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ACCEPTANCE AND COMMITMENT THERAPY IN THE TREATMENT OF SOCIAL ANXIETY AMONG SECONDARY SCHOOL STUDENTS IN RURAL AREA OF OYO STATE, NIGERIA

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Abstract: Statement of the problem: In a school setting, the stress, frustration and trauma of being socially anxious amidst other individuals could be devastating and detrimental to the psychological well-being of adolescents. Socially anxious adolescents often are unable to function adequately with peers and significant others. They are at risk for several forms of concurrent and subsequent maladjustment such as poor relationship. Thus, the impact of social anxiety on the developmental life span of adolescents is quite terrifying and painful as the experience of social anxiety among adolescent appears to be highly handicapping and create maladjustment in most aspects of their life such as social, intellectual personality and academic achievement. On this basis therefore, this study intends to use Acceptance and Commitment Therapy for the treatment of social anxiety among adolescents in secondary schools in the rural area of Oyo state, Nigeria.

Keywords; Acceptance and Commitment, Gender, Parenting Style, Social Anxiety,

Introduction

The period of adolescence is eclipsed with not only dramatic hormonal and biological maturation, but also, identity and social relations are established during this period. Most adolescents experience anxiety related to the changes accompanying adolescence, but, the commonest form of anxiety experienced by the adolescent population is social anxiety. Social anxiety is a mental health problem that resides in a continuum of distress and disability. In its mildest form, it may present as emotional discomfort, fear or worry experienced in social-evaluative situations, while it's more severe form is characterized by disabling, pervasive fear and avoidance (Liebowitz 2003; Veale 2003). Social anxiety first occurs in infancy and is said to be a normal and necessary emotion for effective social functioning and developmental growth. Though, cognitive advances and increased pressures in late childhood and early adolescence most often results in repeated or more severe forms of social anxiety.

Individuals vary in how often they experience social anxiety and in which kinds of situations. However, scholars theorize that, social anxiety often occurs when an individual's motivation to take a desired impression in social situations is accompanied with doubts about having the ability to do so (Goldin, Ziv, Jazaieri, Hahn, et al. 2012). Such doubt may be driven by low self-worth and internalised shame (Gilbert and Procter 2006). Together these can exert a strong, untoward impact through social anxiety on quality of life, social interaction and relationships, personal identity, academic success, mental health and treatment adherence for other medical or psychiatric conditions. For instance, evidences showed that social phobia was associated with 20% of cases of depression (Brook, 2008) and 17% of cases of alcohol and drug dependence (Peng, 2011).

Millions of adolescents and youths all over the world suffer from the divesting and traumatic condition of social anxiety every day.Available literature demonstrates that the prevalence of social anxiety disorder in general population range from 4.9-80% worldwide (Wittchen, Fuetsch, Sonntag, Muller and Liebowitz, 2000; Stein and Stein, 2008). In the United States, epidemiological studies have recently pegged social anxiety disorder as the third largest psychological disorder in the country, after depression and alcoholism. It is estimated that about 7% of the population suffers from some form of social anxiety at the present time. The lifetime prevalence rate for developing social anxiety disorder is 13-14% (Goldin, Ziv, Jazaieri, Hahn, et al. 2012). In other western countries like Canada and New Zealand, social anxiety disorder is relatively common with similar rate of lifetime prevalence ranging from 1.7-3%, whereas, lower

rates of 0.5-0.6% were reported from Asian nations like Korea and Taiwan (Chavira and Stein, 2002)

Similarly, the burden of social anxiety among secondary students is well documented and it varies from country to country. For instance, in high-income countries, the magnitude ranges from 3.5% to 21% (Burstein, He, Kattan, Albano and Avenevoli, 2011; Chhabra, Bhatia, Sahil, Kumar and Srivastava, 2009; Alkhathami, 2015; Hudson, 2000). Even though there is scarcity of evidence in developing countries, the available literatures suggested that social phobia is higher, which ranges from 10.3% to 27% (Dryman, Gardner, Weeks, and Heimberg,2015; Katzelnick, Kobak, DeLeire, Henk and Greist, 2001).

Students' attention to academic information may be distracted by an excessive focus on their anxiety (WHO, 2009). As is evidenced in literature, students with severity of social anxiety are deficits in social skills, attention difficulties and learning problems in school settings (Bernstein et al., 2007). Mehtalia and Vankar (2004) found that, the most common manifestation of social anxiety was avoiding speech giving in front of a group of people. Other studies reported significant effect of social anxiety on impaired academic functioning, increased risk of failure and drop out of school (Stein and Kean 2000; Ameringen et al. 2003; Wetterberg, 2004; Jawaid and Rehman, 2007).

Despite reports indicating that, social anxiety is the third most common mental disorder in adolescents worldwide, it is often under diagnosed and undertreated (Veale, 2003; Priyamvada, Kumari, Prakash and Chaudhury, 2009), most especially in Nigeria. Also, though there are many studies on social anxiety all over the world, there are limited studies aimed at the reduction of social anxiety among secondary school students in Nigeria, hence, its preponderance and attendant consequences. In line with this brief background, the present study adapted Acceptance and Commitment Therapy (ACT) to reduce the rate of social anxiety among secondary school students in Oyo State, Nigeria. This study also took into consideration the moderating effect of gender and parenting style.

Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy (ACT), is a process-based, third-wave, cognitive behavioural therapy (CBT) that has shown its effectiveness in a broad set of psychological problems. ACT is grounded in a theory on language and cognition called "relational frame theory" and in functionalcontextualistic philosophy. ACT, developed by Hayes (1987), emerged from behaviourist approaches to therapy. ACT is rooted in the pragmatic philosophy of functional contextualism (Biglan and Hayes, 1996) that recognizes the influence of antecedents

within a specific context on psychological events; encompassing cognition, affective responses and behaviour (Hayes, 1993). These advocates aver that thoughts and feelings do not cause other actions, except as regulated by context. Therefore, it is possible to go beyond attempting to change thoughts or feelings so as to change overt behaviour, to changing the context that causally links these psychological domains.

Acceptance and Commitment Therapy is gaining international recognition as a therapeutic approach that accommodates a range of individual and presenting problems (Hayes, Levin, Plumb-Vilardaga, Villatte, and Pistorello, 2013). Key findings emerging from current ACT research indicate that processes foundational to the approach, such as mindfulness, cognitive defusion, the promotion of acceptance and willingness, as well as commitment to change, are conducive as an effective treatment approach to a range of complex issues including physical, intellectual and psychosocial challenges and a range of diagnosed mental health concerns (Dahl, Wilson, and Nilsson, 2004; McCracken, Vowles, and Eccleston, 2005; Dalrymple and Herbert, 2007). Evidence in literature, advocates ACT model as a viable intervention to a relatively broad range of problems, and across a range of severity from psychosis to interventions for ordinary people. As such, the technique will most likely aid in facilitating value-consistent actions and decrease maladaptive coping strategies such as social anxiety.

Gender

In the literature, there has been consistent report on gender disparity regarding social anxiety (DeWit, Chandler-Coutts and Offord,et.al. 2005;Lindout, Markus, Hoogendijk and Boer, 2009; Roelofs, Meesters and Huurne, 2006; McLeod, Wood and Weisz, 2007). Reports consistently place females as having higher rates of social anxiety disorder (SAD) than males by a ratio of approximately 3:2. In rare cases the ratio is equal between the sexes, but varying methodologies could account for these results (In spite of the disparity between the genders, there has been little investigation into why there is a difference. To remedy this oversight, several groups have looked at male and female gender orientation and discovered an appreciably higher proportion of anxiety symptoms associated with feminine traits (Palapaattu, Kingeryand Ginsburg 2006). The authors imposed a gender role theory to explain sex differences in severity of anxiety symptoms.

Another team investigating this same topic found that family adversity affected the sexes differently in the onset of SAD (DeWit, Chandler-Coutts andOfford, 2005).These scholars suggested that gender was a moderator of the effects of childhood family adversity thought to increase the risk of SAD. Although it is not altogether apparent how gender interacts in all

situations to give identifiable risks in the development of SAD, initial proposals suggest several psychosocial explanations such as gender socialization. As expected, the data supported a relation between gender role and fearfulness in children with anxiety disorders. More specifically, those with higher levels of masculinity showed lower overall fearfulness, however, levels of femininity did not correlate to anxiety.

A different research group released results that augmented this preliminary, but partial, support for the gender role theory (Muris, Meesters and Knoops, 2005) they examined non-clinical referred children between the ages of 10 and 13 and found that femininity was positively and masculinity negatively, associated with fear and anxiety. Criticism of this work, however, contended that masculinity was a substitute of self-esteem since both represented traditional masculine traits such as confidence and assertiveness (Palapaattu, Kingeryand and Ginsburg 2006). These inconclusive findings and discourse does emphasize the importance of including gender and gender socialization in any examination of the aetiology of SAD.

Parenting Style

There is an extensive literature linking parenting styles to the occurrence of social anxiety among children. In general, authoritative parenting is negatively associated with the problems of social anxiety in childhood and adolescence (Steinberg, Blatt-Eisengart and Cauffman, 2006). Thus, it is found that one factor that may moderate social anxiety in childhood is parenting. Previous research suggests the parenting context is an important factor in this association (Calkins and Degnan, 2006). Also, McLeod, Wood and Weisz (2007) reported that parenting style, in particular, may have important implications, since it is thought to provide an emotional climate for the parent-child relationship. Styles are distinct from specific parenting practices or behaviours. A parenting style is an attitude that is expressed toward the child across a wide range of situations, whereas practices or behaviours are expressed toward the child's behavior in specific situations. Despite these documented associations, previous work suggested that direct effects of parenting are modest and that interactions between biological and environmental factors are more likely to affect the development of social anxiety and psychopathology in children (McLeod, 2007).

In the same vein, the study of Chvira and Stein (2005) revealed that among the various environmental factors believed to be antecedents of social anxiety disorder are those of negativeparental rearing practices. The interpretation of this term as it relates to social anxiety has encompassed many constructs. These include practices of control, overprotection, rejection, and neglect, lack of warmth or affection, anxious parenting insensitivity, restiveness,

social isolation, criticism, shame tactics, behavioural rigidity and concern with the opinions of others. Also, variety of mechanisms may work to promote anxiety through these constructs. For instance, parental overcontrol diminishes a child's ability to explore and learn new skills independently, thereby possibly promoting anxiety in situations of perceived fear. While parental rejection foster an insecure attachment, potentially leading to psychopathology in general, including anxiety disorders (Lindout, Markus and Hoogendijk, 2006).

Roelofs, Meesters and Huurne (2006) found that adverse parental rearing is one factor in particular that is thought to play a role in the etiology of social anxiety problems of children. In their study, they examined the link between attachment style, perceived parental rearing behaviours and psychopathology in non-clinical children. The children completed three different questionnaires: one measuring social anxiety and depression symptomology, another determining perceived parental rearing behavior, and the last one assessing attachment style. Data analysis revealed that perceived parental rearing behaviours was significantly associated with social anxiety disorders, while attachment style seemed to play a smaller role in these groups of problem behavior. Also noteworthy was the gender specific finding that negative parenting factors associated with fathers had a greater impact on symptoms in boys versus girls, and these same parenting factors in mothers affected the girls more profoundly (Roelofs, 2006). The evidence-based outcomes on the nexus between parenting style and social anxiety, provide a compelling case for the inclusion of this construct as a moderating factor in this study

Purpose of the Study

The general objective of this study is to investigate the effects of acceptance and committed therapy in the reduction of social anxiety among secondary school students in the rural area of Oyo state. The specific objectives include to:

- examine the main effect of treatment on social anxiety among secondary school students in the rural area of Oyo state;
- investigate the significant interaction effect of treatment and gender on social anxiety among secondary school students in rural area of Oyo state;
- find out the significant interaction effect of treatment andparenting style on social anxiety among secondary school students in the rural area of Oyo state and

Research Hypotheses

The following research null hypotheses were formulated and tested to guide the study at 0.05 level of significance

- **$H_0$1:** There is no significant main effect of treatment on social anxiety among secondary school students in rural area of Oyo state.
- **$H_0$2:** There is no significant interaction effect of ACT and gender on social anxiety among secondary school students in rural area of Oyo state.
- **$H_0$3:** There is no significant interaction effect of ACT and parenting style on social anxiety among secondary school students in rural area of Oyo state

Methodology

Design

This study adopted pre-test, post-test quasi experimental design. This design was adopted because it is capable of establishing cause and effect. More so, the treatment adopted will clearly show the level of reduction in the social anxiety prior to the treatment programme.

Sample and Sampling Technique

A multistage sampling procedure was adopted in selecting one hundred and twenty adolescents in secondary schools in rural areas of Oyo state, Nigeria, the stages are as follow;

Stage I: The study used purposive sampling technique to select two local government areas in Oyo, Nigeria.

Stage II: purposive sampling technique was to select randomly two rural areas in the two selected local government areas in Oyo state

Stage III: simple random sampling technique was used to select two public secondary schools in each two selected rural area in the two local government areas in Oyo State, Nigeria.

Stage IV: simple random sampling technique was used to select sixty secondary school students from each secondary school selected from each local government areas selected in Oyo State, Nigeria.

Instruments

The questionnaire consisted of demographic information such as age, sex, school type, family size, type of family. Rating instruments included the Social Phobia Inventory (SPIN) to detect social anxiety disorder, the Leibowitz Social Anxiety Scale (LSAS) and Parenting Style Inventory (PSI) to evaluate social anxiety disorder severity.

Social Phobia Inventory

The SPIN is a short, self-rating scale developed by Connor to capture the social phobia symptoms. It consists of a 17 items and each item is rated from 0 (not at all) to 4 (extremely). The scale ranges from 0-68. A score ≥19 suggests social anxiety disorder. It has good test-retest reliability, internal consistency, convergent and divergent validity and can be used for screening of and detecting treatment response to social anxiety disorder. Regarding diagnosis of social anxiety disorder, it has a sensitivity of 73-85% and a specificity of 69-84%. Although Shah and Kataria (2010) used a cut-off point of 19 on this scale in a similar study, Dogaheh reported that the cut-off point of 29 resulted in balanced sensitivity (0.96) and 1-specificity (0.87), and it was more appropriate for this study (a cut-off point of 19 resulted in an oddly very high prevalence).

Social Anxiety Scale

The LSAS is self-rating scale developed by Liebowitz to rate fear/anxiety and avoidance regarding 24 commonly feared performance or social situations. It consists of 13 performance-related items and 11 social-related items which are rated from 0 (none/never) to 3 (severe/usually). It has a good internal consistency and evaluates the severity of fear and avoidance in common social situations. A score of <55 suggests mild social anxiety disorder, 55-64 suggests moderate social anxiety disorder, 65-79 suggests marked social anxiety disorder, 80-94 suggests severe social anxiety disorder, and >95 suggests very severe social anxiety disorder.

Parenting Style Inventory

The parental styles inventory is an instrument rated on 4-Likert rating scale point ranging from 4= Strongly Agree (SA) to 1= Strongly Disagree (SD). The instrument was adapted to measure parental styles on students in rural public secondary schools. The validity of the instrument was ascertained through face and content validity of experts in field. The reliability of the instrument was determined through the test, retest method within an interval of three weeks of twenty respondents in another state not used in the study and reliability coefficient of (r=.68) was obtained.

Procedure

The study was carried out in four phases: pre sectional activities, pre- test, treatment and posttest. At the pre- sectional activities, the session include screening the adolescents for ‘social

anxiety' with "Social Phobia Inventory" recruitment of the participants into experimental and the control group. A brief meeting was organized to familiarize with the selected participants. At pre-test stage, Liebowitz Social Anxiety Scale (LSAS and Parenting Style Inventory (PSI 11) was administered to all the participants in both the experimental and the control group. The experimental group was exposed to eight (8) weeks of 40 minutes of treatment sessions the control group though was not expose to any treatment rather a talk on study habits but they were also subjected to both pre and posttest measure. The researcher made use of two doctoral students as research assistants.

Summary of contents in sessions based on acceptance and commitment therapy:

Session 1: Establishment of therapeutic relationship, the people acquaintance with the matter of therapy sessions and treatment contract through general orientation and administration of baseline measure.

Session 2: Discovering and assessing inefficient strategies used in members to reduce social anxiety in different positions and evaluation of their effects, discussion of temporary and ineffective methods of using analogies, feedback and providing assignments.

Sesssion3:-Assisting people to overcome shyness and other personal events without conflict with them using analogies, feedback and providing assignments.

Session 4:-Explain to avoid social anxiety experiences and knowledge of its consequences, training acceptance steps, changing language concepts using of the analogies, relaxation training, and feedback, and providing assignments

Session5:-The introduction of three - dimensional behavioural model to express the common communication behaviour/emotions, psychological and visible behavioural functions and discussion of trying to change behaviour based on them, feedback and providing assignments.

Session6:-Explaining the concepts of roles and terms, viewing themselves as a context and contacting by analogies, understand the different sensory perceptions and mental separation, feedback and providing assignments.

Session7:-Explaining the concept of values, creating motivation and empowering people for a better life, concentration exercises, feedback and providing assignments.

Session8:-Training commitment to action, identifying behavioural patterns by values and commitment to act, summing up meetings, and implementation after testing .Administration of posttest measure and termination of therapy.

Control group

The control group was not exposed to treatment; however the group was given pre-test measure and training instruction on health and well-being. Finally they were given post- test measure.

Method of Data Analysis

Descriptive statistics of frequency count and simple percent was used for participants' demographic information while inferential statistics of Analysis of Covariance (ANCOVA) was used for hypotheses tested at 0.05 level of significance.

Results

The results showed that out of 120 respondents used in the study, 53 (44.2%) of the participants were males while 67 (55.8%) of the participants were females. Therefore, the female participants were more than male participants used in the study. The Bar-Chart below showed the distribution of the participants' sex.

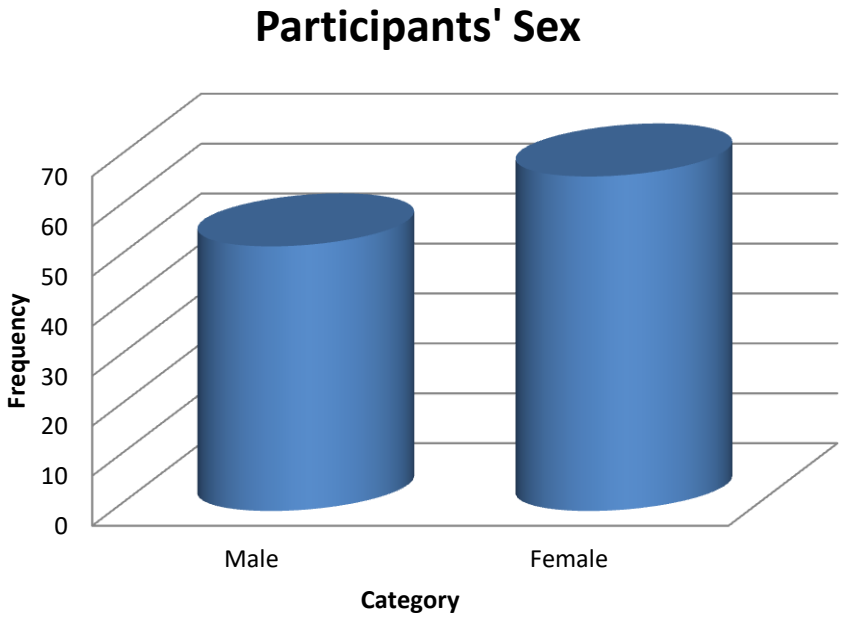

Figure 1: Showing Frequency Distribution of Participants' Sex

The result showed that 36 (30.0%) of the participants were between the ages of below 16years, 63 (52.5%) of the participants were between the ages of 17 – 21 years, while 21 (17.5%) of the

participants were between the ages of 22 years and above. The Bar-Chart below described the distribution of the participants' age.

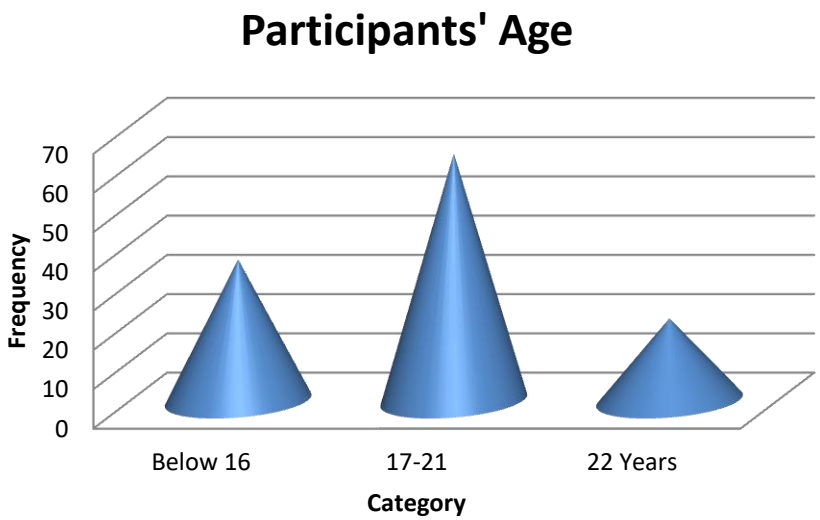

Figure 2: Showing Frequency Distribution of Participants' Age

Result showed the participants' religion, out of 120 participants, 67 (55.8%) of the participants were practicing Christianity, 49 (40.8%) of the participants were practicing Islam, while 3 (3.4%) of the participants were practicing other religions as shown in the Bar-chart below

Table1: Summary of Analysis of Covariance (ANCOVA) Showing the Main Effect of Intervention on Social Anxiety

Source of Variation	SS	Df	MS	F cal.	P	Remark
Between Group	7872.98	2	3936.49	2.73	<0.05	Sig.
Within Group	271183.77	117	2317.81			
Total	**279056.75**	**119**				

Source: *Author Computation*

Table 1 shows that there was main effect of treatment on social anxiety $F_{(2,117)}= 2.73$, $P<0.05$. This implies that there was statistical significant difference in the mean scores of participants in treatment and the control group. Hence, hypothesis one was rejected.

Table 2: Summary of Analysis of Covariance (ANCOVA) Showing the Interaction Effect of ACT and Gender on Social Anxiety

Source of Variation	SS	Df	MS	F cal.	P	Remark
Between Group	4918.96	2	2459.48			

Within Group	109662.93	117	937.29	3.97	<0.05	Sig.
Total	**114581.89**	**119**				

Source: *Author Computation*

Table 2 indicates that there was significant interaction effect of treatment and genderon participants' social anxiety$F_{(2,117)} = 3.97$, $P<0.05$. This means that there was a statistical significant difference of treatment, based on gender among secondary school students' social anxiety. It follows therefore that the null hypothesis was rejected.

Table 3: Summary of Analysis of Covariance (ANCOVA) Showing the Interaction Effect of ACT and Parenting Style on Social Anxiety

Source of Variation	**SS**	**Df**	**MS**	**F cal.**	**P**	**Remark**
Between Group	4271.98	2	2135.99	1.79	>0.05	NS
Within Group	19858.41	117	169.73			
Total	**24130.39**	**119**				

Source: *Author Computation*

The result from table 3 indicates that there was no significant interaction effect of treatment and parenting style of participants' social anxiety $F_{(2,117)}=$ $P>0.05$. Based on the significant interaction effect of treatment and parenting style, the third hypothesis indicates that there was no statistical significant difference of treatment and parenting style on participants' social anxiety. The null hypothesis was sustained

Discussion

The result of the study revealed that the treatment was effective in managing social anxiety of secondary school students. Thus, the hypothesis was rejected; as it was found that Acceptance and Commitment Therapy (ACT) had significant impact in the management of social anxiety of the participants. The findings proved that if students are expose to psychological measures that could help them self-manage their social anxiety, they could be more focused in developing positive interpersonal relationship among their peers, be confidence, relaxed, coordinated and motivated in negotiating relationship with others. This is in line with the outcome of previous studies, e.g. (Hidalgo, Barnett and Davidson, 2001; Peng, Lam and Jin, 2011; Demir, Demir, Bulut and Hisar, 2014; Muris, Meesters and Knoops, 2005) that there is a positive impact of ACT in managing social anxiety of high school students. Similar studies also found the effectiveness of ACT in enhancing prosocial behaviour among less inhibited girls, but more inhibited boys (Haugstings, Rubin and DeRose, 2005). This indicated the strength of the

commitment and acceptance therapy in modifying different human behaviours to a certain point of management.

More so, the study found that there was significant interaction effect of ACT and gender on social anxiety of secondary school students. This implies that gender influenced the ability of the participants to benefit from the treatment programme. This result could be premised on the possible reason that due to the efficacy of the treatment programme; socially anxious male and female students were able to mirror deep down into their person, evaluate their foremost social conduct, appraised their strength and weakness and then resolve to overcome their challenges by being confident in their ability and capability to succeed in negotiating relationship with peers and significant others in the society. This study corroborates previous studies evincing the differences in behaviour and environmental stimuli for girls and boys with social anxiety (Roelofs, Meesters and Huurne, 2006; Lindout, Markus and Hoogendijk, 2006). Likewise, Schwartz, Snidman and Kagan 1999; Caspi, Bern and Elder, 1989; Neal, Edelmann and Glachan, 2002). Girls with social anxiety or generalized anxiety disorder have different behavioural characteristics than boys (Neal, Edelmann and Glachan, 2002).

Furthermore, the results obtained showed that parenting styles has no moderating effect on the social anxiety scores of the participants. The null hypothesis was accepted. This finding, however, negates previous study outcome demonstrating that perceived parental rearing behaviours was significantly associated with social anxiety disorders (Chvira and Stein, 2005; Lindout, Markus and Hoogendijk, 2006; Roelofs, Meesters and Huurne, 2006; McLeod, 2007).The reason for this differing outcome could be mirrored from the point of view that parenting style is a psychological construct representing standard strategies that parents use in their child rearing.

Conclusion and Recommendations

This study investigated the effectiveness of Acceptance and Commitment Therapy in the treatment of social anxiety among secondary school students. Three null hypotheses were stated and tested at 0.05 level of significance. The therapy was effective in reduction and managing social anxiety of the participants used in the study based on their gender and parenting styles. Based on the findings of this study, it is recommended that; Counselling psychologists should intensify their effort to make use of ACT in counselling students and provide information needed through organize seminars/conferences on the implications of the moderating variables in managing of social anxiety i.e. gender identity and parenting styles; moreover, the students in the school should also be encouraged and trained on effective usage

of these interventions i.e. ACT. This will make the students to adopt effective learning skills towards managing social anxiety within and outside the school environment.

Also, adolescents need favourable atmosphere devoid of psychological problems in order to minimize the problems of social anxiety. As such, parents, teachers, caregivers and other stakeholders handling adolescents should deem it necessary to help socially anxious adolescent to overcome the problem by contacting or visiting therapist in the school system. Finally, government should endeavour to employ well informed counseling psychologist in secondary schools with manpower facilities available for use of their disposal. This would ensure a thriving and healthy society, where individuals can interact positively to ensure national growth.

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