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EFFICACY OF COGNITIVE BEHAVIOURAL THERAPY (CBT) ON SOCIAL ANXIETY OF SECONDARY SCHOOL STUDENTS BASED ON AGE IN EDO STATE

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Abstract

This study examined the efficacy of cognitive behavioural therapy (CBT) on social anxiety of secondary school students in Edo State. Three research questions guided the study while three null hypotheses were formulated. This study adopted the pretest, post-test non-equivalent control group design, a quasi-experimental research design. The population of the study consisted of all 47,695 public secondary school students in Edo south senatorial district in Edo state. The sample size comprised 120 SS1 and SS2 students from the population. The sample size was selected using a multi-stage sampling procedure. The instrument that was employed in this study for data collection is the adapted version of the social phobia inventory (SPIN) developed by Connor et al (2000). The instrument was adapted by the researcher and titled social anxiety assessment scale (SAAS). The data collected was analyzed using the Cronbach Alpha statistic to determine the internal consistency of the instrument. The reliability coefficient value of 0.88 was obtained. The data collected were analyzed using descriptive and inferential statistics. Hypotheses were tested using paired sample t-test and ANOVA statistics. It was found out that there is a significant difference in the post-test mean scores of social anxiety students treated with CBT and those in the control group. Also, the findings revealed no interaction effect of treatment based on age of students. Based on the findings, it was recommended amongst others that all stakeholders especially school owners, parents, guidance and school alumni should encourage the use of CBT in treating social anxiety of students and counselling units should be equipped for its sustainability as the outcome of an effective counselling units in schools would greatly impact student's overall achievement.

Keywords: Efficacy, Cognitive Behavioural Therapy, Social Anxiety, Edo State

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Introduction

Social anxiety, characterized by an intense fear of social situations where negative evaluation might occur, is a pervasive mental health challenge that significantly impacts individuals, particularly during adolescence. This fear often manifests physically through symptoms such as excessive sweating, blushing, trembling, or increased heart rate, and behaviorally through avoidance, submissiveness, or difficulty maintaining eye contact (American Psychiatric Association, 2013). For secondary school students, these manifestations can disrupt critical developmental milestones, affecting academic performance, peer relationships, and personal growth. In Edo State, Nigeria, where educational systems place high demands on young learners, understanding and addressing social anxiety is crucial. This study investigates the efficacy of cognitive behavioral therapy (CBT) as a counselling approach to reduce social anxiety among secondary school students, it also explores the interaction effect of treatment based on age of students.

The prevalence of social anxiety underscores its global significance as a public health concern. According to the Norwegian Institute of Public Health (Folkehelseinstituttet, 2018), social anxiety ranks among the most common anxiety disorders worldwide, contributing to a substantial portion of mental health burdens. Its high prevalence is compounded by its potential to precipitate other mental disorders, such as depression or substance abuse, when untreated (Stein & Stein, 2008). Adolescents are particularly vulnerable due to the developmental pressures of secondary school, where social interactions intensify, and self-consciousness peaks (Bandelow & Michaelis, 2015). In Nigeria, cultural expectations and academic competitiveness may exacerbate these pressures, making social anxiety a critical issue for students in Edo State. Left unaddressed, it risks long-term consequences, including diminished life opportunities and societal costs.

Social anxiety's impact extends beyond emotional distress, influencing academic and social outcomes. Research by Su et al. (2016) highlights its association with negative adjustment outcomes, particularly in secondary school peer relations, leading to reduced life satisfaction. Students with social anxiety often struggle with class participation, public speaking, or group activities, resulting in lower academic achievement and social isolation (Mychailyszyn et al., 2011). They may feel lonely, sad, or inadequate, perceiving themselves as inferior due to anticipated negative judgments (Clark & Wells, 1995). In Edo State's secondary schools, where group learning and oral assessments are common, these challenges can hinder students' ability to thrive, perpetuating cycles of insecurity and underperformance. Addressing these interpersonal and intrapersonal disruptions is essential for holistic student development.

The unique developmental stage of secondary school students amplifies social anxiety's effects. Bandelow and Michaelis (2015) note that adolescents face heightened susceptibility due to internal changes (e.g., puberty) and external pressures (e.g., academic expectations, peer dynamics). These factors converge to create an environment where social fears flourish, impeding daily functioning (Rapee & Spence, 2004). For instance, socially anxious students may avoid answering questions in class or leading presentations, limiting their educational engagement. In Nigeria, where secondary education is a gateway to tertiary opportunities, such avoidance can have lasting repercussions, including school dropout or reduced career prospects (Olatunji et al., 2019). This study focuses on Edo State to examine how these dynamics manifest locally, emphasizing the need for targeted interventions.

Cognitive behavioral therapy (CBT), pioneered by Aaron Beck (1976), offers a promising solution for addressing social anxiety in adolescents. CBT is a structured, evidence-based psychotherapy that targets irrational thoughts and maladaptive behaviors through techniques like cognitive restructuring, exposure therapy, and guided discovery (Beck, 2011). Research consistently demonstrates its efficacy for anxiety disorders, with studies showing significant symptom reduction in adolescents (Kendall & Peterman, 2015). The Clark and Wells (1995) model, a cornerstone of CBT for social anxiety, posits that irrational beliefs and avoidance behaviors fuel the disorder, driven by cognitive biases such as overestimating negative outcomes (likelihood bias) or their consequences (cost bias). By addressing these distortions, CBT empowers students to confront social fears systematically, making it a suitable intervention for Edo State's secondary school context.

The application of CBT in schools has shown impressive outcomes across various delivery formats, from individual to group therapy. According to the National Institute for Health and Care Excellence (NICE, 2013), CBT based on the Clark and Wells model is a first-line treatment for social anxiety disorder due to its intensive focus on cognitive and behavioral change. Techniques like exposure therapy gradually desensitize students to anxiety-provoking situations, while thought records help track progress in reframing negative beliefs (Hofmann & Otto, 2017). In resource-constrained settings like Edo State, where access to mental health professionals may be limited, school-based CBT programs can bridge gaps, offering scalable support (Olatunji et al., 2019). This study explores CBT's feasibility and effectiveness in this context, aiming to reduce social anxiety's burden on students.

Empirical evidence suggests that age moderates the effectiveness of CBT for social anxiety, reflecting differences in symptom presentation and treatment response. A post-test analysis in a study by Masia-Warner et al. (2016) found that older adolescents exhibited greater reductions in social anxiety symptoms following CBT compared to younger ones, with effect sizes of 0.65 for younger versus 0.42 for older. This difference may stem from higher baseline anxiety levels, providing more room for improvement, or their greater engagement with CBT's verbal and reflective components, such as cognitive restructuring (Kessler et al., 2012). Younger students often report more intense fears of social evaluation, particularly in peer settings, which CBT directly targets through exposure and reframing (Asher et al., 2017). Conversely, older students may underreport symptoms due to societal expectations of stoicism, potentially limiting their engagement with therapy (Yoshinaga et al., 2021).

In a Nigerian context, Okhakhume et al. (2020) observed that senior secondary school students responded more robustly to CBT interventions for anxiety, showing a 30% greater reduction in self-reported social fears at post-test compared to junior secondary. This aligns with global findings and may reflect cultural dynamics in Edo State, where students face heightened social scrutiny in communal settings. However, senior students lower response rates could indicate a need for tailored CBT approaches, such as incorporating action-oriented techniques like role-playing to align with behavioural norms. The present study examines this interaction effects, hypothesizing that age will influence social anxiety due to CBT, driven by their higher baseline vulnerability and engagement with therapy.

The consequences of untreated social anxiety extend beyond the individual, affecting families, schools, and society. Socially anxious students may develop low self-esteem, depression, or poor social skills, increasing risks of school avoidance and dropout (Mychailyszyn et al., 2011). These outcomes strain educational systems and contribute to

socioeconomic challenges, particularly in developing regions like Nigeria (Stein & Stein, 2008). By intervening early with CBT, schools can mitigate these risks, fostering resilient, socially competent students who contribute positively to their communities. This study in Edo State seeks to provide evidence for CBT's role in transforming students' lives, addressing a critical gap in local mental health support and promoting long-term well-being.

Statement of the Problem

The school environment is designed to meet the academic, social, and psychological needs of individuals. Oftentimes, it comes with challenges and demands that requires speaking in front of people, participating in social activities that involves public speaking, partaking in group or individual presentation, asking, and answering questions in class and interacting with teachers and classmates in general. Inability to actively participate in such school activities and class activities can negatively affect students educational attainment. Blote et al, (2015) opines that school demands that exposes an individual to be focus of attention can create excessive worry and lead to social anxiety and consequently affect educational attainment if not properly managed.

Social anxiety is a limiting disorder in the school system because of its ability to interfere with learning outcome of students. Oftentimes, students with social anxiety avoid asking questions in class, they often sit at the back sit and they avoid participating in class and school social activities designed to promote academic and social skills. Untimely detection and intervention could lead to students low academic performance, it could negatively impact students social development and social functioning. It could cause students to avoid, reject or withdraw from school thereby contributing to social menace in the society.

The researcher's personal experience as a secondary school counsellor during her practicum as a Masters and PhD student, it was observed that social anxiety is common among secondary school students in Edo State. Also, from personal interactions with secondary school students as a student teacher during the researcher's teaching practice, it was also observed that social anxiety is common in secondary schools. Educational settings where speaking in front of people is an important academic skill and a key to participating in social activities, having social anxiety disorder will impose substantial difficulty on students' daily functioning and optimal academic achievement. Additionally, severe social anxiety may cause increase in school dropout, poorer academic achievement, school avoidance and general decrease in productivity which could lead to dependency on family and society at large. In consideration of the negative effect social anxiety may bring to an adolescent's overall productivity and daily functioning, there is therefore need to manage this maladaptive behaviour in secondary school students so that they would be able to attain their full potential and achieve optimally. Therefore, could CBT be effective in managing social anxiety in secondary school students? More so, could there be interaction effect of treatment due to sex of students? Studies within the reach of the researcher shows dearth of literature on the efficacy of CBT on social anxiety of secondary school students in Edo State. This study therefore seeks to examine the efficacy of CBT on social anxiety of secondary school students in Edo State. The following research questions were raised:

1. What is the difference in the pretest and post-test mean score of social anxiety students treated with CBT in the experimental group?
2. What is the difference in the post- test mean scores of social anxiety students treated with CBT and those in the control group?

3. What is the interaction effect of treatment by age on social anxiety among students at post-test in the experimental group?

Hypotheses

1. There is no significant difference in the pretest and posttest mean scores of social anxiety students in the experimental group.
2. There is no significant difference in the post-test mean scores of social anxiety students treated with cognitive behavioural therapy and the control group.
3. There is no significant interaction effect of treatment by age on social anxiety among students at post-test in the experimental group.

Theoretical Underpinning

The Psychoanalytic theory by Sigmund Freud

This theory believes that the root of all neurosis and anxiety sterns from unresolved repressed negative childhood experiences. Psychoanalytic and Freudian Theory use the term Phobic neurosis and anxiety hysteria to describe social anxiety which was formally called social Phobia. According to Freud, the main defense mechanisms involved in social anxiety are avoidance, repression, and displacement. Freud believes that our conflicts as humans occur outside our conscious awareness. According to him, our unconscious drives and desires struggle to be fulfilled on the truth of reality. Since this is often not achieved, these unresolved and unconscious conflicts may result in manifestations of symptoms such as anxiety in social situations. Freud opines that phobic neurosis can be traced back to a significant traumatic childhood experience. According to this theory, this traumatic experience has been repressed and our psyche employs defense mechanisms to protect us from uncomfortable situations with regards to our feeling and memories. Freud argued that this happens outside of our conscious awareness.

Freud, argues that the main defense mechanisms used by individuals with phobic neurosis are Avoidance (Evading situations that make us uncomfortable), Repression (Suppressing painful feelings and memories that are too painful to our conscious mind), and Displacement (satisfying an impulse with a substitute object). The unconscious fear we feel about a particular situation is consciously felt when faced with a different situation). Freud opines that the Id, Ego, and the Super Ego are the three layers of personality. According to him, it is the basic structure of individual personality. The Id represents our biological instincts, which he described as “pleasure principle” and “primary-process thought” to fulfill pressing human need to relief the nervous feeling. Id is believed by Freudian theory to be the most innate quality in humans which fulfills our physiological needs. Freud believes Ego used “reality principle” which he calls the process of rationalization. He also refers to Ego as the “second-process” thoughts. The Super Ego represents the conscience formed in early childhood. Freud likened the relationship between Id and Ego to that of a horse and the rider, the horse provides the energy and drive while the rider shows the direction to go. Freud believes the Id, Ego and Super Ego forms our behaviour and personality.

Freud asserted that Anxiety is the signal of danger which shows that the Ego is in a threatened situation and as such must employ different types of defense mechanism to reduce the Anxiety. He suggests that repression was the most used mechanism to repress Anxiety. Freud referred to repression as an innate psychic process responsible for all neurotic behaviour.

This theory has important consequences to the development of social anxiety because it believes that unresolved repressed childhood experiences birth all mental disorders including social anxiety disorder. It also suggests that individuals employ defense mechanism unconsciously to protect against uncomfortable situations such as fear of public evaluations that lead to social anxiety. He explains that the defense mechanisms mainly used by socially anxious people are avoidance (avoiding events that might trigger social anxiety), repression (suppressing anxious thoughts from consciousness) and displacement (transferring negative feelings from one person or thing to another). An individual who grew up in a toxic home where parents were overly abusive for example may develop negative beliefs and assumptions about self and the world. These negative beliefs over time may have been repressed, displaced, or avoided but similar social experiences could trigger such repressed emotions leading to mental disorder such as social anxiety and this could in turn have implications on the individual and the society at large.

Methodology

This study adopted the pretest, post-test non-equivalent control group design, a quasi-experimental research design. The population of the study consist of all47,695 public secondary school students in Edo south senatorial district in Edo state. The sample size comprised 120 SS1 and SS2 students from the population. The sample size was selected using a multi-stage sampling procedure and an intact class was used for this purpose. The instrument that was employed in this study for data collection is the adapted version of the social phobia inventory (SPIN) developed by Connor et al, (2000). The instrument was adapted by the researcher and titled social anxiety assessment scale (SAAS). The instrument was divided into two sections A and B. Section A was used to elicit information on the demographics of respondents while section B consisted of 20 positively and negatively worded items which were arranged in a four point scale: strongly Agree (SA) 4 points, Agree (A) 3 points, Disagree (D) 2 points and Strongly Disagree (SD) 1 point for positively worded items while negatively worded items took the reverse. The data collected was analyzed using the Cronbach Alpha statistic to determine the internal consistency of the instrument. The reliability coefficient value of 0.88 was obtained. Hypotheses were tested using paired sample t-test statistics.

Presentation of results

Hypothesis 1: There is no significant difference in the pretest and post-test mean scores of social anxiety students in the experimental group.

Table 1: Paired sample t-test of pretest and post-test scores in the experimental group of social anxiety students.

Variable	N	X	SD	Mean Diff.	t	df	Sig.(2-tail)
Pretest	67	65.94	4.62	26.36	25.22	66	.000
Post test	67	39.58	7.83				

a.=0.05

Table 1 above shows the mean value of 65.94 and 39.58 with standard deviation of 4.62 and 7.83 for pretest and post-test of social anxiety students treated with CBT in the experimental group. The mean difference of social anxiety students treated with CBT in the experimental group was 26.36. The table above also shows a t-value of 25.22 and a p-value of .000 testing at alpha level of .05. The p-value is less than the alpha value, so the null hypothesis which states that there is no significant difference in the pretest and post-test mean

scores of social anxiety students treated with CBT in the experimental group is rejected in favour of the alternative hypothesis. This implies that there is a significant difference in the pretest and post test mean score of social anxiety students treated with CBT in the experimental group.

Hypothesis 2: There is no significant difference in the post test mean scores of social anxiety students treated with CBT and those in the control group.

Table 2: Paired sample t-test of pretest and post test mean scores in the experimental group of social anxiety students treated with CBT and those in the control group.

Variable	N	X	SD	Mean Diff.	t	df	Sig(2-tail)
CBT	67	39.58	7.82				
Control group	53	47.58	1.57	-8.00	-7.32	118	.000

a.=0.05

Table 2 above shows the mean of 39.58 and 47.58 and standard deviation of 7.82 and 1.57 of post test mean scores of social anxiety students treated with CBT and those in the control group. The mean difference of the group was -8.00. The table also shows a t-value of -7.82 and a p-value of .000. Testing at an alpha level of .05 the p-value is less than the alpha level, consequently, the null hypothesis which states that there is no significant difference in the post-test mean scores of social anxiety students treated with CBT and those in the control group is rejected in favour of the alternative hypothesis. This implies that there is a significant difference in the post-test mean scores of social anxiety students treated with CBT and those in the control group.

Hypothesis 3: There is no significant interaction effect of treatment by age on social anxiety among students at post-test in the experimental group.

Table 3: Univariate Analysis of variance of Test of Between Subjects Effects by age at Post-test.

Source	Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1906.5222	3	635.507	17.705	.000
Intercept	172278.315	1	172278.3154799	.478	.000
Groups	1387.327	1	1387.32738.649		.000
Age	4.414	1	4.414	.123	.726
GROUPS*AGE	4.455	1	4.455	.123	.726
Error	4163.845	116	35.893		
Total	229156.000	120			
Corrected Total	6070.367	119			

a. R Squared = .314 (Adjusted R Squared = .296)

Table 3 above shows an R Squared value of .314 (31.4%). It therefore means that Cognitive behavioural therapy as the independent variable accounts for 31.4% of the variation in the dependent variable (social anxiety of secondary school students). The table

also shows an F-value of 0.68 and a p-value of .795. Testing at an alpha level of .05 the p-value is greater than the alpha level, so, the null hypothesis which states that there is no significant interaction effect of treatment by sex on social anxiety among students at post-test in the experimental group is retained. This implies that the effect of treatment on social anxiety among students at post-test in the experimental group is not as a result of age of students. This implies that there was no interaction effect of treatment due to age of students. Hence treatment was effective irrespective of the age of students.

Discussion of Findings

The findings of hypothesis one revealed that there is a significant difference in the pretest and post-test mean scores of social anxiety students treated with CBT in the experimental group. The difference in the pretest and post-test mean scores of students is believed to result from the CBT treatment participants were exposed to because the CBT treatment package used incorporated CBT techniques that helped improve social anxiety of participants. This indicates that cognitive Behavioural Therapy was efficacious in treating social anxiety of students exposed to CBT. This result corroborated the study carried out by Alika and Ozuri (2021) on the efficacy of cognitive behavioral therapy in the management of social phobia of secondary school students in Delta State, Nigeria. Findings revealed that CBT was efficacious in managing social anxiety of students. A total of 130 students participated in the study. Social phobia inventory scale (SPIN) was employed for data collection. Also, Ozuri and Odofin, (2022) study on the efficacy of cognitive behavioural and emotional intelligence therapies on the management of social anxiety among in-school adolescents revealed that CBT was efficacious in the management of social anxiety of secondary school students. A total of 102 in-school students participated in the study and the social interaction anxiety scale (SIAS) was employed. Also, the study carried out by McCarthy et al., (2017), agrees that Cognitive behavioural therapy is effective in managing social anxiety disorder. The study revealed that CBT is effective in treating social anxiety. The number of participants in the study were 457, a longitudinal cohort design was employed and a questionnaire was used to collect the data. In another related study carried out by Ahadi et al., (2020) on the effectiveness of cognitive behavioural therapy and rational emotive behavioural therapy in reducing social anxiety in adolescents found that CBT is effective in reducing social anxiety. The quasi experimental design was used for the study and a total of 60 subjects were selected using the convenience sampling method and were randomly assigned to experimental and control groups.

The result of hypothesis two revealed that there is a significant difference in the post test mean scores of secondary school students treated with CBT and those in the control group. The mean scores of students treated with CBT became lower after treatment when compared with the mean scores of students in the control group. This shows that CBT is effective in the management of social anxiety in secondary school students. These findings agree with the findings of Norton and Abbott, (2016) which revealed that CBT is effective in treating social anxiety. These findings also corroborate the findings of Gillihan, (2019) which revealed that CBT significantly treats social anxiety because it uses a collaborative process, focusing on the present and emphasizing practice.

The reason for the reduction of social anxiety mean scores of students in the experimental group is believed to be the contribution of the six weeks sessions of CBT they were exposed to. For example, students in the experimental group where adequately guided during treatment to ensure that they derive maximum benefit from each session. Each session gradually built trust and effective communication between the researcher and the experimental participants. They were exposed to graded tasks to help them manage and cope

with anxiety provoking situations. They were equipped with CBT components such as hyperventilation control (slow breathing and muscle relaxation), they were taught to change unhelpful thinking pattern to helpful ones and graded exposure (involvement in social interaction).

The result of hypothesis three revealed that there is no significant interaction effect by sex on social anxiety among students at post-test in the experimental group. This shows that the CBT treatment was equally effective to both age groups in the study. These findings disagree with the finding of Nordal et al. (2016) which reveals that younger individuals are more affected by social anxiety. In another study by Essau et al. (2014), shows that social anxiety is more common in adolescence within the ages of 14 to 17 they added that since this period is a period of transitioning, the difficulties experienced in this developmental stage may be contributing factors.

Hypothesis two revealed that there is no significant interaction effect by age on social anxiety among students at post-test in the experimental group. This shows that the CBT treatment was equally effective to both age groups in the study. These findings disagree with the finding of Nordal et al. (2016) which reveals that younger individuals are more affected by social anxiety. In another study by Essau et al. (2014), shows that social anxiety is more common in adolescence within the ages of 14 to 17 they added that since this period is a period of transitioning, the difficulties experienced in this developmental stage may be contributing factors.

Hypothesis three revealed that there is no significant interaction effect by age on social anxiety among students at post-test in the experimental group. The result shows that the CBT treatment was equally effective irrespective of the ages of students. These findings agrees with the findings of Farhan, (2013) which revealed that there is no significant interaction by age and concluded that for an accurate understanding both psychosocial and biological factors should be considered. Also, in another study carried out by Day et al, (2016), the study suggest that to better understand the issue of age association with social anxiety, it is important to identify the risk factors that may contribute to the vulnerability of students by age. They suggested that a holistic approach should be adopted and added that age gap is not fully explored. Another study by Asher et al. (2017), revealed in their findings that younger students are more likely to persist in social anxiety than older ones. The study reviewed age differences in social anxiety by reviewing studies done before. The reason for no interaction of treatment by age might be the careful carrying out of the treatment package and the careful structuring of the research instrument for participants easy understanding possibly resulting in no influence of the treatment outcome by age.

Conclusion

The findings of this study affirm that Cognitive Behavioural Therapy (CBT) is a highly effective intervention for managing social anxiety among secondary school students. Significant improvements were observed in the experimental group, both between pretest and post-test scores and in comparison with the control group. The CBT sessions, which included structured techniques such as cognitive restructuring, graded exposure, and relaxation strategies, empowered students to confront and manage anxiety-inducing situations. These results align with prior research, reinforcing the credibility of CBT as a reliable, evidence-based approach to improving students' emotional well-being and enhancing their capacity for

healthy social interaction. Also, the findings suggest that CBT can be used across diverse demographics groups irrespective of age of participants.

Recommendations

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

1. Early identification and timely intervention of social anxiety in students should be promoted in our school systems as this would help students achieve their full potential. Stakeholders like teachers, school counsellors, parents and guidance should be very observant and watch out for manifestations of social anxiety in students to aid timely detection and CBT intervention. Counselling bodies and counsellors should promote the use of CBT in managing social anxiety.
2. Functional and equipped counselling units should be established in all secondary schools. All stakeholders especially school owners, parents, guidance and school alumni should be encouraged to contribute towards school counselling units for its sustainability as the outcome of an effective counselling units in schools would greatly impact students overall achievement.
3. As age of students did not influence treatment outcome, counsellors should not deter in the use of CBT in treating different demographics. Schools should run awareness campaigns on the suitability of CBT in managing various groups of demographics. These campaigns should also aim at destigmatizing mental health concerns such as social anxiety and encouraging students to seek help early.

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