinking. It helps in casting away negative and unhappy thoughts as well as to increase our level of awareness to overcome any faulty thinking errors. Cognitive Restructuring is a technique that changes our subconscious thoughts which aids in how we can deal with various

situations in order to have a more positive frame of mind. These technique was pioneered by Albert Ellis and Aaron Beck, among others.

Cognitive Restructuring therapy is a useful tool for understanding and turning around negative thinking. It helps people put unhappy, negative thoughts "under the microscope", challenging them and in many cases restriping the negative thinking that lies behind them. In doing this, it can help people approach situations in a positive frame of mind. This is obviously important because not all negative moods are unpleasant for people, they also reduce the quality of people's performance and undermine their working and social relationships with other people. Cognitive Restructuring helps us evaluate how rational and valid these interpretations are. Where people find that these assumptions and interpretations are incorrect, then this naturally changes the way people think about situations and changes their moods.

Cognitive restructuring involves learning how to think differently, to change fundamental faulty thinking, and replace it with more rational, realistic, and perhaps positive thinking. Through cognitive restructuring, we can learn how to control our thoughts not to simply be optimistic in all things, but be realistic as well. Cognitive restructuring refers to any methods which help people to think differently about a situation/event/thought/belief. Really, this could apply to anything done in (or outside of) a therapy session (Diana, 2013).

Cognitive Restructuring therapy can be described as a therapeutic process used to identify and confront negative thought patterns that cause shyness and help people understand that these thoughts are ineffective or disruptive, with the goal to ultimately overcoming it. It is now one of the main techniques used to handle anxiety and depression, among others. It focuses on helping its users understand the negative thought processes that can cause problems such as shyness, and on restructuring them so that they are fair and balanced. Cognitive Restructuring as a therapeutic approach focuses on handling abnormal negative thinking that

makes some people unable to express themselves in public or face the crowd. Therefore Cognitive Restructuring is one of the most suitable approaches to treat shyness, because one of its major causes is negative thinking. Cognitive Restructuring Therapy (CRT) for the purpose of this study is defined as 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 rendered to junior secondary school students with a certain degree of shyness in order to overcome it.

Cognitive restructuring involves four steps as listed in Hope et al, (2010):

1. Identification of problematic cognitions known as "Automatic Thoughts" (ATs) which are dysfunctional or negative views of the self, world, or future
2. Identification of the cognitive distortions in the ATs
3. Rational disputation of ATs with the Socratic dialogue
4. Development of a rational rebuttal to the ATs

Application of Cognitive Restructuring Therapy to Shyness.

Cognitive restructuring therapy has been used to help individuals experiencing a variety of psychiatric conditions, including shyness, depression, anxiety, bulimia, social phobia, borderline personality disorder, attention deficit hyperactivity disorder, gambling, avoidance personality disorder and others (Pull, 2007). Frojan-Pargan et al, (2009) maintained that when utilizing cognitive restructuring the emphasis is on the following two central notions: thoughts affect human emotion as well as behavior, and irrational beliefs are mainly responsible for a wide range of disorders.

Deacon et al, (2011) hypothesized that cognitive restructuring would produce significant improvement in the distress and believability associated with negative self-referential thoughts. Because cognitive restructuring is thought to be an acquired skill whose

benefits accrue after repeated real-world practice. Cognitive restructuring aim to reduce the believability of negative thoughts, they hypothesized that decreased believability of negative self-referential thoughts would significantly predict a decrease in the distress elicited by these thoughts in each treatment condition. Cognitive restructuring is a set of techniques for becoming more aware of our thoughts and for modifying them when they are distorted or are not useful. This approach does not involve distorting reality in a positive direction or attempting to believe the unbelievable. Rather, it uses reason and evidence to replace distorted thought patterns with more accurate, believable, and functional ones (Nevid, 2013).

Process of Cognitive Restructurings

Cognitive restructuring refers to the process of replacing cognitive distortions with thoughts that are more accurate and useful. Cognitive restructuring has two basic steps as enumerated in Burns (2019):

- (1) Identifying the thoughts or beliefs that are influencing the disturbing emotion;
- (2) Evaluating them for their accuracy and usefulness using logic and evidence, and if warranted, modifying or replacing the thoughts with ones that are more accurate and useful.

In cognitive restructuring, the therapist guides the client through the process of becoming more aware of what they are telling themselves and helps them to evaluate, and when appropriate, to modify their own thinking. In essence, the therapist teaches the client a process that will help them distinguish distorted thinking from more accurate and useful thinking. Cognitive restructuring emphasizes that this is best done as a collaborative process in which the client is assisted in taking the lead as much as possible. The therapist refrains from assuming that the client's thoughts are distorted and instead attempts to guide the client with questions that encourage the client to make their own discoveries. Clients are also encouraged to engage in this process on their own during their time between sessions by using a written format.

Tools for Change (Cuncic, 2014)

Cuncic, (2014), shift the focus of Cognitive restructuring therapy from the client (or student) with the problematic behaviour to the system (such as fellow students, teachers, family and other significant persons) to help engage in shared responsibility. The therapists use the following specific techniques:

- **Cognitive Rehearsal:** The client recalls a problem from the past, the therapist and the client work together to develop strategies to the problem so that if it occurs in future, the client has a plan.
- **Validity Testing:** The counsellor tests the validity of the client's beliefs or thoughts, giving the client time to defend his or her viewpoint. If the client cannot defend the beliefs or thoughts they are said to be invalid.
- **Writing in a Journal:** The client may be asked to journal thoughts and situations that occur daily. The counsellor and the client then review the journal to figure out any maladaptive thought patterns that could affect the client's behavior.
- **Guided Discovery:** The counsellor guides the client through a scenario; enabling the client to understand any cognitive distortions.
- **Modelling:** This involves role 'playing exercises by the counsellor so that the client may learn new ways of responding to certain situation.
- **Homework:** The counsellor commonly gives assignments to clients to help them learn new ways of dealing with current dilemmas.

Cognitive Restructuring working template (Cuncic, 2014)

The Cognitive Restructuring Therapy template involves the following phases:

Phase 1: Joining and Building Rapport

Cognitive therapists should be genuine, empathic, and active listeners and convey understanding by asking clarifying questions and validating all the group members. Assignment begins in the first session and is an ongoing process throughout therapy. To prepare clients for the assessment, (Cuncic, 2014) recommended communicating the purpose, such as the following:

“Today I would like to focus on the concerns that have been bothering you the most. In order for me to find out exactly what you are concerned about, I will be asking for some specific information. This information will help us identify exactly what you would like to work on in our sessions. How does this sound to you?”

After the clients agree, some of the following questions can be used as a guide:

- How did you make the decision to come to therapy?
- What are your present concerns in your life?
- What situations are not going as well as you would like?

Phase 2: Understanding the Issue

The following questions could be asked to identify the present issues:

Which of the problems that you have described are you most consumed with today?

- What feelings are you experiencing when you think of these situations?
- What do these situations prevent you from doing?
- What thoughts make you feel worse?
- How would you feel if you did not have these thoughts?
- Where is the proof that what you are telling yourself is true?

Phase 3: Assessment of (students) Group Dynamics

Therapists identify students' schemata through identifying automatic thoughts and maladaptive assumptions. Counsellors may use a problem analysis, functional analysis, and a behaviour analysis.

—When you have these thoughts and experience those feelings as a result of the concerns, how do you respond to others?

—How do others respond to you when this happen?

To the students: —What do each of you think when your (class mate) has these experiences?

How do these thoughts affect your interactions?

—What do you each think about when these experiences happen to one of your class mates when he or she works so hard to help?

Phase 4: Goals

In Cognitive Restructuring, the clients decide the counselling goals. The counsellor helps the clients to change problematic thinking so that feelings and behaviour will change. Here are some comments or questions that a counsellor might use during this phase:

—What would you each like to be that you are doing at the same time in your life? —Who in your class do you think would be most relieved when (a class mate) is no longer having these problems?

—If you (or identified person) did not have these problems; how would your relationships be different in your class?

—What would you like to change in your relationship with your class mates so that the problem is less of a burden?

—What do you need, want, and expect of each other?

Phase 5: Amplifying Change

The therapist continues to assess and evaluate the students' progress throughout treatment. Homework is given to amplify new behaviour that are defined and discussed in session. The therapist continuously recognizes change when clients first report improvements in functioning. The therapist notes changes in activities and inquires about the thoughts and beliefs that contribute to the clients' mood and behaviours. "I am noticing that you are each getting along better today in our session. Can each of you tell me what you are thinking about and feeling to help this happen? It seems that you have each had a better week. Can you each tell me how your thoughts contributed to what you did that help things to be better?"

- In your opinion, what have other people in your school or family been doing recently that has helped your behaviour to change?

Phase 6: Termination

Clients terminate when they achieve their therapeutic goals. Most therapists allow clients to schedule follow-up sessions to aid in maintaining progress.

Cognitive Restructuring Therapy, therefore, helps clients consider any maladaptive patterns in their thinking-feeling-behaviour cycles. The client's goal is to rethink these patterns and consider more adaptive alternatives that will work better for him or her. Ultimately, the goal is to have the clients recognize that sometimes his thoughts lead to feelings and actions which are antisocial. By examining and changing his thought (belief), feelings and actions are altered in a pre-social direction. Hence the focus of cognitive restructuring therapy is on the clients' cognitions, which is thought patterns. The purpose of cognitive restructuring therapy is to widen one's conscious perspective and thus allow room for a change in perception.

Cognitive restructuring therapist have posited that people who are socially awkward hold some social beliefs and assumptions that scourge them. They equally regard themselves as

socially incompetent. Beck (2011) stated that the role of the cognitive restructuring therapist is to teach the clients to recognize distorted cognitions through process of assessment and then give them responsibilities that will assist them to unmask their own unreasonable beliefs. The purpose is for the clients to recognize their own awkward beliefs thereby changing their views about their beliefs. Nwolisa, et al (2018) opined that people's behaviours are largely determined by their interpretation of events and not by the events themselves.

Umar et al (2014) conducted a study to find out the effect of Cognitive Restructuring Intervention on Tobacco Smoking among Adolescents in Senior Secondary School in Zaria Kaduna State, Nigeria. The study employed a quasi-experiment, non-equivalent control group, pretest-posttest design in investigating the effect of Cognitive Restructuring Intervention Program on tobacco smoking among adolescents in senior secondary school in Zaria Educational Zone of Kaduna State, Nigeria. The sample was 129 (71 male and 58 females) schooling Adolescents drawn from four schools in Zaria Educational Zone. An instruction tagged Cognitive Behaviours Intervention Scale (CBIS) was adopted and used for the study. Data were analyzed using mean, t-test and Analysis of Covariance (ANCOVA). Findings indicate that Cognitive Restructuring Intervention Program (CRIP) significantly affects tobacco use cessation. Recommendations include a call for psychologists/counsellors to be employed in schools and taught how to use new skills in curtailing tobacco smoking among students.

Lawan (2016) conducted a study which examined the effect of Cognitive Restructuring (CR) and Social Skills Training (SST) Counselling Techniques on Avoidant Personality Disorder (APD) among Secondary School Students in Kano Metropolis. The study was a quasi-experimental design involving pre-test-post-test control group design. The population of the study consist of Senior Secondary School two Students in Kano Metropolis who exhibited APD. Three male and three female senior secondary schools, making six schools, were selected in

Kano Metropolis. A sample of 72 respondents from the six schools, twelve from each school, were sampled and put into 3 experimental groups (CR, SST and control group). Each group consists of 12 male and 12 female students. APD test (DSM-5) was used for data collection in the study. Standard Deviation and t-test for independent sample were used to analyze the data collected. Also ANOVA was used on the pre-test results. The results indicated that Cognitive Restructuring therapy has effects in the reduction of APD ($t=8.086$, $p=0.000$). SST has effects in the reduction of APD ($t=8.884$, $p=0.000$). There is no differential effect base on the technique between CR and SST ($t=0.617$, $p=0.540$). There is a differential effect base on gender in the Cognitive Restructuring treatment in favor of male ($t=0.14$, $p=0.006$) while there is no differential effects base on gender in the SST ($t=0.309$, $p=0.760$). Base on the findings of the study this research recommend among others; a structured treatment package of the two techniques (CR and SST) used in this study should be used by the school counsellors in conjunction or isolation for the treatment of APD among students. CR and SST counselling techniques could be used in the treatment of APD in both school and clinical settings. CR and SST counselling techniques should be designed and incorporated into national curriculum of secondary schools and lastly, gender differences of the clients should be considered when structuring and implementing Cognitive Restructuring counselling techniques in the treatment of APD.

Shina (2015) investigated the effects of cognitive restructuring and graded exposure counselling technique on school phobia among secondary school students in Kaduna Metropolis, Nigeria. The study was guided by five (5) research questions and five (5) null hypotheses. This study employed a quasi-experimental, non-equivalent control group, pre-test - post-test design. The population of this study was 415 junior secondary school students whereas 36 students were purposively sampled and used for the study. The instrument used for

data collection was, Screen for Child Anxiety Related Disorders (SCARED). Data were analyzed using mean, standard deviation, t-test and ANCOVA. Findings revealed that; Male and female students exposed to CRT had a reduced school phobia in favour of female students with ($t = 0.819$, $p = 0.432$), Male and female students exposed to Graded Exposure Therapy (GET) had a reduced school phobia in favour of male secondary school students with ($t = 0.948$, $p = 0.366$), Students exposed to CRT such as validity testing, modelling, and systematic positive reinforcement had a reduced school phobia as compared to those in control group ($t = 20.108$, $p = 0.000$), Students exposed to GET such as hierarchy of fears had reduced school phobia than their counterparts in the control group ($t = 18.432$, $p = 0.000$) and Gender was not a significant factor among those exposed to both CRT and GET on reducing school phobia among secondary school students ($f = 0.76$, $p = 0.783$). It was therefore recommended that School Principals, Counsellors, Psychologists and form teachers should be exposed to training in CRT and GET in re-addressing students with school phobia and other maladaptive behaviour among others.

Oguzie and Nwokolo (2019) carried out a study on the Effect of Cognitive Restructuring Therapy on Shyness among Secondary School Students in Imo state, and discover that Cognitive Restructuring Therapy (CRT) is a counselling intervention which helps the targeted people to understand the influence of feelings and thoughts on behaviour. It is an intervention directed at thought processes, a short term goal oriented therapeutic treatment that adopts a problem solving and practical approach in its intervention. Oguzie and Nwokolo (2019) citing Martin (2018) opined that Cognitive Restructuring Therapy has been used to treat a range of maladaptive behavioural issues such as shyness, anxiety, depression, drug abuse, and low self-esteem.

Oguzie et al (2019) conducted study on the effect of Cognitive Restructuring Therapy on shyness and utilized non randomized control group quasi experimental design. The study population was all 884 students in JSS 11 and SS II identified as shy students from all co-educational schools in Aboh, Mbaise Local Government Area of Imo State. The revised Cheek and Buss shyness scale was used. The experimental group was treated using Cognitive Restructuring Therapy while the control group was treated with conventional counselling. The result revealed that the pre-test mean scores for both groups was 60.12 for the experimental group $N = 35$ and 52.81 for the control group. The post-test mean values are 28.07 for the experimental group and 47.41 for the control group. The reduction in mean for the experimental group was significant (mean difference of 32.05) when values were disaggregated by sex, the pre-test value for males treated in the CRT is 56.34 and females 57.01. The post-test values are 26.50 for males and 29.03 for females suggesting higher shyness reduction in males than females. The ANCOVA values was significant ($F = 93.11$ $P < 0.05$) suggesting a significant reduction in shyness among participants in the experimental group. There was also a significant variation between males and females treated with CRT ($P < 0.05$).

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

analyze the data. The findings revealed that cognitive restructuring therapy was effective on the reduction of shyness especially among female students.

In a study carried out by Somayeh and Omid (2010) on the effectiveness of cognitive restructuring therapy (CRT) on the management of shyness among in-school adolescent. The study adopted quasi-experimental research and research plan in two groups of pre-test- post-test type with the control group. The group under consideration was composed of 16 female students (8 students in the testing group and 8 students in the control group) which were chosen by sampling inaccessible choice method. To measuring social anxiety Shyness Inventory (SPIN) questionnaire was used. In this research, intervention-therapy was implemented on the testing group which was composed of students, while the control group didn't receive such an intervention. Independent t statistical test was utilized in this research. Findings showed that the average of differences in the test group is much more than the control group, which means there was more difference between pre-test and post-test of each person, cognitive restructuring therapy, therefore, leads to decrease in scores in post-test and also increase of difference between pre-test and post-test. But this difference in the control group is small and t-test shows that there is a meaningful difference between the test and control group in $P < 0.035$ level and we can conclude that cognitive-restructuring group was effective on the test group. Finally, it was concluded that cognitive restructuring therapy is effective in reducing shyness symptoms and increasing social skills, just like other methods include supportive psychotherapy, psychological training, and medical treatment.

Mohammad et al, (2016), carried out a study on effectiveness of Cognitive Restructuring Therapy and Acceptance and Commitment Therapy on Reduction of Shyness among University Students in Iran. The study adopted a quasi-experimental interventional method using two groups of experimental and one control group. A sample of 45 students with

shyness and social anxiety disorder was selected by convenience sampling method and then randomly assigned to two experimental and one control group. The Shyness Inventory was used for data collection to assess the level of shyness. The pre-test and post-test scores were analyzed using covariance tests. The results showed that both treatment groups outperformed the control group, with no differences observed between the Cognitive Behavioural Therapy group and the Acceptance and Commitment Therapy group. Although Acceptance and Commitment Therapy group slightly outperformed the Cognitive Behavioural Therapy group the difference was not statistically significant. In conclusion, the two therapeutic approaches are equally effective in reducing the symptoms of shyness, and Acceptance and Commitment Therapy can be a good alternative to Cognitive Restructuring Therapy on the treatment of shyness.

Bamidele et al (2020) investigated the efficacy of Cognitive Restructuring and Problem Solving Therapies on academic Self Efficacy of In-School Adolescents in Ekiti State. The study adopted an experimental design. A sample was drawn using the father- absent involvement scale (N = 166 participants), their score was over 70% indicating father absence. The result of this study showed higher values of academic self-efficacy for the group treated with CRT ($\bar{x} = 128.1579$) than the group treated with PST ($\bar{x} = 113.4915$) while the lowest score was for the control group. ($\bar{x} = 91.8200$). It was concluded that CRT and PST are efficacious in enhancing academic self-efficacy of in-school adolescents.

Social Skills Training (SST).

Social skills training is a type of psychotherapy that works to help people improve their social skills so they can become socially competent. SST is predominantly a behavioural therapy and this psychotherapy can be done one-on-one or in a group situation (Kavale & Mostert, 2014). SST involves explicit teaching of positive social behaviours and social problem

solving skills to groups of children or adolescents who are experiencing difficulties with social relationships (Wiener & Timmermanis, 2012). The aims of SST interventions are to teach new skills, enhance existing skills, and facilitate maintenance of previously learned skills.

Social Skills Training (SST) is a form of behaviour therapy used by teachers, therapists, and trainers to help persons who have difficulties relating to other people. (Alden, 2012). The skills is mainly used for individuals that are diagnosed with certain mental or psychological disorders and whose symptoms involve poor social functioning. However, anyone who wants to improve their social skills and social confidence can benefit from this psychotherapy.

Social Skills Training is a treatment that involves improving interpersonal skills such as communication and how to act in a social setting through the techniques of modelling and behavioural rehearsal. Modelling involves encouraging the client to watch friends and colleagues in their social settings to see how to act appropriately. Behavioural rehearsal involves clients rehearsing their social skills in the therapy session and eventually moving to real-life situations. Shaping involves the client gradually building up to handling difficult social situations. Social skills can be defined as different classes of social behaviours existing in the repertoire of an individual to adequately cope with the demands of interpersonal situations (Alden 2012).

In some cases, the most devastating effects of psychological and mental disorders are their effects on the social aspect of life. Humans are social creatures and thrive on interaction with others. Without this, depression and isolation are inevitable, leading to further detrimental consequences on one's mental health. Equipping people who otherwise have no social skills or practice in social skills with the necessary tools is becoming a prominent technique in psychotherapy (Beidel et al, 2014).

Nowicki, (2013) opined that SST is effective in helping people learn the necessary skills, it is very rare for SST to be a stand-alone therapy. There are always underlying reasons why people are experiencing social difficulty and these too need to be treated, either with drugs or a combined psychotherapy. There are many reasons a person could have developed shyness or shy attitude. It is important to first gain insight into why the person has the condition, and what aspect of socializing they are fearful of. The social skills commonly focused on in shyness are:

Appropriate speech volume: People with shy attitude tend to speak very quietly, making it difficult for them to communicate with others.

Intonation: Learning which words to emphasize in conversation is important for conveying different meanings. "Is Dave going home?" has a different meaning to "Is Dave going home?"

Expressing opinions: It is very difficult for some people to express their opinions on certain topics, particularly when the environment seems intimidating such as the workplace. SST helps people learn how to voice their feelings in a non-threatening manner.

Self-confidence: People who are fearful in social situations are, more often than not, the people who get bullied and walked over because they cannot stand up for themselves. SST helps people learn how to stand up for their own rights.

Awareness: People with shy attitude are often irrational about how much others are judging them. No one else can tell when your palms are sweaty and your heart is racing, but when people obsess over these physiological processes, they become more stressed and anxious. SST teaches people to focus on what is happening in the social environment rather than their internal physiology (Wiener, & Timmermanis, 2012).

The main goal of SST is to provide the patient with a wide and varied repertoire of more adaptive social behaviours, reducing passivity and feelings of impotence or anger, taking into consideration the patient's characteristics and the social group they belong to. Shy patients

often report difficulties with starting, establishing, maintaining and ending a conversation; maintaining the focus and interest in the topic being discussed; tolerating silences; selecting topics to discuss and knowing how to discuss them; changing the subject if necessary; establishing and maintaining friends. These difficulties are addressed in SST. The training should initially occur during the visits with the therapist and should take place in familiar environments, followed by practicing skills in the wider social environment with friends and neighbors.

Social skills training is a form of therapy in which clients are trained in social and interpersonal relationships skills to reduce their social phobia. Social skills are the behaviours, verbal and non-verbal, that we use in order to communicate effectively with other people. Social skills are governed by culture, beliefs and attitudes. They continuously change and develop throughout our lives. Somebody that uses social skills to effectively interact with friends, family, workmates and strangers is said to have social competence. Some examples of social skills are: eye contact with others during conversation, smiling when greeting people, shaking hands when meeting someone, using the right tone and volume of voice, expressing opinions to others, perceiving how others are feeling and showing empathy. The list of social skills goes on and on. Many of us do not even realize that these are skills but treat them as part of everyday life. Unfortunately, for some people, socializing is not that easy, perhaps because they lack social skills or do not feel comfortable using their social skills they eventually fall into shyness. Therefore, such people need psychotherapy to be able to adjust to the demand of a social situation, among which is social skills training (SST).

Step-By-Step Procedures

As noted earlier, social skills training is actually a collection of techniques. Not all training programs utilize every one of these techniques, but the better developed and more successful programs use most of them. Many of the techniques presented below can be successfully implemented in individual or group settings (O'Donohue & Fisher 2008)

1. Assessment: Determine the specific area of the client's social skills deficits through self-reports, behavioral observations, and/or third party assessments.

2. Direct Instruction/Coaching: Teach and explain the basis of effective and appropriate social behaviors to the client along with specific suggestions for how to enact such behaviors.

3. Modeling: Show the client models enacting appropriate social behaviors, and receiving positive reinforcements for doing so. The modeling of inappropriate behaviors along with critiques and explanations may also be helpful.

4. Role-Playing: Encourage the client to practice certain social behaviors in a controlled environment, typically with the therapist and perhaps an assistant. Provide feedback to the client immediately after enacting the role-plays.

5. Homework Assignments: Instruct the client to enact certain social behaviors in the real world. Start with easy behaviors and graduate to more complex ones. Debrief in the following session.

6. Follow-up: A thorough social skills training program must involve some form of follow-up. Social skills, like most other skills, will decay unless practiced somewhat diligently. There is little reason to believe that social skills training can be successfully accomplished via one-shot training procedures that teach skills, and then send people out into the world with no follow-up.

Social Skills Training Working Template

Secondary school students receive treatment through the following phases

Phase 1: Assessment

Determine the specific area of the client's social skills deficits through self-reports, behavioral observations, and/or third party assessments.

Phase 2: Direct Instruction/Coaching

Teach and explain the basis of effective and appropriate social behaviors to the client along with specific suggestions for how to enact such behaviors.

Phase 3: Modeling

Show the client models enacting appropriate social behaviors, and receiving positive reinforcements for doing so. The modeling of inappropriate behaviors along with critiques and explanations may also be helpful.

Phase 4: Role-Playing

Encourage the client to practice certain social behaviors in a controlled environment, typically with the therapist and perhaps an assistant. Provide feedback to the client immediately after enacting the role-plays.

Phase 5: Homework Assignments

Instruct the client to enact certain social behaviors in the real world. Start with easy behaviors and graduate to more complex ones.

Phase 6: Termination

Clients terminate when they achieve their therapeutic goals. Most therapists allow clients to schedule follow –up sessions to aid in maintaining progress.

Social skills are skills needed to enhance communication and interact with each other verbally and non-verbally through gestures, body language and our appearance. Social skills have been defined severally by various scholars. Cillessen and Bellmare (2011); Trower (2015), they defined social skills as skills that involves being pro-social and co-operative, showing compassion for others, having ability to apologize when the feelings of others are hurt and the

ability to respond positively when introduced to others. Social skills are also set of abilities that assist and also promote in understanding expression and messages that are communicated by others and also the ability to respond in a socially appropriate manner that could influence the environment enough to achieve one's objective. Coping with others is the process that is learnt at the early stage of life and continues throughout life. Development or learning difficulties can disrupt these learning processes. A person who lacks social skills may have great difficulty building a network of supportive friends and acquaintances.

According to Dowd and Tierney (2017), social skills build essential character traits like trustworthiness, respectfulness, responsibility, fairness, caring and citizenship. They further stressed that these traits help to build an internal moral compass, thus allowing the individuals to make good choices in thinking and behaviour, resulting in social competence. Social incompetence can contribute to anxiety, feelings of inferiority and other kinds of maladjusted behaviours. Personal social skills according to the National Association of Social Psychologists, (2010), are very critical to the success of any human being. Social skills enable equipped clients to know what to say and when and also assist in making good choices and how to deal with adverse situations. According to NASP (2010), there are several important social skills from which students can learn, but that such social skills be organized into areas to make it easier to identify and determine interventions that are appropriate. Social skills can be classified into four:

Survival Skills, Interpersonal Skills, Problem Solving Skills and Conflict Resolution Skills. Examples of Survival Skills include listening, following direction, ignoring distractions, talking nicely as well as rewarding oneself. Examples of Interpersonal Skills are sharing, asking for permission, joining an activity, taking your turn. Problem Solving Skills can be situated within calling or asking for help, apologizing, accepting consequences, taking a decision on what to do.

Conflict Resolution Skills can be situated within the realm of dealing with teasing, losing, accusations, being left out, and peer pressure and so on.

Gresham et al, (2020), classified social skills into six broad areas:

- the ability to be relaxed or be at tolerable level of anxiety while in social situations
- listening skills: this include allowing others to know that you are listening.
- empathy: showing one's interest in the situation of others
- building rapport with others
- knowing how: ability to know how, when and how much to talk about oneself
- appropriate eye contact: it should be noted that eye contact varies between cultures.

However, practicing eye contact improves the person's social skills. Social skills can be improved upon through Social Skills Training.

Social skills are significant in the lives of individuals because when it is poor, the resultant consequences are adverse. Some of these adverse consequences include challenges in interpersonal relationships with peers, parents and teachers. Other consequences of poor social skills include negative responses, depression, aggression and anxiety. Shyness is closely associated with poor social skills and this can lead to poor academic performance. Social skills training largely assists in mitigating poor social skills and the aforementioned consequences.

The term "skill" presupposes that, it is something that can be learnt. Skills are generally predicated on learning experiences. Social skills like other skills can be learnt. Social skills training assist clients with their relationships with others. Through conversation a therapist can detect areas clients could improve and deploy role play, feedback and positive reinforcement to help the individual practice during simulated session. Social skills training are the tools that enable people to communicate, learn, ask for help, get needs met in appropriate ways, get along with others, make friends, develop healthy relationships, protect themselves and in general be

able to interact with the society harmoniously (Dowd & Tierney 2017). Social skills training, therefore deploys or utilizes behavioural therapy methods for teaching people to communicate their feelings and desires with a view to achieving their goals and desires and satisfy their needs or desires for positive affairs and roles needed for independent living. The method in social skills training has been empirically proven to assist in wide range of mental disorders and other psychological problems including shyness because of its generic application to disparate functions including family circle education, behavioural marital therapy, dialectical behaviour therapy (Koerner & Linehan, 2000).

The major thrust of social skills training is to teach persons with or without emotional problems about verbal and nonverbal behaviours involve in social interaction (shyness is a non-verbal behaviour). Many persons have never been taught such interpersonal skills as getting involved in discussing at social settings (another attribute of shyness). Social skills training can help these persons to learn to interpret these and other social signs to enable them determine how to behave properly when they are in the company of other individuals in a variety of other situations. In other words social skills training can assist the individual in overcoming shyness challenge. Yallom (2021) identified several techniques that can be used in social skills training. These include Modelling, Role Play and Feedback.

Modelling: Modelling is the display of specific behavioural skills by the therapist, actor or actress or through video simulation or combination of models and videos. This can be achieved by the organization of specific stages to be played by the model either directly or indirectly through video. Modelling may cover teaching of single skill or a blend of skills. Single skill refers to just specific skill while a blend of skills in multiple.

Role-Play: Role-Play is when one is listening to and also imitating instructions given by the model either directly or through video. This is usually followed by a discussion of the activities

that have modelled. Verbalization is also important as this will smoothen out areas that are problematic to the client. This part of the training may include displaying or simulating the situation/model by the trainer. It may also involve asking the trainees how they will react should they encounter similar situation in real life.

Feedback: This is the process of correcting performances that are conducted by giving reinforcement to clients that properly displayed the desired behaviours. Feedback will enable the trainer to know if clients have performed their role properly or were able to display correct behaviours.

Social skills training may be done individually or collectively. Collective training according to Yallow (2021) saves time and are generally cost effective. Social skills training is also beneficial to shy clients who have challenges mingling. By following the training in groups such challenges may likely be overcome. According to NASP (2010), Therapist are most likely to achieve the objectives of social skills training by adopting the following measures:

- focus on facilitating the desirable behaviour as well as eliminating the undesirable behaviour of the client.
- emphasize the learning of appropriate behaviour through modelling
- employ mainly positive approaches. Punitive strategies should be used only if the positive method is ineffective and the behaviour is possibly dangerous
- provide training and practice opportunity in a wide range of situations to draw on assessment approaches, including practical assessments of behaviour, identify those children in need of individual attention as well as target skills for instruction.
- work towards enhancing social skills by increasing the frequency of appropriate behaviour in a particular situation.

Social skill training has been variously defined as a set of competencies that facilitates the initiation and maintenance of positive social relationships (Saarikallio, 2019; Gresham et al, 2020). It is instrumental to peer acceptance and the development of friendship. It also leads to satisfactory adjustment in school and builds the individual to cope with the demands of the social environment (Gresham et al, 2020). It is contrasted with social competence as social skill is specific behaviours while social competence is judgement from other people about an individual's social effectiveness. There are five dimensions of social skills, these are:

- peer relationship: this is the ability to offer help and invite to play
- the capacity for self-handlings: this refers to the ability of an individual to control his or her temper and to reach compromise
- academic domain: this refers to the ability to complete one's work independently and listen to the teacher
- compliance: this refers to the ability to follow directions and rules
- assertion: the ability to initiate convention, and acknowledgement.

Beidel, (2014) carried out a study on the impact of social skills training (SST) on the reduction of Shyness using a sample of 106 adults who were endorsed for the treatment across numerous social settings, participants were randomized to exposure therapy (imaginal and in vivo) alone, SST or a wait list control. The assessment strategy included self-report measures, blinded clinical ratings and blinded assessment of social behaviour. Both interventions significantly reduced distress in comparison to the wait list control and at post-treatment, 67% of patients treated with SST and 54% of patients treated with exposure therapy no longer met diagnostic criteria for Supportive Psychotherapy (SP), a difference that was not statistically significant. When compared to exposure therapy, SST produced superior outcomes ($p < .05$) on

measures of social skill and general clinical status. In addition to statistical significance, participants treated with SST or exposure reported clinically significant decreases on two measures of self-reported social phobia and several measures of observed social behaviour. Both interventions produced efficacious treatment outcome, although SST provided additional benefit on measures of social distress and social behaviour.

In a research that was carried out by Soleimaneh-Naeni et al, (2013) they examined the effect of social skills training on competence of female adolescents with deafness. They were concerned with the problem of deafness coupled with the challenge of adolescent development posing an existential threat which can be ameliorated with the learning of social skills. Social skills are important for friendship acquisition which is in turn is vital for adjustment in schools. A lack of social skills could lead to peer rejection, isolation, and general problems of maladjustment.

In a study carried out by Deborah et al, (2014) on the Impact of Social Skills Training on Shyness, a Randomized Controlled Trial was used as the design of the study. The researchers used a sample of 106 adults who endorsed shyness across numerous social settings, participants were randomized to exposure therapy (imaginal and in vivo) alone, a combination of SST and exposure therapy known as Social Effectiveness Therapy (SET), or waitlist control. The assessment strategy included self-report measures, blinded clinical ratings, and blinded assessment of social behaviour. Both interventions significantly reduced distress in comparison to the waitlist control and at post-treatment, 67% of patients treated with Social Effectiveness Therapy and 54% of patients treated with exposure therapy alone no longer met diagnostic criteria for Social Anxiety Disorder, a difference that was not statistically significant when compared to exposure therapy alone, Social Effectiveness Therapy produced superior outcomes ($p < .05$) on measures of social skill and general clinical status. In addition to statistical

significance, participants treated with Social Effectiveness Therapy or exposure reported clinically significant decreases on two measures of self-reported social anxiety and several measures of observed social behaviour (all $p < .05$). Both interventions produced efficacious treatment outcomes, although SST may provide additional benefit on measures of social distress and social behaviour.

Soleimanieh et al (2013) carried out a study to investigate the effect of training in social skills on female students who are deaf. A total of 69 girls were selected for this research. The intervention was elaborately detailed. The range in age of respondents are between 11 – 14 years old ($\bar{x} = 15.43 \pm 80 = 1.89$). They adopted a quasi-experimental design. The instrument used was the “Hearing Impaired Children Self Image Test”. The hearing impaired children self-image test had 28 items measuring feeling towards competence in the physical, cognitive, social emotional communication competence and school adjustment. Findings revealed the following: most of the participants (53.6%) were aged between 15 and 16 years. There was a significant difference pre and post-test ($P < 0.001$) in total competence score, social emotional score ($P = 6.003$), communication competence ($P < 0.001$), and school adjustment ($P = 0.018$). This implies that social skill was measured as a construct with communication competence, socio emotional score, total competence cognitive and physical domains. There was no significant difference in the cognitive ($P > 0.05$) and physical domains in the pre and post test scores.

A study by Eghe and Nwankwo (2019) on the effect of social skills training on shyness among junior secondary school students in the Benin metropolis. Three hundred and twenty-seven (327) students formed the population of the study from 39 public co-educational schools in the Benin metropolis. A sample of 61 JSS students who had the highest shyness scores were identified from the pre-test instrument. They used the shyness personality scale by Akinade

(2012). The treatment lasted for eight weeks for the two groups. ANCOVA was used to test post-test shyness scores. Result showed that there was a reduction of 57.16 points in mean values of pre and post-test values (N = 30, modelling technique pre-test = 143.83 post-test mean 86.67). The mean difference in conventional counselling is (N = 26 pre-test = 139.08 post-test = 126.73) = 12.35 which is marginal. The values of male (N = 13) and female (17) indicates as follows (male, pre-test mean = 137.15 and post-test = 83.08 mean difference = 54.07) female values are N = 17 pre-test = 148.94 post-test 89.41 mean difference 59.53. The effect of social skills training technique on participants is significant ($P < 0.05$) but there is no significant difference across sex ($P > 0.05$).

McMahon et al (2013) carried a study on Meta-analysis on the literature of social skills intervention. It provides insights into the use of social skills interventions. From McMahon et al (2013), it is evident that the use of social skill intervention as a group therapy revolves around structured learning as the pedagogical approach in the intervention. Many researchers stuck to the use of a curriculum in their interventions and they used sessions in their interventions. The implication for the current study is that the researcher will have to adopt a pedagogical structure that has proved effective in the impartation of social skills. Modelling technique is a technique under social skills training. Its use proved effective in the study by Eghe and Nwankwo (2019) in secondary schools in the Benin metropolis. In recent times the concern with adjustment has catered to persons living with disabilities. Suleimaneh-Naeni et al (2013) was concerned with hearing impaired students. McMahon et al (2013) was concerned with studies addressing adolescents with Autism Spectrum Disorder. This concern is particularly interesting as the hearing impairment complicates communicative competence (Deleau, 2017).

When adolescents present with a condition, social skills are severely impaired. Schwab (2015) defined students with ASD as Special Education Needs (SEN) students. The result of

the study showed low levels of horizontal peer to peer inclusion as the students with SEN ranked lower in friendship, social integration, and peer acceptance. This other study identified that a strategy to foster inclusion is to promote horizontal relationships in schools. Laghi et al, (2018) examined the effects of empathetic volunteering for social interaction by non ASD students on students living with ASD. Students in the study were observed in their spontaneous interactions and codified. The findings indicated that interactions with students with ASD increased higher levels of positive attitudes among the volunteer students. This also led to higher levels of positive interactions while groups where there were no volunteers had negative interactional quality.

Social skills as understood by the study done by Suleimaneih-Naeni et al (2013) is a construct. The construct has the following indicators; communicative competence, socio emotional indicators, school adjustment and the physical indicators. This indicates that in studies of social skill, it should be understood as a construct. All of the studies utilised a teaching method for social skill interventions. The implication for the current research is that the social skills training will be predicated on teaching methods for the student in junior secondary schools.

Assertiveness Training Techniques

Assertiveness training, according to Corey (2009) is a specialized form of social skills training which consist of teaching people how to be self-confident in variety of social situations. The basic assumption underlying assertiveness training is that people have right (but not obligation) to express themselves. This training prepares an individual to stand up for himself or herself to know and achieve his or her rights and also take cognizance of the need to strike a balance between assertiveness and aggressiveness. Assertiveness training technique, therefore, is understood to be more students oriented and it allows students to interact freely amongst the

group to practice skills they could not ordinarily be able to act in real life as a result of fear of other people's opinion about them and lack of confidence. The students are expected to rehearse and role play the desired alternative behaviours.

According to Wolpe and Lazarus (2016), assertiveness include all socially allowable expressions of personal rights and feelings. Assertiveness can be subsumed within the ambit of social skills. Social skills provide opportunity to establish and maintain effective social relationships. It should be noted that shyness which is multidimensional has the behavioural components. As a result, assertiveness is needed to treat the behavioural aspect of shyness. Alberti and Emmons (2017) asserted that assertive people are able to behave in their own best interests without having extreme anxiety or ignoring rights of others. This shows that assertiveness includes expression of one's own rights, feelings and thoughts by regarding others' ideas and rights. In other words, the main focus in assertiveness training is establishing a mutual relation with someone else. Rees and Graham (2003) opined among others that being assertive entails the ability of expressing oneself clearly, directly, suitably and being responsible for one's own life and decision. On the other hand, Uba and Idieune (2016), argued that being assertive is not only about being confident, it is also understanding oneself and other members of the family and the empathy that you give as well as expressing your opinion on any matter.

Assertiveness training, according to Corey (2009) is a specialized form of social skills training which consist of teaching people how to be self-confident in variety of social situations. The basic assumption underlying assertiveness training is that people have right (but not obligation) to express themselves. This training prepares an individual to stand up for himself or herself to know and achieve his or her rights and also take cognizance of the need to strike a balance between assertiveness and aggressiveness. Assertiveness training technique, therefore,

is understood to be more students oriented and it allows students to interact freely amongst the group to practice skills they could not ordinarily be able to act in real life as a result of fear of other people's opinion about them and lack of confidence. The students are expected to rehearse and role play the desired alternative behaviours.

Methods used in assertiveness training technique are behaviours rehearsal, modelling, reinforcement, bibliotherapy, and coaching, covert rehearsal among others Nwankwo (2011). According to Salman (2015) the four steps in building assertiveness are as follows:

1. Realize where changes are needed and believe in your rights
2. Figure appropriate way of asserting yourself in each specific situation that concerns one
3. Practice giving assertive responses
4. Try being assertive in real life situation.

Nnadi et al, (2020) carried out an investigation on the Effect of Assertiveness Training on Social Withdrawal and Shyness among Adolescent Children in Public Secondary Schools in Owerri, Imo State. The study adopted a quasi-experimental design and the population of the study was 2892 (1254 females and 1638 males). The sample size of the study was 32 SS 2 students. The Students' Social Withdrawal Tendency Scale (SSWTS) was used as well as the Social Shyness Identification Scale (SSIS). These tools were utilized to identify socially withdrawn and shy students. Findings indicated that there was a significant difference in post test scores ($F = 766.495$ SS (11146.115, 120.507) $P < 0.05$). This was the case as social withdrawal and shyness reduced from $\bar{x} = 68.13$ in experimental group to $\bar{x} = 30.38$ while the reduction in the control group was from 68.25 to 67.69 (53.07). There was also a significant difference in post-test mean scores across sex ($F = 358.155$ (SS 11146.888, 117.377) $P < 0.00$) as male students had a much higher value in reduction of social withdrawal from 68.63 (std 2.00) to 30.25) compared with the females (67.63 to 30.5).

Bratko et al, (2022) examined the correlation of shyness and assertiveness traits using the five factor model in adolescence. They asserted that the 5 factors model is a comprehensive framework useful for the organization of the individual difference in five broad dimensions which are neuroticism, extraversion, and openness to experience, agreeableness and conscientiousness. They therefore examined the correlation among shyness assertiveness along the dimensions of the five-factor model. To test this assumption, 336 high school students were drawn for the study from 3 Croatian towns consisting of 124 males (37%) and 212 females (63%). They completed the 50 item questionnaire measuring shyness and assertiveness through questions probing what students would do in given social situations. The study found that shyness and assertiveness is correlated (r males (124) = 0.628 $P < 0.1$; r females (212) = 0.714, $P < .01$). In the male sample, it was discovered that shyness correlated with neuroticism ($r = 0.245$) and a P value of ($P < 0.01$) while there was a negative correlation between shyness and extraversion ($T = -0.292$, $P < 0.01$), Assertiveness in the male sample correlated significantly with extraversion ($r = -0.323$, $P < 0.01$). In the sample of females shyness was significantly correlated with neuroticism ($r = -0.511$, $P < 0.01$), and negatively with extraversion ($r = 0.415$, $P < 0.01$), and negatively with extraversion ($r = -0.511$, $P < 0.01$) with conscientiousness ($r = -0.226$, $P < 0.01$) assertiveness correlated positively with neuroticism ($r = 0.458$, $p < 0.01$) while there was a negative correlation between shyness and extraversion ($r = -0.520$, $P < 0.01$) the correlation values were higher in the female sample than males in the regression models designed to find what predicted shyness and assertiveness, extraversion was the most significant predictor of shyness among males ($B = -0.23$ $t = -2.08$, $P = 0.04$) while among the females, neuroticism, extraversion ($B = 0.10$, $P = 0.00$) ($B = -0.20$ $P = 0.32$) and agreeableness (0.25 $P = 0.01$) were the significant predictors of shyness. Extraversion and agreeableness were significant predictors of assertiveness in the male sample ($P < 0.01$) while in the female sample,

neuroticism, extraversion and agreeableness were significant predictors of assertiveness ($P < 0.01$).

Adegoke and Idowu (2022) also investigated the Effectiveness of Assertiveness Training in Reducing Shyness among Secondary School Students in Ikare- Akoko, Ondo State. The population of the study was 40 students consisting of 13 males and 27 females who were randomly assigned to a 2 x 2 factorial design of two experimental groups consisting of assertiveness and control groups. The experimental group was subjected to eight (8) days training of eight (8) sessions of one hour (1hr) each in order to ascertain the effect of assertiveness training in reducing shyness among students and the impact of gender on the shyness level of the students. The training was carried out using lectures, discussions and homework. The control group was exposed to placebo and not the training on assertiveness. The instrument used for the data collection for the pretest and posttest was the Shyness Scale (SS). The data collected was analysed using t-test statistical methods at 0.05 level of significance. The results revealed significant difference ($F=0.011$; $p < 0.05$) in shyness level of assertiveness training and control groups. Thus indicating that assertiveness training was effective in reducing shyness among secondary students in Ondo State. The findings also revealed that there was no significant difference in the reduction of shyness based on gender- F-value of 0.445 is greater than the p-value of 0.05 level of significance.

In a study that was carried out by Eskandari et al, (2015) on the effectiveness of Group Training Using Assertiveness Intervention on Shy Male Junior High School Students in Iran, they designated assertiveness as a skill that can be acquired. It is also a skill that is associated with self-esteem, social adjustment, self-confidence with self-sufficiency. They adopted a semi-experimental design to test the association between the acquisition of assertiveness skill and social adjustment and self-esteem of shy male junior high school students in the Province of

Hamedan in Iran. The Stanford Shyness Questionnaire was used to select a sample for intervention. 100 persons with the highest scores were selected for intervention. They also administered the subtest of social adaptation. 30 participants who scored the lowest were randomly assigned into the experimental and control groups. Findings revealed that there was a difference in pre and post test scores in social adjustment as the pre-test value ($\bar{x} = 8.47 \pm 2.5$) differed from the post-test value ($\bar{x} = 14.20 \pm 2.1$) just as the self-esteem values in the experimental group differed (Pre-test ($\bar{x} = 21.87 \pm 2.5$) post-test ($\bar{x} = 33 \pm 2.7$) which indicates an increase in self-esteem and social adjustment. The analysis of Covariance showed a significant difference ($P < 0.0001$) in the study groups.

The research by Eskandari et al (2015) demonstrated that assertiveness is a skill that can be learned in a group situation because of the tenets of assertiveness training such as; introduction and familiarization of group members, the statement of rules and goals for the group, learning of the definition of assertiveness and practice of communication styles, the teaching of non-verbal and verbal skills, the teaching of how to say “NO”, the teaching of how to make requests, the learning of the 4 step model of stop, practice and learning of special techniques. Assertiveness can thus be understood to be the learning of assertion in the communicative realm.

Summary of Reviewed Literature

Pertinent related literature in the area of effectiveness of cognitive restructuring therapy, social skills training, and assertiveness training techniques in the handling of shyness among students in junior secondary schools students in Edo State, Nigeria were reviewed. The study also examined the theory upon which the study is hinged on. It was found that the major theoretical framework of shyness is the social learning theory propounded by Bandura which

states that individuals learn new ways of thinking and/or behaving by observing how other people think and behave. The study also revealed that people with shyness have a persistent, intense, and chronic fear of being watched and judged by others and of being embarrassed or humiliated by their actions. Their fear may be so severe that it interferes with their work, school, and other activities.

This work reviewed literature extensively on moderating variable of sex of students in the handling of shyness among students. Relevant literature reviewed showed that shyness has adverse effects on students regardless of their sex. It affects the formation of new relationships and interactions with others. Studies have shown that the sex of a student (male and female) is considered to have a tremendous influence on shyness. In a study on sex differences in intrinsic brain functional connectivity underlying human shyness, Yang et al, (2015) examined neurological differences underlying shyness to determine sex differences in shyness. Sixty-one (61) participants were recruited for the study consisting of 29 males and 32 females. The participants completed the self-report measurement of shyness by Cheek and Buss Scale (CBSS), a 13 item self-report. The finding shows that sex influenced shyness. The literature also revealed that Shyness is prevalent and potentially disabling among students. It is worthy to note that Shyness is a debilitating disorder condition that is treatable but often remains undetected and untreated; however, without treatment, students are at risk for complications such as reduced quality of life, social interactions, daily functioning, and treatment adherence. Therefore, the concepts of handling shyness through the application of cognitive restructuring therapy, social skills, and assertiveness training techniques have been reviewed. Detailed definitions, explanations, and discussions were highlighted.

The review of related literature unveiled some lapses. From the literature reviewed within the reach of the researcher, it was found that there had been no work carried out using a

combination of cognitive restructuring therapy, social skills and assertiveness training techniques in the handling of shyness among students in junior secondary schools in Edo State. It was also found that there is a dearth of literature on the differential effectiveness of cognitive restructuring therapy, social skills and assertiveness training techniques among students in junior secondary schools in Edo State with the intervening variables of sex in handling shyness among students in junior secondary schools in Edo State. Consequently, the study determined the differential effectiveness of cognitive restructuring therapy, social skills training and assertiveness training techniques in handling shyness among students in public junior secondary school in Edo State with the aforementioned intervening variable a gap this study filled.

CHAPTER THREE

METHODOLOGY

In this chapter, the methods and procedures by which this study was carried out are explained under the following subheadings:

- Design of the Study
- Population of the Study
- Sample and Sampling Techniques
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Method of Data Collection
- Method of Data Analysis

Design of the Study

The study is a quasi-experimental design of pre-test post-test design in which the effects of cognitive restructuring therapy, social skills training and assertiveness training techniques in handling shyness among junior secondary school students were examined. There was no control group. This was because as seen from the reviewed literature, cognitive restructuring therapy, social skills and assertiveness training techniques have been found by some authors to be effective in reducing shyness among adolescent students in the Nigerian secondary schools. Therefore, this study sought to find out the differential effectiveness of the three interventions in handling shyness among junior secondary school students in Edo State. The moderating variable is sex. The participants were treated in their intact classes. All the participants in each of the groups were pre-tested before the treatment to ascertain their levels

of shyness and were also post tested after the treatment to determine the efficacy of the treatments on the participants. Below is the table, representing the design of the study.

Table 1: Design of the Study

Group	Pre-test	Treatment	Post-test
A	R ₁	X ₁	R ₂
B	R ₁	X ₂	R ₂
C	R ₁	X ₃	R ₂

Key:

- R₁= Pre-test
- X₁= CRT
- X₂= SST
- X₃= AT
- R₂= Post-test

Population of the Study

The population of this study consisted of thirty thousand, five hundred and seventy-four (30574) students enrolled in all the nineteen (19) schools in the 2022/2023 academic session in the Public Mixed Junior Secondary Schools Two (JSS2) in Egor Local Government Area of Edo State. (Ministry of Basic and Secondary Education, Benin 2022).

Table 2: Population distribution (male/female) of sampled public junior secondary schools and students in Egor Local Government Area of Edo State.

LGA	No. of Schools	Male	Female	Total
Egor LGA	19	16324	14250	30574

(Ministry of Basic and Secondary Education, Benin 2022).

Sample and Sampling Technique

The sample size comprised of two hundred (200) junior secondary school students derived from the intact classes that were used for the study using a multi-stage sampling technique. In stage 1, purposive random sampling was used to select Egor Local Government Area out of the three Local Government Area in Benin Metropolis. While in stage 2, three public mixed junior secondary schools were randomly selected from the sampled Egor Local Government Area using a simple random sampling technique, thereafter one intact class each at the JSS2 level was randomly selected from the three schools. Students in the experimental groups or classes were treated with Cognitive Restructuring Therapy comprising sixty-six (66) students, Social Skills Training Techniques seventy-two (72), and Assertiveness Training Technique sixty-two (62) students. In each of these intact classes, the students were pre-tested. The pre-test scores were analyzed to identify students with shyness. Only students in (JSS2) classes were involved in the study because of their age and level in the educational setting which allowed a follow-up study to ascertain the outcome of the treatments over time with the sex of the students. These students were studied in their intact classes to avoid subject bias. It should be noted that 224 students were found to have high level of shyness but 200 students went through the treatment programme successfully; indicating that 24 students could not go through the treatment programme successfully due to their regular absents from their schools.

Research Instrument

The research instrument for data collection for the study is titled “Shyness Inventory” (SI) adapted from Revised Cheek and Buss (1983) and modified by the researcher. The instrument was a 20 item self-rating scale for assessing shyness among students. The sensitivity and specificity of the shyness inventory was 85%. The revised Cheek and Buss (1983) which was used to measure shyness among students in London initially used True and False format,

but this study used Strongly Agree, Agree, Disagree and Strongly Disagree as the four Likert Scale options. The original instrument consists of 13-items which was modified for the study to 20-items. The items added are items number 14-20. The 20-items capture the various dimensions of the shyness experience in the Nigerian environment. The instrument consists of two sections A and B.

Section A of the instrument consists of the respondents' demographic information which includes the name of the school, sex of students, and age, while section B consists of 20-items aimed at assessing the shyness attitude among the students. The original scale consists of 13 items which were having 15 negatively worded and 2 positively worded items, but the researcher modified it to 20 scale with 12 negatively worded and 8 positively worded items. The respondents were required to indicate the extent to which these items helped them to recognize their shyness attitude behaviour on a four-point rating scale from Strongly Agree (SA), 4 points, Agree (A), 3 points, Disagree (D), 2 points, and Strongly Disagree (SD), 1 point. The level of agreement and disagreement of the questionnaire item was determined based on the criterion mean rating of a four-point rating scale of equal to 2.50. The average of the SI is derived from the equation of maximum score of each item divided by the number of options and then multiplied by the total of 20 items in the SI equals $10 \div 4 \times 20 = 2.5 \times 20 = 50$ as a benchmark for decision making. This indicates that mean values below 2.50 were regarded as disagree which implies students with a less or moderate shyness attitude behaviour while mean values from 2.50 and above were regarded as agreed which implies students with high shyness attitude in need of treatment.

Validity of the Instrument

The Cheek and Buss Scale is a widely used and validated instrument (Briggs, & Cheek, 1988; Leary & Kowalski, 2009; Hopko et al, 2005). The instrument has been demonstrated to

have high construct validity on the multi-dimensional conception of shyness. However, for this study, in order to ascertain the face and content validity of the instrument and to establish that the items in the instrument are relevant to the problem of the study copies of the instrument were given to the researcher's supervisors and one test expert in the Department of Educational Evaluation and Counselling Psychology, Faculty of Education, University of Benin, Benin City, for validation. Item 5 and 13 were corrected. Item 5 was corrected by replacing "in a" with "with" and "things" with "thing". While in item 13 "shyer" replaced "more shy". This made the instrument adequately valid for this study.

Reliability of the Instrument

A test of reliability was conducted on the shyness scale to determine its suitability for the study. The instrument was administered to 30 respondents from the school not included in the study. The administered copies of the instrument were subjected to the Cronbach alpha statistical techniques of determining reliability and a reliability coefficient value of .850 was obtained. This value is an indication of high reliability as the value is closer to one whole number; hence the instrument was considered reliable and suitable for the study.

Method of Data Collection

The researcher and the research assistants visited each of the sampled schools and with the help of the principals established rapport with the students. Thereafter copies of the numbered questionnaire were administered to the students of the selected arms of JSS2 in their intact classes for the pre-test. The students were directed on how to complete the questionnaires which were collected immediately after completion. The essence of the pre-test was to determine the students who were shy. The treatment packages were introduced to the students in their intact classes. The researcher and the research assistants met with the students in each of the schools twice per week for six weeks thus making it a total of twelve sessions. Each

session lasted for 45 minutes. The treatment packages were carried out using lectures, discussions and homework/assignments. The treatment packages of Cognitive Restructuring, Social Skills Training and Assertiveness Training Techniques consisted of twelve sessions respectively and a revision/post-test session thus administering the same numbered questionnaire to all the participants in order to assess the effectiveness of the treatments.

Treatment Procedure

The treatment packages focus on Cognitive Restructuring Therapy, Social Skills Training Techniques and Assertiveness Training which were aimed at handling shyness behaviour while improving behaviours that are not problematic. These approaches build on behaviour by adding cognitive elements. It ensures that thoughts, feelings (emotions) behaviours, and way of a personal relationship with other students as well as the society at large become the focus of attention of the treatment. Cognitive restructuring therapy is based on the assumption that people's thoughts, feelings, and behaviours are linked and it is the way people view themselves and the world around them that constitutes a problem for themselves. The therapy is geared towards handling shyness problems as well as other anxiety disorders and enabling the students to live happier and more fulfilling lives. Students were helped to change those faulty and illogical thinking, feelings, and behaviour to rational and logical ones.

The social skills training techniques assisted the students to learn effective communication skills with one another by ensuring a good interpersonal relationship with other people while Assertiveness Training Assertiveness training is a specialized form of social skills training which consist of teaching people how to be self-confident in variety of social situations. The basic assumption underlying assertiveness training is that people have right (but not obligation) to express themselves. This training prepares students to stand up for themselves

and achieve their rights and also take cognizance of the need to strike a balance between assertiveness and aggressiveness. Assertiveness training technique, therefore, is understood to be more students oriented and it allows students to interact freely amongst the group to practice skills they could not ordinarily be able to act in real life as a result of fear of other people's opinion about them and lack of confidence. The students were expected to rehearse and role play the desired alternative behaviours.

The treatment sessions took a maximum of two days a week for 45 minutes per session. The treatment packages for the three groups had a total of 12 sessions each and the treatments lasted for 6 weeks. On the first day (session one) the researcher introduced herself to the members of each group and the students also introduced themselves to the researcher.

The study adopted three stages: the pre-test, treatment, and post-test procedures. The first stage was the pre-testing of participants. The second stage was the treatment of the experimental groups using the cognitive restructuring therapy, social skills training techniques and Assertiveness Training. The third stage was the post-testing of participants to evaluate the differential effectiveness of the treatment. The Shyness Inventory was used for both the pre-test and post-test.

Pre-test (Stage 1)

The pre-test session was done on the first day where the researcher was introduced to the participants of the study and thereafter the researcher and the research assistants administered the shyness instrument on all the participants in the experimental groups in their classrooms as an intact group before treatment. This was done to identify students who are shy which constitutes a focal group. The school program was not disrupted during the treatment session because the treatment took place during break period. Data collected formed the baseline with which the post-test scores were compared within and between the experimental

groups. The pre-test session lasted for forty-five (45) minutes. The researcher during this session established rapport with the students to create a cordial relationship, confidence, and enabling environment to sustain interest and commitment throughout the program of pre-test, treatment, and post-test. This was achieved by displaying warmth, good humour, smiles, and communication of lovable, approachable, and acceptable behaviour verbally and non-verbally.

Treatment (Stage 11)

The second stage in the experimental procedure was the treatment or exposure of the experimental groups to the specified Cognitive Restructuring Therapy, Social Skill Training Techniques and Assertiveness Training treatment. The treatment for the groups started after the pre-test session. The program lasted for six (6) weeks. There were 12 sessions - two sessions per week in the three groups. Refreshments (cold drinks and snacks) were given to all the participants at the end of each treatment session. In each of the three experimental groups, the students in junior secondary school 2 were grouped into three classes and labelled experimental group A, B, and C.

Post-test (Stage 111)

Finally, after the treatments have been administered to the participants, the students in the three groups were all post-tested and their results were compared with that of the pre-test and this took place on the last session of the last week of the treatment.

Control of Extraneous Variables

Extraneous variables are those variables that if not checked, may have a significant influence on the dependent variables and may then distort and invalidate the findings. A number of control measures were adopted to control these extraneous variables. The subject bias was checked by not allowing the participants to know that they are being treated of shyness. School condition was another factor that was considered as a variable that could affect

the experimental condition. So, there was the need to eliminate such influence and this was done through a proper introduction of the researcher to both the staff and students. Respondents' error was reduced to the barest minimum through the provision of a detailed explanation of questions on the instrument. Students were reinforced after every treatment session by rewards. Students were given some token gifts as a reward for those who were always present throughout the treatment session. Attrition rate was minimized by taking regular classroom attendance at each session.

In addition, the clearly written treatment programs were followed for the three experimental groups. This, in turn, helps to eliminate the Rosenthal effect: "The tendency for results to conform to experimenter's expectations unless stringent safeguards are instituted to minimize human bias". Hawthorne effect is another extraneous variable and it is the way participants view a study. This happens when participants are conscious of their participation in the experiment or when they are being aware that they are used for an experiment. This might prompt them to react either positively or negatively. To take care of this threat, the researcher ensured that participants were not aware that they are been used for an experiment and all the participants were treated equally. Schools were randomly selected for the experimental groups and intact classes in the selected schools constituted participants of the study. Furthermore, the three schools used for the experiment were in different locations thus enhancing confidentiality.

Method of Data Analysis

Data collected for this study were analysed using descriptive and inferential statistics. Research questions one and two were answered directly using mean and standard deviations; hypothesis 1-3, were tested using the paired sample t-test statistics while hypotheses 4-7 were tested using Analysis of Covariance (ANCOVA).

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

In this chapter, the results are presented and findings of the study discussed in accordance with the questions and hypotheses raised.

Presentation of Results

Research Question 1: What is the Level of Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State?

Table 3: Descriptive in Mean and Standard Deviation of Level of Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Variable	N	Obtained Mean	Std.Dev	Theoretical Mean	Remarks
Shyness	200	60.70	4.33	50	High

Table 3 showed the descriptive data with respect to the level of shyness among students in junior secondary schools in Egor Local Government Area of Edo State. From the table, the mean score for the sampled students is 60.70 ± 4.33 Standard Deviation. The theoretical scale mean is 50.00. When the obtained mean is compared with the theoretical mean the obtained mean is greater ($60.70 > 50.00$) Therefore, it would be said that the Level of Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State was high.

Research Question 2: What is the Level of Shyness among Male and Female Students in Junior Secondary Schools in Egor Local Government Area of Edo State?

Table 4: Descriptive in Mean and Standard Deviation of Level of Shyness among Male and Female students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Variable	Sex	N	Obtained Mean	Std.Dev	Theoretical Mean	Remarks
Shyness	Male	74	60.53	5.27	50.00	High
	Female	126	60.79	3.68	50.00	High

Table 4 showed the descriptive data with respect to the level of shyness among male and female students in Junior Secondary Schools in Egor Local Government Area of Edo State. From the table, the mean score for male students is 60.53 ± 5.27 Standard Deviation while the mean score for female students is 60.79 ± 3.68 Standard Deviation, the theoretical scale means are 50.00. When the obtained means is compared with the theoretical means the obtained means are greater. Therefore, it would be said that the level of shyness for both male and female students in Junior Secondary Schools in Egor Local Government Area of Edo State was high.

Hypotheses Testing

Hypothesis 1: There is no significant effect of Cognitive Restructuring Therapy on shyness among students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Table 5: Paired Sample t-test of difference in Pretest and Posttest Mean Scores of Cognitive Restructuring Therapy on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

CRT	N	Mean	Std. Dev.	Paired Difference		df	<i>t-value</i>	<i>P-value</i> (Sig. 2-tailed)
				Mean	Std.Dev.			
Pretest	66	59.59	4.71					
				18.59	5.03	65	25.07	.000
Posttest	66	41.00	4.42					
$\alpha = .05,$ $p < .05$ Significant								

Table 5 shows the difference in Pretest and Posttest Mean Scores of Cognitive Restructuring Therapy on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State. From the table, the number of participants (N) in the CRT = 66. Their pretest Mean score = 59.59 ± 4.71 Standard Deviation. While at posttest their Mean score = 41.00 ± 4.42 Standard Deviation. There is a mean and standard deviation difference of 18.59 (5.03) respectively. The *t-value* of 25.07 is significant, because, the *p-value* (.000) is less than *alpha level of 0.05*. Therefore, the null hypothesis is rejected. This implies that, there is a

significant effect of Cognitive Restructuring Therapy on shyness among students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Hypothesis 2: There is no significant effect of Social Skill Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Table 6: Paired Sample t-test of difference in Pretest and Posttest Mean Scores of Social Skill Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

SST	N	Mean	Std. Dev.	Paired Differences			t-value	<i>p-value</i> (Sig. 2-tailed)
				Mean	Std.Dev.	df		
Pretest	72	61.31	4.21	24.50	5.04	71	41.29	.000
Posttest	72	36.81	3.50					

$\alpha = .05,$ $p < .05$ Significant

Table 6 shows the difference in Pretest and Posttest Mean Scores of Social Skill Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State. From the table, the number of participants (N) in the SST = 72. Their pretest Mean Scores = 61.31 ± 4.21 Standard Deviation. While at posttest their Mean score = 36.81 ± 3.50 Standard Deviation. There is a mean and standard deviation difference of 24.50 (5.04) respectively. The *t-value* of 41.29 is significant, because, the *p-value* (.000) is less than *alpha level of 0.05*. Therefore, the null hypothesis is rejected. This implies that, there is a significant Effect of Social Skill Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Hypothesis 3: There is no significant Effect of Assertiveness Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Table 7: Paired Sample t-test of difference in Pretest and Posttest Mean Scores of Assertiveness Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

AT	N	Mean	Std. Dev.	Paired Differences		df	<i>t-value</i>	<i>p-value</i> (Sig. 2-tailed)
				Mean	Std.Dev.			
Pretest	62	61.16	3.86	22.66	4.77	61	37.41	.000
Posttest	62	38.50	2.68					

$\alpha = .05,$ $p < .05$ Significant

Table 7 shows the difference in Pretest and Posttest Mean Scores of Assertiveness Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State. From the table, the number of participants (N) in the AT = 62. Their pretest Mean score = 61.16 ± 3.86 Standard Deviation. While at posttest their Mean score = 38.50 ± 2.68 Standard Deviation. There is a mean and standard deviation difference of 22.66 (4.77) respectively. The *t-value* of 37.41 is significant, because, the *p-value* (.000) is less than *alpha level*. Therefore, the null hypothesis is rejected. This implies that, there is a significant effect of Assertiveness Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Hypothesis 4: There is no significant difference in the posttest mean scores of Shyness among Students in the Cognitive Restructuring, Social Skill Training and Assertiveness Training Counselling Groups in Junior Secondary Schools in Egor Local Government Area of Edo State.

Table 8: Descriptive Statistics of Students Mean Scores for Shyness among the Groups at Posttest

Groups	N	Mean	Std. Deviation
Cognitive Restructuring	66	41.00	4.42
Social Skill Training	72	36.81	3.50
Assertiveness Training	62	38.50	2.68
Total	200	38.72	4.00

Table 8 shows the Descriptive Statistics of Cognitive Restructuring, Skill Training and Assertiveness Training Counselling Therapies at Post-Test. From the table, Cognitive Restructuring Therapy (N = 66, Mean = 41.00 SD. = 4.42). Social Skill Training, (N = 72, Mean = 36.81 S.D. = 3.50), while Assertiveness Training (N = 62, Mean = 38.50 SD. = 2.68) Due to the significant observed difference at pre-test the Analysis of Covariance (ANCOVA) was used in testing for difference at post-test using their Pretest scores as covariate.

Table 9: ANCOVA of Difference in Post-test Means Score for Shyness among the Groups

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	637.561 ^a	3	212.520	16.353	.000
Intercept	1090.098	1	1090.098	83.880	.000
Pretest	27.583	1	27.583	2.122	.147
Treatments	636.638	2	318.319	24.494	.000
Error	2547.194	196	12.996		
Total	302955.000	200			
Corrected Total	3184.755	199			

a. R Squared = .200 (Adjusted R Squared = .188)

Table 9 contains the ANCOVA result of significant difference in Post-test Mean Scores of Shyness among the Groups. From the table the F-value is = 24.494 and a p-value of .000 Testing at alpha level of .05 the p-value is less than alpha value; (.000 < .05), therefore the null hypothesis is rejected; hence there is a significant difference in the mean score of shyness among students in Cognitive Restructuring Therapy, Social Skill Training and Assertiveness Training Counselling Groups in Junior Secondary Schools in Egor Local Government Area of Edo State. The post-hoc test of multiple comparison becomes necessary, to ascertain where the difference lies.

Table 10: Post-Hoc Test of Multiple Comparisons among the Groups

(I) Treatments	(J) Treatments	Mean Difference (I-J)	Std. Error	Sig.
AT	SST	1.6944*	.62636	.007
	CRT	-2.5000*	.63940	.000
SST	CRT	-4.1944*	.61608	.000

From the Post-Hoc table; in Table 10, there is a significant difference among the groups' mean scores after treatment. All were significantly different from one another. In summary SST (36.81) < AT (38.50) < CRT (41.00). Hence the Social Skill Training Counselling was most effective, followed by the Assertiveness Training Counselling while the Cognitive Restructuring Therapy was the least effective among the three therapies.

Hypothesis 5: There is no significant interaction Effect of Cognitive Restructuring Therapy and Sex on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Table 11: Descriptive Statistics of Effect of Cognitive Restructuring Therapy by Sex

Sex	N	Mean	Std. Deviation
Male	19	40.26	4.19
Female	47	41.30	4.52
Total	66	41.00	4.42

Table 11 shows the Descriptive Statistics of effect of Cognitive Restructuring Therapy by Sex. From the table, Males (N = 19, Mean = 40.26, SD. = 4.19). While Females (N=47, Mean = 41.30, SD = 4.52). Total participants (N = 66, Mean = 41.00 SD. =4.42).

Table 12: ANCOVA of Difference in Post-test Means of Cognitive Restructuring Therapy by Sex

Source	Type III Sum of Squares	df	Mean Square	F	Sig. (<i>p-value</i>)
Corrected Model	32.496 ^b	2	16.248	.829	.441
Intercept	467.315	1	467.315	23.829	.000
Pretest	18.010	1	18.010	.918	.342
Sex	11.470	1	11.470	.585	.447
Error	1235.504	63	19.611		
Total	112214.000	66			
Corrected Total	1268.000	65			

Table 12 contains the ANCOVA result of significant difference in Post-test Means of Cognitive Restructuring Therapy by Sex. From table 12, the *F-value* is = .585 and a *p-value* of .447, testing at alpha level of .05 the *p-value* is greater than alpha value; (.447 > .05), therefore the null hypothesis is retained; hence there is no significant difference in the mean score of male and female students exposed to Cognitive Restructuring Therapy of Handling Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Hypothesis 6: There is no significant interaction Effect of Social Skill Training Counselling and Sex on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Table 13: Descriptive Statistics of Effect of Social Skill Training Counselling by Sex.

Sex	N	Mean	Std. Deviation
Male	35	36.43	3.11
Female	37	37.16	3.38
Total	72	36.81	3.50

Table 13 shows the Descriptive Statistics of effect of Social Skill Training counselling by Sex. From the table, Males (N = 35, Mean = 36.43 SD. = 3.11). While Females (N=37, Mean = 37.16 SD. = 3.38). Total participants (N = 72, Mean = 36.81 SD. = 3.50).

Table 14: ANCOVA of Difference in Post-test Means of Social Skill Training Counselling by Sex

Source	Type III Sum of Squares	df	Mean Square	F	Sig. (<i>p-value</i>)
Corrected Model	25.316 ^b	2	12.658	1.035	.361
Intercept	278.041	1	278.041	22.732	.000
Pretest	15.637	1	15.637	1.278	.262
Sex	4.338	1	4.338	.355	.553
Error	843.961	69	12.231		
Total	98404.000	72			
Corrected Total	869.278	71			

Table 14 contains the ANCOVA result of significant difference in Post-test Means of Social Skill Training Counselling by Sex. From the table the *F-value* is = .355 and a *p-value* of .553. Testing at alpha level of .05 the *p-value* is greater than alpha value; (.553 > .05), therefore the null hypothesis is retained; hence there is no significant difference in the mean score of male and female students exposed to Social Skill Training Counselling of Handling Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Hypothesis 7: There is no significant interaction Effect of Assertiveness Training Counselling and Sex on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Table 15: Descriptive Statistics of Effect of Assertiveness Training Counselling by Sex

Sex	N	Mean	Std. Deviation
Male	20	37.95	2.56
Female	42	38.76	2.72
Total	62	38.50	2.68

Table 15 shows the Descriptive Statistics of Effect of Assertiveness Training Counselling by Sex. From the table, Males (N = 20, Mean = 37.95, SD. = 2.56). While

Females (N=42, Mean = 38.76, SD= 2.72). Total participants (N = 62, Mean = 38.50 SD. =2.68).

Table 16: ANCOVA of Difference in Post-test Means of Assertiveness Training counselling by Sex

Source	Type III Sum of Squares	df	Mean Square	F	Sig. (<i>p-value</i>)
Corrected Model	8.932 ^b	2	4.466	.615	.544
Intercept	330.327	1	330.327	45.475	.000
Pretest	.001	1	.001	.000	.993
Sex	8.446	1	8.446	1.163	.285
Error	428.568	59	7.264		
Total	92337.000	62			
Corrected Total	437.500	61			

Table 16 contains the ANCOVA result of significant difference in Post-test Means of Assertiveness Training Counselling by Sex. From the table the *F-value* is = 1.163 and a *p-value* of .285 Testing at alpha level of .05 the *p-value* is greater than alpha value; (.285 > .05), therefore the null hypothesis is retained; hence there is no significant difference in the mean score of male and female students exposed to Assertiveness Training Counselling of Handling Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Discussion of Findings

Finding of the study in research question one indicated that there is high level of shyness among junior secondary school students in Edo State. One plausible explanation for this could be that students affected with shyness often perceive ambiguous social situations as negatives. They become anxious about making mistakes and feel humiliated in front of others. This fear becomes immense because they lack social skills, hence they undergo extreme

anguish in certain social situations and try to evade them. Students with shyness have distorted thoughts and wrong beliefs about themselves and social situations. They possess immense fear of the undesirable opinion others about them and this anxiety affect their academic life. This finding agrees with the findings of the study carried out by Strahan (2020), who found out that the level of shyness among school children is very high and this may likely affect interaction with others and overall academic performance. This finding further agrees with the finding of the study carried out by Valente, (2002) who found out that shyness is prevalent and potentially disabling, especially among in-school adolescent but it is treatable with social skills.

The finding of research question two revealed that the level of shyness among male junior secondary school students in Edo State is lower than their female counterpart. One plausible explanation for this could be traceable to hormonal changes or different social expectations and gender inborn traits and according to Kessler et al., (2015), men are very conscious about their shyness and are quicker to seek intervention than women. The finding disagrees with the findings of the study of Umeh (2013), who found out in his study high level of shyness among male students adolescent subgroup of the population of the study. However, this finding agrees with the finding of Onuwkufor and Iruloh (2017) and Mandal, (2008), who discover high level of shyness among female in-school adolescent than male students; they reported in their study that higher percentage of female students reported being shy than their of male counterparts which indicated being shy.

The outcomes in hypothesis one showed that there is significant Effect of Cognitive Restructuring Counselling Therapy on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State exposed to CRT as treatment in handling shyness. Meaning that CRT is efficacious in handling shyness among student exposed to CRT treatment. This is an indication that CRT can effectively handle shyness among student exposed to CRT

treatment when handled carefully by a therapist. This study further shows its efficacy in handling shyness among students exposed to CRT as treatment in handling shyness. The outcome of this finding is not out of place because CRT is primarily designed to handle negative emotions and maladaptive behaviour among individuals as well as impact on psychological health by helping an individual alter negative thought that may ignite shyness in them. The efficacy of CRT has been established by various studies. This result agrees with the study carried out by Umar et al (2014) who found out that CRT is effective in reducing shyness among in-school adolescents.

This finding also agrees with the finding from the study carried out by Oguzie and Nwokolo (2019) that CRT is an effective therapy for shyness among junior high school students. Furthermore, this finding agrees with the findings which confirmed the effectiveness of CRT in handling maladaptive behaviour among young adolescent. This however confirms the view of Lawan (2016) who affirmed that carefully handled maladaptive behaviour using CRT can lead to increased productivity, innovation and accomplishment in the individual. Also, the finding corroborates with the result of the study carried out by Burns, (2019) that many aspects, principles and tenets of CRT, can help handle maladaptive behaviour such as shyness.

The finding in hypothesis two also revealed that there is a significant Effect of Social Skill Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State. Meaning that there is a significant difference in the pre-test and post-test shyness scores on the handling of shyness among junior secondary school student in Benin metropolis exposed to SST. Thus, it shows that the treatment was efficacious in handling shyness among the student exposed to SST as treatment in handling shyness. This finding is in agreement with the findings of the study of Eghe and Nwankwo (2019) which investigated the efficacy of SST on the reduction of shyness behaviour among student; the

finding indicated that those in the treatment groups experienced a significant reduction in their shyness level over the course of six weeks treatment. The reason for the efficacy of the therapy in this study was because students were reinforced directly and indirectly and were also taught how to possess the knowledge of, and confidence in themselves so as to achieve a given result, as well as solving individual problems affecting task choice, efforts, persistence, resilience, achievement and satisfaction which changed their attitude to school. This finding is supported by the findings from the studies of Nowicki (2013) and Dowd and Tierney, (2017). They reported that students showed greater shyness reduction after SST treatment. Also, the finding corroborates the study carried out by Beidel, (2014) that SST led to significantly reduced symptoms of depression and increase verbal behaviour of students who are shy and selectively mute.

It was also found in the third hypothesis that there is a significant Effect of Assertiveness Training Counselling on Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State. Thus shows that the treatment was effective in handling shyness among Junior secondary school students exposed to AT as treatment in handling shyness among secondary school students, hence giving the indication that when junior secondary school students are properly guided and tutored using AT, it would help to boost their confidence and courage to express themselves in public and social gathering as well as school environment without fear or intimidation. The feelings of anxiety and inferiority complex were handled after exposing the participants to AT treatment. The reason for the effect of the therapy in this study was that students were taught how to possess the knowledge of, and faith in themselves to achieve a given result, as well as solving problems, affecting task choice, efforts, persistence, resilience, achievement and satisfaction of individuals, they were helped to creates a change to how they feel, think and act. This finding is in collaboration with the study

of Wolpe and Lazarus, (2016) which investigated the efficacy of AT on the reduction of shyness among students, the finding indicated that those in the treatment groups experienced a significant reduction in shyness over the course of six weeks treatment. This finding is supported by the finding from the studies of Nnadi et al (2020) and Bratko et al (2020), they reported that in-school adolescent who are shy showed greater reduction in their shyness attitude after AT treatment. Also, the finding corroborates with the findings from the studies carried out by Adegoke and Idowu (2022) and Eskandari et al (2015) that AT led to significantly reduced symptoms of shyness among students, thus, AT is effective in handling shyness among students.

The finding in hypothesis four revealed that there is significant difference in the mean score of Shyness among Students in the Cognitive Restructuring Therapy, Social Skill Training and Assertiveness Training Counselling Groups in Junior Secondary Schools in Egor Local Government Area of Edo State. The findings revealed that significant differences exist in the effectiveness of the treatment of students' shyness when compared among the three therapies. Meaning that there is a significant difference among the groups' mean scores after treatment. All were significantly different from one another. Hence the Social Skill Training therapy works better than the Assertiveness Training Counselling while the Cognitive Restructuring Therapy comes last among them. The reason for the significant difference in the effectiveness of the treatment groups could be as a result of students' exposure to six weeks of treatment. The social skills training help clients develop awareness and bring about changes in their behaviour, feeling and thinking. The reason for the efficacy of the therapy in this study was because students were taught how to possess the knowledge of, and confidence in themselves so as to be bold and courageous as well as achieve a given result, solve individual problems, affect task choice, efforts, persistence, resilience, achievement and satisfaction which helped handled their

shyness behaviour. Also AT was next to SST in handling shyness among the students because AT was designed to help boost client's confidence and courage to express themselves in public and social gathering as well as school environment without fear or intimidation. Lastly CRT came last in handling shyness among the student and the outcome of this finding is not out of place because CRT is primarily designed to handle negative emotions and maladaptive behaviour among individuals by helping an individual alter negative thought that may ignite shyness in them.

The study of Egbochuku and Obadan, (2005), also support the findings of this study with the view that social skills training goal is to change patterns of thinking or behaviour that are behind people's difficulties and so change the way they feel. Also, the finding corroborates the study carried out by Beidel, (2014) and Dowd and Tierney, (2017) that SST led to significantly reduced symptoms of depression and increase verbal behaviour of students who are shy and selectively mute. This finding is supported by the studies of Nnadi et al (2020) and Bratko et al (2020), they reported that in-school adolescent who are shy showed greater reduction in their shyness attitude after they were taught the tenet of AT. The finding also confirms the view of Lawan (2016) and Burns, (2019) who found that carefully handled maladaptive behaviour using CRT can help handle shyness.

The finding in hypothesis five also revealed that there is no significant difference in the mean score of Male and Female Students Exposed to Cognitive Restructuring Therapy of Handling Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State. This means that CRT handled the shyness level of males and females students equally. Thus, the therapy was effective in handling shyness among students irrespective of their sex. In this study, the truancy level of males and females students exposed to the treatment package of CRT was significantly handled. This result disagrees with the study

of Yang et al (2015) where they observed gender similarities on the efficacy of counselling for handling shyness among students. The finding also showed that the treatment had no significant interaction effect by therapy and sex of students. This is however in contrast with the study of Kessler et al (2021) and Rubin and Barstead, (2014) who found gender differences in their studies. However, the differences in the studies enumerated can be as a result of cultural differences and the effective contribution of the treatment.

The finding in hypothesis six also revealed that there is no significant difference in the mean score of Male and Female Students Exposed to Social Skill Training Counselling of Handling Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State. Meaning that the therapy handled the gender of the student equally. This may be due to the intensive treatment carried out by the researcher coming down to the level with which every participant understood the language of communication used by the researcher irrespective of their ages and gender. This finding is in contrast with the study carried out by Alli (2013) and Umeh (2013), where they observed a high gender differences in their studies.

The finding in hypothesis seven also revealed that there is no significant difference in the mean score of Male and Female Students Exposed to Assertiveness Training Counselling of Handling Shyness among Students in Junior Secondary Schools in Egor Local Government Area of Edo State. This means that the therapy handled the shyness level of student irrespective of their sex. This result agrees with the studies by Adegoke and Idowu (2022), Onuwkufor and Iruloh (2017) and Mandal, (2008) because they both found similarities in their studies. However, the differences in the studies enumerated can be as a result of cultural differences and the effective contribution of the treatment.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

In this chapter, the summary, conclusions and recommendations, implication for counselling, contribution to knowledge and suggestion for further studies are presented.

Summary

The study was carried out to investigate the Effectiveness of Cognitive Restructuring Therapy, Social Skills Training and Assertiveness Training Counselling Techniques in handling shyness among students in public junior secondary schools in Edo State. The main focus of this study was to find out how differentially effective the three therapies of Cognitive Restructuring Therapy, Social Skills Training and Assertiveness Training Counselling Techniques in handling shyness among students in junior secondary schools in Egor Local Government Area of Edo State. CRT, SST and AT were the three treatments which were pre-tested to obtained pre-test scores and post-tested after six weeks to obtain post-test scores. The influence of sex of students on each of the three therapies was also determined. To achieve this, nine research questions were raised and out of which seven were hypothesized and tested at 0.05 level of significance.

The target population of the study consisted of thirty thousand, five hundred and seventy-four (30574) students enrolled in the 2022/2023 academic session in the Public Mixed Junior Secondary Schools Two (JSS2) in Egor Local Government Area of Edo State. A total number of two hundred (200) junior secondary school students made up the treatment group, with CRT comprising sixty-six students (66), SST seventy-two students (72) and AT sixty-two students (62) using simple random sampling technique. Quasi-experimental design of pre-test post-test method was used for the study. The instrument used for data collection was Shyness Inventory (SI) adapted from Revised Cheek and Buss (1983) and modified by the researcher.

The instrument was validated by three experts and was administered on 30 students outside the sample of the study and a Cronbach Statistics was used to analyse the data collected in order to determine its reliability coefficient and it was found to have 0.850. Shyness Inventory (SI) was administered to the students to determine their shyness level. The treatment intervention lasted for a period of six weeks of two sessions weekly lasting for forty-five (45) minutes.

In order to determine the effectiveness of the treatment in handling shyness, data collected from the 200 respondents in the three treatment groups were analyzed using descriptive statistics of frequencies, means and standard deviation and inferential statistics of paired sample t-test, and Analysis of Covariance (ANCOVA).

The following were the findings of this study:

1. The finding revealed that the level of Shyness among students in Junior Secondary Schools in Egor Local Government Area of Edo State was high.
2. The finding equally revealed that the level of shyness among male junior secondary school students in Egor Local Government Area of Edo State was lower than their female counterpart.
3. The finding showed that there is significant effect of Cognitive Restructuring Therapy on shyness among students in Junior Secondary Schools in Egor Local Government Area of Edo State
4. The finding also revealed that there is a significant effect of Social Skill Training counselling on shyness among students in Junior Secondary Schools in Egor Local Government Area of Edo State.
5. The finding also found that there is a significant effect of Assertiveness Training counselling on shyness among students in Junior Secondary Schools in Egor Local Government Area of Edo State.

6. The finding showed that there is significant difference in the posttest mean scores of shyness among students in the Cognitive Restructuring Therapy, Social Skill Training and Assertiveness Training counselling groups in Junior Secondary Schools in Egor Local Government Area of Edo State.
7. The finding also revealed that there is no significant difference in the mean score of male and female students exposed to Cognitive Restructuring Therapy of handling shyness among students in Junior Secondary Schools in Egor Local Government Area of Edo State.
8. The finding also revealed that there is no significant difference in the mean score of male and female students exposed to Social Skill Training counselling of handling shyness among students in Junior Secondary Schools in Egor Local Government Area of Edo State.
9. The finding also revealed that there is no significant difference in the mean score of male and female students exposed to Assertiveness Training counselling of handling shyness among students in Junior Secondary Schools in Egor Local Government Area of Edo State.

Conclusion

Based on the findings of this study, it is hereby concluded that the level of shyness among students in Junior Secondary Schools in Egor Local Government Area of Edo State was high. It is concluded that Cognitive Restructuring therapy, Social Skills Training and Assertiveness Training are effective in handling shyness among students in the junior secondary schools and that shyness is not influenced by the sex of the participants in each of the treatment group. That Social Skill Training Counselling was most effective, followed by the Assertiveness Training Counselling while the Cognitive Restructuring Therapy was the least

effective among the three therapies in handling shyness among students in junior secondary schools in Egor Local Government Area of Edo State; this was significant from their posttest mean scores.

It could be concluded that shyness among the students in the junior secondary schools may have been caused by the fear and lack of courage to speak for themselves as well as disruptive thoughts and not really due to any of the socio-demographic variables such as sex.

Recommendations

Based on the findings and conclusion of the study, the following recommendations were made:

- ❖ Social Skills Training, Assertiveness Training, and Cognitive Restructuring Therapy, should be used by counsellors and counselling psychologists to assist secondary school students in handling shyness.
- ❖ Counselling Practitioners should use more of SST when counselling junior secondary school students as it has been found to be most effective in handling shyness followed by AT and CRT.
- ❖ Mental health workers should familiarize themselves with the SST, AT and CRT treatment packages as it would help guide clinical case conceptualization when seeing/treating clients who are going through shyness behaviour so as to help them handle the behaviour.
- ❖ It is recommended that sex of students should not be a factor when considering the application of SST, AT and CRT to assist students handle their shyness behaviour.
- ❖ General public should be aware that shyness especially among secondary school students is treatable with psychotherapies such as Social Skills Training, Assertiveness Training, and Cognitive Restructuring therapy.

Contribution to Knowledge

The study has contributed to knowledge in the following ways:

- The study established that the treatment packages were effective in handling shyness among students in the junior secondary schools.
- The study revealed that SST is most effective in handling shyness behaviour among students in junior secondary schools than the other treatment packages.
- The development of treatment packages and manual by the researcher for SST, AT and CRT for future use by researchers and counsellors in handling shyness among junior secondary school students.
- The study has showed that interventions can be given to junior secondary school students irrespective of sex.
- Data and information gathered may provide statistical data source and reference materials for counsellors, researchers and administrators to use.

Suggestions for Further Studies

The researcher suggests that further studies could be carried out in the following areas:

1. Differential effectiveness of cognitive restructuring therapy, social skills training, and assertiveness training among junior school students in South-Western State, Nigeria.
2. Effectiveness of cognitive restructuring therapy, social skills training, and assertiveness training among junior school students in a private school in South South, Nigeria.
3. Differential effectiveness of other therapies such as Reality therapy, and Emotional Intelligence in handling shyness among senior school students in a private school in Northern, Nigeria.

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APPENDIX A

QUESTIONNAIRE

SHYNESS INVENTORY (SI)

HANDLING SHYNESS AMONG JUNIOR SECONDARY SCHOOL STUDENTS

SECTION A: Demographic Data

- Sex: Male () Female ()
- Age: 11 - 14 yrs () 15 yrs and above ()
- Name of School: -----

SECTION B: Shyness Scale

INSTRUCTIONS: Please read each item carefully, tick and decide to what extent it is characteristic of your feelings and behaviour.

Key: - Strongly Disagree
Disagree
Agree
Strongly Agree

S/N		Strongly Agree	Agree	Disagree	Strongly Disagree
1	I feel tense when I'm with people I don't know well.				
2	I am socially somewhat awkward				
3	I do not find it difficult to ask other people for information				
4	I am often uncomfortable at parties and other social functions.				
5	When with group of people, I have trouble thinking of the right thing to talk about.				
6	It does not take me long to overcome my shyness in new situations.				
7	It is hard for me to act natural when I am meeting new people				
8	I feel nervous when speaking to someone in authority				
9	I have no doubts about my social competence.				
10	I have trouble looking someone right in the eye				
11	I feel inhibited in social situations.				

12	I do not find it hard to talk to strangers.				
13	I am shy with members of the opposite sex.				
14	I avoid being the center of attention so I always sit at the middle or back of the class				
15	I feel embarrassed when others are already seated in class before coming in				
16	I get nervous when called upon to read or answer questions in class				
17	I avoid giving speeches or defend assignment in front of the class				
18	I don't ask questions in class because I feel I will be humiliated				
19	Making friends in school or new environment scares me a lot.				
20	I avoid working while being observed.				