EFFECTIVENESS OF ASSERTIVENESS SKILLS TRAINING AND MODELLING IN REDUCING SOCIAL ANXIETY AMONG STUDENTS IN ONDO STATE, NIGERIA

BY

ADEGOKE, Elizabeth Adunni

(12/68OK001)

A THESIS PRESENTED TO THE DEPARTMENT OF COUNSELLOR EDUCATION, FACULTY OF EDUCATION, UNIVERSITY OF ILORIN, ILORIN, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF DOCTOR OF PHILOSOPHY (Ph.D) DEGREE IN EDUCATIONAL GUIDANCE AND COUNSELLING

SUPERVISOR: PROF. A. I. IDOWU

DECLARATION

I Adegoke, Elizabeth Adunni hereby declare that this thesis titled 'Effectiveness of Assertiveness Training and Modelling in Reducing Social Anxiety among Secondary Schools Students in Ondo State, Nigeria' is my work. To the best of my knowledge this work has not been done or submitted by any in this department or any other department of Nigerian Universities.

CERTIFICATION

This is to certify that this thesisentitled ‘Effectiveness of Assertiveness Training and Modelling in Reducing Social Anxiety among Secondary School Students in Ondo State, Nigeria’ was conducted by ADEGOKE, Elizabeth Adunni Matric No.12/68OK001 and has been read and approved as meeting part of the requirements of the Department of Counsellor Education, Faculty of Education, for the award of Doctor of Philosophy (Ph.D.) degree in Educational Guidance and Counselling, University of Ilorin.

_____ _____

ProfessorA.I. Idowu Date
(Supervisor)

_____ _____

Dr. (Mrs) Mary O. Esere Date
(Ag. Headof Department)

_____ _____

Professor (Mrs) Mary G. Fajonyomi Date
(PG. Coordinator)

_____ _____

Professor N.B. Oyedeji Date
(Dean, Facultyof Education)

_____ _____

Date

(ExternalExaminer)

DEDICATION

This work is dedicated to the Almighty God, for His immeasurable mercy and kindness towards me. He will remain my God forever. Amen

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ABSTRACT

Social anxiety has been described as a major threat to the academic success of secondary school students in Nigeria. The less socially anxious a student is, the better is his/her performance in school. Previous studies have shown that social anxiety as a behavioural trait can be modified through counselling. This study therefore, investigated the effectiveness of assertiveness and modelling skills training in reducing social anxiety among secondary school students in Ondo State, Nigeria. The objectives of the study were to determine: (i) whether assertiveness and modelling skills training were effective in reducing social anxiety; (ii) which of the treatment packages of assertiveness or modelling skills training is more effective in reducing social anxiety; (iii) the influence of gender on participants' level of social anxiety; and (iv) the interaction effect of the treatment groups and gender on social anxiety.

The study adopted a 3 x 2 matrix of quasi-experimental type. The population for the study consisted of all secondary school students in Ondo State. Multi-stage sampling technique comprising simple random, purposive and stratified random sampling was used to select 120 students who participated in the study. There were two treatment groups of Assertiveness Skills Training and Modelling Skills Training and a control group while gender was the only moderating variable. The treatment groups were exposed to 8 weeks training sessions while the control group was exposed to some classroom activities. Social anxiety scale was adapted and used to collect data for the study. The instrument was content validated by experts and has a reliability co-efficient of 0.73.The hypotheses were analysed using Analysis of Covariance at 0.05 level of significance.

The findings of the study were that:

(i) there was a significant difference in the reduction of social anxiety of participants in the treatment groups and those in the control group ($F_{1,116}$ =1599.784; p<.05);
(ii) Assertiveness Skills Training was found to be less effective in reducing social anxiety ($\bar{X}$= 73.73) than Modelling Skills Training ($\bar{X}$= 69.73);
(iii) there was no significant difference in the reduction of social anxiety based on gender; and
(iv) there was no significant interaction effect of treatment groups and gender on the level of social anxiety reduction.

The study concluded that assertiveness and modelling skills training are effective in reducing social anxiety among secondary school students but modelling skills training was more effective. This implies that issues related to social anxiety among secondary school students should be of concern to all education stakeholders. It was therefore recommended that counselling psychologists should employ assertiveness and modelling techniques in helping clients identified with social anxiety challenges.

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CHAPTER ONE

INTRODUCTION

Background to the Study

Human beings are known to acquire knowledge and skills through interactions. Human interactions usually take the form of social, religious and marital relationship.At school, every individualno matter his or her educational level is expected to exhibit some level of sociability. In other words children are supposed to interact with others, be in good social contact and relationship with their peers, classmates and teachers. They are expected to be able to express feelings, needs, likes and dislikes without hurting one another. However, a cross-examination of what happens in schools shows that the relationship which enhances good academic performance is lacking in the classroom. Examination malpractice and failure are on the increase among secondary school students. It seems to be abelief that these students can no longer perform well without adopting dubious means. Getting closer to these students, one would discover that most of them do not ask questions from teachers when they are confused in the classroom. There is also no adequate relationship that can promote learning among these students themselves. One of the reasons for these might be as a result of social anxiety.

Social anxiety is an excessive fear in particular situations that negatively affect a person's life. It canbe defined as an experientially and excessive self-focused characterized by negative self-evaluation that creates discomfort and inhibition in social situations and interferes with the ability to achieve individuals' interpersonal or professional goals (Nnodum, 2010). Social anxiety has also been described by Albuquerque and Deshauer (2002) as the irrational fear on exposure to potential scrutiny or evaluation by others. Similarly, Todd` (2007) submitted that social anxiety is the fear and avoidance of social situations in which a person might be exposed to negative evaluation by others. In addition, Nielson and Calm (2009) asserted that social anxiety, equally known as social phobia or shyness, is the debilitating fear of humiliation or embarrassment in a social situation. From these positions, one can infer that social anxiety is the combination of a feeling of inadequacy embedded in an individual and the fear of not being judged as inadequate in social situations.

However, secondary school students are youngsters that are within adolescence stage of age group 10 to 19 years currently learning in secondary schools(World health organization,2002). Spano (2004) viewed adolescence as a time of change for young people. According to him it is a time marked by physical, cognitive, social/emotional and interpersonal changes and these changes happen at an accelerated rate. Spano further categorized the feelings and behaviours of adolescentsinto five broad areas:

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moving toward independence, future interests and cognitive development, sexuality and physical changes, ethics and self-direction. Adolescence is described as a critical time in a person's growth as adolescents gain increase in height and weight, growth of pubic and underarm hair, increased perspiration and body odor develop, oil production of hair and skin, breast development and menstruation in girls, growth of testicles and penis, nocturnal emissions (wet dreams), deepening of voice and growth of hair on face in boys. They engage in rule and limit testing breaking, occasional experimentation with cigarettes, marijuana and alcohol. They are as well equipped with capacity for abstract thought, Self-involvement, alternating between unrealistically high expectations and worries about failure, extremely concerned with appearance of one's own body and feelings of strangeness about one's self and body (Spano, 2004). It is also reported thatYoung adolescents in particular are preoccupied with these physicalchanges and how they are perceived by others (Youth Update Centre for Excellence, 2004). All the afforementioned challenges among others trigger social anxiety among secondary school students.

Asocially anxious person lacks adequate social skills for interacting with peers and significant others. Extremely socially anxious individuals cannot solicit for assistance from people around them. They always find it difficult to

ask for clarifications or questions on confusing or unclear issues. They find it difficult to initiate, participate and terminate conversations or discussions as well as find it difficult to express their feelings and easily join groups or engage in group work. Individuals suffering from social anxiety are shy, they experience fear and anxiety when asked to execute a social task. They often engage in negative talks or self-defeating statements. In addition, they have low self-concept, find it difficult to show appreciation and commend good acts or gestures to mention but a few (Nnodum, 2011). All these enumerated attributes might hinder learning effectiveness, thereby lowering academic performance. Moreover, Hymel, Rocke-HendersonandBonanno (2005) noted that people become socially anxious because they think they have defects which make them inferior to others.Clark (2005) posited that individuals with social anxiety have unrealistic and negative expectations of their performance in social situations and hold negative core beliefs about themselves. In fact, some studies such as Hirseh & Clark 2004have indicated biases in information processing in socially anxious persons.Social anxiety has been categorized into the following levels: according to Lynne, Philip and Zimbardo (2010). Cognitive which has to do with excessive self-evaluation; affective with heightened feelings of anxiety; physiological which has to do with racing heart and behavioural failure to respond appropriately to situations. Other categories of social anxietyare chronic social anxiety which experience social anxiety in

numerous social situations; situational social anxiety which experience anxiety in specific social situations; and shy extroverts; which experience anxiety and negative self-evaluation but are publicly outgoing. Although, introverts do not fear social situationsbut simply prefer solitary activities. Individuals who are shy may be with others but are restrained by the experience of shyness.

American Psychiatric Association (2000) distinguished between two sub-types of social anxiety: non-generalized and generalized. Non-generalized is characterized by fear of one or two situations while generalized is characterized by fear of not being able to perform in social situations. Lynne, Philip and Zimbardo (2010) posited that cross-cultural research indicates a universality of social anxiety. A large proportion of population in all cultures are reported to be experiencing social anxiety to a considerable degree, from as low as 31% in Israel to as high as 57% in Japan and 55% in Taiwan. In Mexico, Germany, India, Canada and United States 40% of social anxiety was reported. Estimates indicate that between 4% and 8% of adults in the general population suffer from social anxiety. Social anxiety has been rated as the third most common mental health illness affecting over 5% of the world population.

The acquisition of social anxiety may be the product of several different interwoven variables (Curtis, Kimbal & Strup, 2004). The possible causes of social anxiety have been identified by researchers; for instance, Lynne, Philip and Zimbardo (2010) noted that social anxiety is inborn and that children prone

to this anxiety cry excessively and vigorously during infancy and in early childhood. They tend to exhibit more behaviour defined operationally as timid or shy. They are also reported to be playing near primary caretaker and have close relatives who reported more childhood social anxiety than uninhibited children. Similarly, some children are born with hypersensitive nervous systems that cause them to have low thresholds for anxiety and fear; however, parental support and nurturance early in a child's life are important variables in determining their degree of social inhibition at later stages.

According to Betty, Heisel, Hall, Levine and La France (2002), family and environmental factors also play a role in the onset and maintenance of the disorder. For example, children with social anxiety are more likely to have parents who are over-controlling and over protecting than children without social anxiety. Parental over- protection is likely to lead to feeling of insecurity and lack of self-efficacy in children because they are unable to solve interpersonal problem on their own. Furthering the notion that environmental antecedents contribute to the acquisition of social anxiety, it is found that over 70% of the participants in his research indicated the belief that they had developed their anxiety through conditioning and modelling. It was noted that parental warnings and excessive instructions could be contributing variables to the acquisition of social anxiety. In addition, it was also suggested that children

learn anxious behaviors from their parents' anxious responses to certain situations.

The nature of experiences that a child was exposed to during his/her upbringing goes a long way to shape his/her life either positively or negatively. Reward can serve as an incentive to the child and motivate him for pleasurable and novel opportunities (Todd, 2007). On the other hand, negative experiences derived from the aversive avoidance, threat and danger motivates the child to withdraw from potentially painful stimuli. Todd further argued that the first increases the likelihood of acquiring skills, knowledge and resource that lead to personal growth and build social bonds while the second adopts ill-informed of behavioural strategy leading to social exclusion and loss of access to social group resource. Other environmental factors fostering social anxiety include being teased or bullied, dominated by older siblings and family conflict. Finally, in this rapidly changing world, the Internet and automated services such as gasoline and bank teller machines are quickly reducing the need to interact with others, possibly causing people to be more isolated and socially inhibited.

Besides that, it also is important to highlight the effects of social anxiety on the victims. Social anxiety is a neuro-developmental illness with considerable cost. Socially anxious individuals do not take advantage of social situations. According to Todd (2007), socially anxious people exhibit feeling of anxiety and escape tendencies and these lead to default response to stimuli

perceived as novel or challenging, curiosity and exploration are thwarted and consequent accumulation of unfulfilled desires which have considerable psychological cost. The socially anxious date late and have less stable marriages, are reported of fewer friendship and dating experiences (Nielson & Calm, 2009). Shy men have been found to marry and have children later; are less expressive verbally and non-verbally, they experience loneliness than do non-shy people. Davila and Beck (2005) found that socially anxious persons are less assertive, avoid conflict more often, are more fearful in expressing strong emotions and are more over-reliant on others than students who are low in social anxiety.

In addition, socially anxious people experience delay in establishing careers, they exhibit lower level of career achievement than their non-socally anxious peers. Social anxiety can also lead to drug abuse. Shy people have been found to use alcohol in an effort to relax socially, which may lead to impaired social performance and substance abuse. This is supported by Albuquerque and Deshauer, (2002) who asserted that social anxiety leads to high usage of medical resource. It can as well result in avoidance of social contact. It may also leads to situation whereby some socially anxious people may become shut-in, and isolated from their communities for the fear of not being jeered at, thereby making fool of themselves. Important chances may thus be declined where social contact is avoided. It may also lead to psychiatric

problem. Schneier, Martin and Liebwitz (2001) noted that some patients with social anxiety have been diagnosed to have psychiatric problem.

Studies have also revealed that social anxiety can lead to suicide attempt Schneier, Martin and Liebwitz (2001), in their submission observed that patients with high social anxiety have an increased incidence of suicide ideation and history of attempt. It equally makes life span shorter. If social anxiety continues into the later years with its related solitude and psychopathology, it can result in illness and a shortened life span. Social anxiety also resulting in inability of the individuals involved to acquire language, as language is acquired through interaction, speaking or expression. Studies by Todd (2007) and Nielson and Calm (2009) conducted on the effects and consequences of social anxiety showed that it was quiet debilitating. Their observation had sparked interest in researcher's identification and early intervention effort in the problem of socially anxious children or adolescents might reduce the risk of depressive disorders in later life.

Social anxiety is a psychological concern which needs psychological intervention. School counsellors could explore the possibility of assisting students identified with these challenges to overcome their problems. For instance, Assertiveness Training is a helping intervention that may be used by counsellors to help strengthen individuals' ability to express feelings, needs, likes and dislikes. It can also assist an individual to maintain personal standing

regarding a scenario without cheating oneself or hurting others. Mohebi, Sharifirad, Shahsiah, Botlani, Motlabi and Razaeian (2012) stressed that assertiveness training is a structural intervention which is used for the improvement of social relationship, anxiety disorder therapy, and phobias in children, teenagers and adults. The major tenet of assertiveness skills training is that a person should be free to express his/her thoughts and feelings appropriately without feeling of undue anxiety.

The technique consists of counter conditioning and reinforcing assertiveness. The client is thought that everyone has the right of self-expression (Albert & Emmons, 1990). Assertiveness training teaches people how to express themselves in a way that reflect sensitivity to the feelings and right of others. Although assertive individuals do not rigidly stand up for their rights at all costs, they often avoid riding over the feelings and opinions of others (Ojewola, 2008). Assertiveness training teaches the client to learn the differences between aggressive, passive and assertive actions. It is reported that persons who carry assertive behaviour do not hurt other people physically they rather aim at negotiating solutions to problems.Nnodum (2011) 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.

Another counselling approach that is likely to be useful in remedying social anxiety is modelling. Modelling is a process of incorporating another person's behaviour into one's behavioural repertoire through observation. Modelling, also known as imitative or observational learning, is described as a behaviour technique in which a person sees another's behaviour from which he/she copies (Uba, 2009). Modelling is a behaviour modification therapy which emanates from behaviourism with the main assumption that human beings are born a blank slate and all behaviours was learnt from the environment (Robert, 2004) and he opined that modelling focuses only on external factors that can be objectively observed. The purpose of behaviour modelling is to create a pragmatic model which can be used to reproduce or stimulate some aspect of that performance by the observer. The goal of the behaviour modelling process is to identify the essential elements of thought and action required to produce the desired response or outcome (Wordpress.com, 2011).

Modelling has been found to be an effective approach for behaviour change. It is a direct method of learning through which behaviour can easily be incorporated. Bandura (1977) posited that modelling is most effective in three areas: Learning new behaviour, helping to eliminate fears and expressing already existing behaviour. Modelling has been noted to have a great impact on personality development. It has been extensively used in behaviour

modification to alter varieties of behaviours. In many counselling applications, problems such as fear, lack of social skill have been treated effectively both in children and in adults. Bandura (1977), however, observed that imitation of other people's behaviour tend to influence, and at times enrich the individual's behaviour. Modelling was employed by Nnodum (2010) to manage isolate behaviour and was found to be effective.

Social anxiety which is considered an irrational fear and negative self-evaluation on exposure to potential scrutiny by others in social situations needs immediate intervention to salvage the destiny of the victims from its debilitating effects.The debilitating effect of social anxiety is a source of concern to counsellors. As it is noticed that people find it difficult to keep and maintain good interpersonal relationship with others. Divorce and delay in marriage are becoming rampant as a result of social anxiety challenges. Some avoid challenging and novel tasks, aspirations are unfulfilled and tasks are uncompleted. Many people depend on the use of substances such as alcohol and other drugs as means of survival and relaxation. Psychiatric problems seem to be on the increase, which has led to isolation with its related illness; shorter life span and suicidal attempt. All these problems and others need to be tackled to improve the social health condition of the society. The present study which seeks to determine the effectiveness of assertiveness skills training and modelling skills training in reducing social anxietymight be useful to students

and all sorts of people from various cultures to reduce their fear in social situations. Although lots of researchessocial anxiety disorder but the researcher has not been able to lay hold onany that has worked in this particular area.

Based on the foregoing premises, in relation to the menace and debilitating effects of social anxiety on the victims and what assertiveness and modelling skills training are capable of doing,the present study sought to determine the effect ofAssertiveness Skills Training (AST) and Modelling SkillsTraining (MST) in reducing social anxiety among students in Ondo State, Nigeria.

Statement of the Problem

It has been observed that a good proportion of secondary school students display social anxiety which tends to have debilitating impact on the social and academicwellbeing of the victims. Examination malpractice and failure are on the increase. The rate at which these students go about with brain emptiness and in possession of certificates which they are unable to defend is alarming. Some are unable to express their feelings and emotions assertively; they cannot ask for clarification or questions when confused in the classroom;they are shy and experience fear and anxiety when asked to execute a social task. According to Todd (2007), people with social anxiety tend to avoid novel situations and have a default response to stimuli perceived as novel and challenging. They lack curiosity with a lot of unfinished jobs and unfulfilled aspirations which

have psychological impact on them. It is further reported that socially anxious individuals have negative appraisal of self, they shy away from social activities which are personality eroding attitude that makes them date lately. Lynne, Philip and Zimbardo (2010), noted that some clients who suffer from social anxiety isolate themselves from their community for the fear of being jeered at. It is reported that the individual have excessive negative self-evaluation which tend to hinder their interpersonal relationship hence they find it difficult to interact freely and ask for assistance. Eng, Heinberg, Hart, Schneier and Liebowits (2001), Wenzel (2001) and Lionberg (2004) found that individuals with social anxiety have fewer friendship and lower dating experiences.The individual relies on medical substances and other substances like alcohol to be able to function well. This could result in psychiatric problem with its psychological cost on the society. All these problems among others prompted the researcher to carry out a study on how the affected individuals could get over these challenges.

Despite the prevalence and difficulties associated with social anxiety, researchers appear not to take full cognizance of its eroding effects on human personality and the social costs on the human populace, as only few studies have been conducted on how affected individuals could get over it.Stefan (2007) conducted study on cognitive factors that maintain social anxiety and he found out that social anxiety could be remedied by helping clients set realistic

social standards and selecting attainable social goals. Beidel and Samuel (2007) had also researched on shy children, phobic adults: nature and treatment of social anxiety and their findings showed that cognitive behavioural therapy is one of the most effective tools in the treatment of social anxiety. The National Institute of Mental Health (2013) also carried out a study on social anxiety disorder and found out that, cognitive behavioural therapy is one of the effective tools in treating social anxiety. Lynne, Paul and Philip (2014) assessed shyness, social anxiety and social phobia. They clearly stated in their result that social anxiety is learnt and can be unlearnt by relevant treatment package.

Adile (2003) examined the effect of assertiveness training on the assertiveness and self-esteem level of 5^{th} grade children of the middle-East technical university. She found that assertiveness skills training is effective in increasing the self-esteem of the students. Ojewola (2008) worked on the effectiveness of assertiveness training and self-efficacy in reducing aggressive behaviour among in-school adolescents in Ogbomoso, Nigeria. Her findings showed that assertiveness skills training was effective in reducing aggressive behaviour among adolescents.Yusuf (2008) studied the comparative effectiveness of relaxation techniques and reality therapy in reducing examination anxiety among secondary school students in Osogbo, Nigeria while Nnodum (2010) examined the relative effectiveness of assertiveness training, modelling and their combination in reducing isolate behaviour in

children. He found that both assertiveness training and modelling were effective in reducing isolate behaviour in children. Ali, Farhad, Mohammed, Esmail and Ali (2015) assessed the effectiveness of assertiveness skills training and benefit cognitive behavioural therapy in reducing shyness among city students. Their findings showed that both assertiveness skills training and cognitive behavioural therapy are effective in reducing shyness. However, not many studies have been conducted on the effectiveness of assertiveness training and modelling in reducing social anxiety in Nigeria.

Regardless the abundance of researches conducted on social anxiety, to the best of the researcher's knowledge no research on social anxiety has been done on the effectiveness of assertiveness training and modelling in the reduction of social anxiety among students.This study thereforeconcentrates on the effectiveness of assertiveness training and modelling in reducing social anxiety among secondary school students in Ondo State,Nigeria. The study would be complementary to the effort of previous researchers who have worked in diverse aspects of social anxiety.

Research Questions

On the basis of the statement of research above, the following research questions were raised to guide the conduct of this study:

1. What is the social anxiety level of secondary school students in Ondo state?

2. What is the effect of assertiveness and modelling skills trainingin reducing social anxiety?

3. Which of the two treatment strategies is more effective in reducing social anxiety?

4. What is the difference in social anxiety level of participants exposed to assertiveness skills training and control group?

5. What is the difference in the social anxiety level of participants exposed to modelling treatment and control group?

6. What is the difference in the social anxiety level of participants exposed to Assertiveness and modelling skills Training based on gender?

Research Hypotheses

The following null hypotheses were formulated and tested in thestudy:

1. There is no significant effect in the social anxiety levels of participants exposed to Assertiveness Skills Training and Modelling and those in the control group.

2. There is no significant difference in the social anxiety levels of participants exposed to Assertiveness Skills Training (experimental group1) and those in the control group.

3. There is no significant difference in the social anxiety level of participants exposed to Modelling Skills Training (experimental group 2) and those in the control group.

4. There is no significant difference in the social anxiety levels of participants exposed to Assertiveness and modelling SkillsTraining based on gender.

5. There is no significant interaction effect of gender and treatment on social anxiety levels of participants exposed to Assertiveness Skills Training and Modelling Skills Training

Purpose of the Study

The purpose of this study was to find out whether assertiveness training and modelling skills techniques were effective in reducing social anxiety among the students. The study also sought to identify which of the two techniques (assertiveness or modelling) was more effective in reducing social anxiety.The influence of gender on participants' levels of social anxiety was also investigated. Although, moderating variables such as religion, socio-economic background and so on could be tested, the researcher limited her focus and interest on gender.

Significance of the Study

The findings of the study might be useful for counsellors to use as tools to help students with social anxiety which might cripple their potentials.

The findings of the study would no doubt be of immense help to students and other people who have been rendered socially impotent as a result of social anxiety to overcome their situations and live a normal, productive and happy

life.It would also be useful to personnel managers who might have some of their employees being buffeted with social anxiety so that they can invite experts who would train them on how to use assertiveness and modelling skills training to organize behaviour building for their workers in order to improve their quality of life and productivity. It will, in addition, be useful to school administrators who might be thinking that poor performance of students is attributed to teachers' incompetence and poor methodology. It will enable them discover that other factors, apart from the aforementioned could contribute to the poor academic performance of students. This will help counsellors to provide assistance to students affected by social anxiety.

Operational Definition of Terms

The following terms were operationally defined as they were used in the study:

Assertiveness Training: a form of counselling intervention in which the socially anxious secondary school students express their feelings, opinions, beliefs, wishes and needs frankly in a way that does not violate the right of others, or cheat oneself in such a way that others do not violate them.

Secondary School Students-: are learners who are currently in SS1 and SS11 as at the time the study was being carried out.

SocialAnxiety-: the intense and persistent fear of being appraised, assessed or scrutinized and subsequently judged negatively by others.

Modelling:behaviour technique in which a secondary school student sees anotherperson's behaviour which teaches him/her what to copy. It is used synonymously with imitative or observational learning.

Scope of the Study

The study covered only Senior Secondary Schools students in Ikare-Akoko, Ondo State, Nigeria. The population 12,151 out of which a sample of 120 students was bepurposively selected from 3 selected schools in Ikare-Akoko to carry out the study. The studywas aimed at investigating the effectiveness of assertiveness training and modelling in reducing social anxiety among students in Ikare-Akoko inNigeria. The treatment involved the application of Assertiveness Skills Training (AST) and Modelling Skills Training (MST)treatment.

There were 2 treatment groups – AST and MST as well as a control group that were not exposed to any treatment. AST and MST are the independent variables while social anxiety is the dependent variable. The desired expected outcome was reduced social anxiety, increase in assertiveness and a fulfilling social life. Social Anxiety Scale (SAS)was used as an instrument to identify students with social anxiety. The first 120 students who scored 151 and above, which was considered to be high score of social anxiety, were placed in the 3 groups. Analysis of Covariance (ANCOVA) was used to analyze thecollected data for the study,

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

Preamble

Literature review is the information search embarked upon by a researcher to verify the extent to which an identified problem has been attended to by other researchers. For the purpose of this study, relevant literature was reviewed under the following headings:

- Concept and Types of Anxiety
- Classification of Anxiety Disorders
- Concept of Social Anxiety
- Theories of Social Anxiety
- Prevalence and Symptoms of Social Anxiety
- Causes and Consequences of Social Anxiety
- Empirical Studies on the Influence of Gender, Age and Socio-Economic Backgroundon Social Anxiety.
- Effectiveness of Assertiveness Skills Training in Managing Social Anxiety
- Effectiveness of Modelling Skills Training in Reducing Social Anxiety
- Summary of the Review of Related Literature
- Conceptual Model for the Study

Concept and types of anxiety

Anxiety, according to Berne (2000), is a feeling which arises when a conscious or unconscious tension is steered up and seeks a method of relief. Widigan, (2000) is of the opinion that anxiety encompasses a complex set of behavioural, cognitive and physiological responses to perceived threat. Ibrahim

(2005) viewed anxiety as a type of fear, generalized emotional state, a persisting distressful psychological state arising from an inner conflict. She described anxiety as an unpleasant complex and variable pattern of behaviour which individual shows when reacting to internal stimuli which can give such individual some concern or fear. She also asserted that anxiety is a general state of apprehension or uneasiness in which the object of the fear or anger is beneath the overt. She equally stated that anxiety is a vague, unpleasant feeling accompanied by the premonition that something undesirable is about to happen.

Anxiety is the emotional reaction to an event which leads to diverting energy to cope in some ways. Ibrahim (2005) regarded anxiety as a danger signal and differentiated between objective anxiety with its cause in external world and neurotic anxiety with internal causes. Diego (2005) referred to anxiety as a psychological state of arousal characterized by increase mobilization of the body to action such as accelerated heartbeat, papillary dilation, sweating and shivering of hands, breathlessness, tension, headache dryness of mouth and so on. In some cases it affects voice, temper and tone. It is viewed as an emotional condition in which there is fear and uncertainty about the future. Ezenwa (2006) explained that anxiety is a normal response to a perceived danger or threat to one well-being or self-esteem. For college students, fear of inadequacy regarding academic work, problems with

roommates, family or friends, work problems and related issues can be the source of anxiety.

The term anxiety, as defined Sarason and Sarason (2007), is a diffuse, vague, very unpleasant feeling of fear or apprehension. Also, anxiety is defined by Okesina (2008) as a painful or apprehensive uneasiness of mind usually over an impending or anticipated ill. Anxiety disorders are characterized by excessive fear and subsequent avoidance, typically in response to a specified object or situation and in the absence of true danger (Bunmi, Josh & Brett, 2010).

Anxiety is as well described as an unpleasant state of inner turmoil, often accompanied by nervous behavior, such as pacing back and forth, somatic complaints and rumination (Davison, 2008). It is noted as the subjectively unpleasant feelings of dread over something unlikely to happen such as the feeling of imminent death (Mayor, 2012). Anxiety is taken as a feeling of fear, worry, and uneasiness, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing (Bouras, 2007). It is often accompanied by restlessness, fatigue, problems in concentration, and muscular tension. Anxiety is not considered to be a normal reaction to a perceived stress although many feel it occasionally. Okesina (2008), however, highlighted that the commonality in all definitions is that anxiety is viewed as the threatened

and discomforting state of response experienced by individuals when exposed to external threat.

Classification of Anxiety

Anxiety disorders are blanket terms covering different forms of abnormal and pathological fear and anxiety which only came under the area of psychiatry at the very end of the 19th century. Current psychiatric diagnostic criteria recognize a wide variety of anxiety disorders. In this review, five types of anxiety disorders are discussed as classified by Raakhee and Aparna (2011). They are:

Generalized anxiety: Generalized anxiety disorder (GAD) is a common chronic disorder characterized by long lasting anxiety that is not focused on any one object or situation. Those suffering from generalized anxiety experience non-specific persistent fear and worry and become overly concerned with everyday matters.

Panic anxiety: In panic disorder, a person suffers from brief attacks of intense terror and apprehension, often marked by trembling, shaking, confusion, dizziness, nausea, difficulty in breathing etc. These panic attacks, defined by the American Psychiatric Association (2000) as fear or discomfort that abruptly

arises and peaks in less than ten minutes, can last for several hours and can be triggered by stress or fear, although the specific cause is not always apparent.

Social anxiety: Social anxiety disorder (SAD; also known as social phobia) refers to an intense fear and avoidance of negative public scrutiny, public embarrassment, humiliation, or social interaction. This fear can be specific to particular social situations (such as public speaking) or, more typically, is experienced in most (or all) social interactions. Social anxiety often manifests specific physical symptoms, including blushing, sweating, and difficulty speaking.

Separation anxiety: Separation anxiety disorder is the feeling of excessive and inappropriate levels of anxiety over being separated from a person or place. Separation anxiety itself is a normal part of development in babies or children, and it is only when this feeling is excessive or inappropriate that it can be considered a disorder (Raakhee & Aparna, 2011).

School avoidance anxiety: School refusal is most common in kids who are five to six years old, when they are just starting school and in their first year of kindergarten. It is also common in school-age children who are about 10 to 11 years old and are moving toward the end of the last years of elementary school. In addition to having temper tantrums and crying when it is time to go to school, symptoms that children may have when they do not want to go to school may include vague complaints such as stomachache, headache, nausea,

dizziness, chest pain, joint pain etc. School refusal is often the initial presentation of social phobia, particularly in adolescents (Raakhee & Aparna, 2011).

Concept of Social Anxiety

Living with others and communicating with them forms the essence of sociality. This sort of communication shapes the basis of human life (Fathi, 2005). Fear of criticism and being fooled by others exerts dramatic impact on man's social life. Social anxiety is defined as a cognitive and affective experience that is triggered by the perception of possible evaluation by others (Schlenker & Leary, 2002). *Manual of Mental Disorders*, fourth edition (*DSM-IV) and* American Psychiatric Association [APA] (2000), also defined social anxiety as a marked and persistent fear of social or performance situations in which embarrassment may occur. Social anxiety is further defined as a marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way that will be humiliating or embarrassing (American Psychological Association, 2000).

Valencia (2012) viewed social anxiety which is also called social phobia, as a type of anxiety disorder that causes extreme fear in social settings. People with social anxiety are reported to have trouble talking to people, meeting new people, and attending social gatherings. They fear being judged or scrutinized

by others. They may understand that their fears are irrational or unreasonable, but feel powerless to overcome them (Valencia, 2012). Jacob and Andrew (2012) described social anxiety as a discomfort or a fear when a person is in social interactions that involve a concern about being judged or evaluated by others, although it is normal to feel nervous in some social situations. For instance going on a date or giving a presentation may cause that feeling of butterflies in one stomach but in social anxiety, also called social phobia, everyday interactions cause irrational anxiety, fear, self-consciousness and embarrassment (Jacob & Andrew, 2012). Jacob and Andrew further opined that people with social anxiety have an irrational fear of being watched, judged or evaluated, or of embarrassing or humiliating themselves. The anxiety and discomfort becomes so extreme that it interferes with their daily functioning. In addition, Arlin (2012), in addition stressed out that social anxiety is a strong fear of being judged by others and of being embarrassed. This anxiety can be so strong that it gets in the way of going to work or school or doing other everyday things. In summary, Social anxiety is the fear of interaction with other people that brings on self-consciousness, feelings of being negatively judged and evaluated and as a result leads to avoidance. It is the fear of being judged and evaluated negatively by other people, leading to feelings of inadequacy, inferiority, embarrassment, humiliation, and depression.

Although everyone has felt anxious or embarrassed at one time or another; for example, meeting new people or giving a public speech can make anyone nervous. But people with social anxiety are reported to be worried about these and other things for weeks before they happen. People with social anxiety are reported to be anxious of doing common things in front of other people. For example, they might be anxious to sign a check in front of a cashier at the grocery store, or they might be afraid to eat or drink in front of other people, or use a public restroom. It is equally reported that most people who have social anxiety know that they should not be as anxious as they are, but they cannot control their anxiety. Sometimes, they are reported to end up staying away from places or events where they think they might have to do something that will embarrass them. For some people, social anxiety is a problem only in certain situations, while others have symptoms in almost any social situation (Smith, 2014).

Social anxiety as a persistent fear about social situations and being around people, is believed to be one of the most common anxiety disorders that causes intense, overwhelming fear over what may just be an everyday activity like shopping or speaking on the phone. People affected by it may fear doing or saying something they think will be humiliating. Social anxiety disorder disrupts normal life, interfering with social relationships and quality of life, and

impairing performance at work or school. It is believed to be generally more common in women than men and often starts in adolescence (Smith, 2014).

Individuals with social anxiety are reported to be apprehensive in social situations in part because they perceive the social standard as being high. They desire to make a particular impression on others, but doubt that they will be able to do so (Leary, 2001), partly because they are unable to define goals and select specific achievable behavioural strategies to reach these goals (Hiemisch, Ehlers, & Westermann, 2002). This leads to a further increase in social apprehension and increased self-focused attention (Clark & McManus, 2002; Heinrichs &Hofmann, 2001; Hirsch & Clark, 2004), which triggers a number of additional cognitive processes. Specifically, vulnerable individuals exaggerate the probability of a negative outcome of a social situation and overestimate the potential social costs (Hofmann, 2004). This is consistent with Clark and Wells (1995)which assumes that individuals with social anxiety believe that they are in danger of behaving in an inept and unacceptable fashion and that this will result in disastrous consequences. In addition, is it posited that individuals with social anxiety perceive little control over their anxiety response in social situations (Hofmann & Barlow, 2002), hold a negative view of themselves as a social object, and view their social skills as very poor or equate to master the social task. As a result, the individual with social anxiety anticipates social mishaps and engages in avoidance or safety behaviours

followed by post-event rumination (Mellings & Alden, 2000; Rachmann, Grüter-Andrew, & Shafran, 2000). This cycle feeds on itself, ultimately leading to the maintenance and further exacerbation of the problem.

Theories of Social Anxiety.

The following are highlighted as theories of social anxiety, according to Huppert, Roth and Foa, (2003):

Behavioural Explanations: The theory suggests that people develop social anxiety because of their past experiences. For example, if an infant touches a hot oven door, the pain from this experience would quickly teach him/her that oven doors are dangerous and should be avoided in the future. Similarly, it may be that social situations which once posed us no fear were influenced in a similar way. For example, if someone felt embarrassed or humiliated in a previous social situation (e.g. when talking to a small group of people), they may worry that similar situations will go the same way in the future. As a result they begin to fear and avoid them (Huppert, Roth & Foa, 2003).

Thinking Styles: Another theory suggests that some people have a thinking style that lends itself to developing social anxiety. For example, socially anxious people are more likely to predict that they will perform poorly in social situations. They also tend to think that everyone is paying close attention to them and scrutinising what they are doing/saying. Socially anxious people also tend to hold negative beliefs about their ability in social situations. For

example, they may believe they are boring or have nothing interesting to contribute. Of course, thinking in these ways can lead to high levels of social anxiety (Huppert, Roth & Foa, 2003).

Evolutionary Reasons: It is also possible that people develop social anxiety because of evolutionary factors. To understand this, it is worth considering that humans are generally a sociable species who tend to thrive in the company of others. Because of this, it makes sense that people prefer to avoid upsetting others and ultimately being rejected. It therefore seems plausible that socially anxious people are simply slightly over sensitive to being negatively evaluated due to the disadvantages this brings. This could explain why socially anxious people go out of their way not to offend others (Huppert, Roth & Foa 2003).

Biological Reasons: It has also been insinuated that social anxiety has family ties. In other words, if someone in an individual's immediate family is socially anxious, there is a higher chance that such a person will have similar personality traits. It is therefore thought that man's genetic make- up plays a role in the levels of social anxiety he/she experiences.

In reality it is likely that a combination of these factors play a role in the development of social anxiety (Huppert, Roth & Foa, 2003).

Prevalence and Symptoms of Social Anxiety

(1) **Prevalence of Social Anxiety:**Frustration and conflicts are parts of human condition and every young person will encounter some psychological problems

in the course of his or her development. Furthermore, there is evidence that psychological problems are more frequent at certain ages than others. Some of the ages at which these problems occur is 14-16 which is during adolescence that also fall within the secondary school period (Smith, 2014). Anxiety is the most common and frequently occurring mental disorder especially in school children of the affore- mentioned ages. Anxiety is a normal reaction to stress. It helps one to deal with tense situations in the office, study harder for exam and keep focus in an important speech. In general it helps one cope but when anxiety becomes an excessive irrational dread of everyday situations, it has become a disabling disorder (Raakhee & Aparna, 2011). Although, every adolescent will inevitably encounter some degree of anxiety in the course of development. It is only when the anxiety is excessively strong and disabling or appears to become chronic that it makes sense to speak about it.

Given by the statistics that 50% to 60% of college students sampled are reported being shy, one has to wonder to what degree the trait is adaptive. The incident that used to occur not frequently in the population has constituted more than half of college student samples. A recent study of 1194 college students revealed that 36% of 58 % of self-reported shy people did not see it as a problem. Only 1.3 % denied ever having been shy. Strangers, people of the opposite sex, and individual authority continue to remain the biggest challenges as they were in these researchers' earlier surveys (Carducci, Stubbins, &

Bryant, 2007). Over the last 30 years, estimates of the prevalence of social phobia in the general population have increased from 2% to over 12% with 26% of women and 19% of men reporting they were “very shy” growing up (Cox, MacPherson, Enns, 2005; Kessler, Chiu, Demler, Walter, 2005).

Estimates of self-reported dispositional shyness, have also increased during this time frame, from 40% to 58% (Carducci, Stubbins, Bryant, 2007). Sixty-four percent of those who label themselves as shy said they do not like being shy, and 35% considered it to be a personal problem for them. More recent adolescent self-reports include rates as high as 61%.

(2) **Symptoms of Social Anxiety:**In the behavioural scientific literature, a variety of synonyms has been used for social anxiety and non-assertiveness, such as shyness, social inhibition, interpersonal anxiety, communication apprehension, embarrassment, social inadequacy, interpersonal ineffectiveness, social incompetence, reticence and self-consciousness. However, if a person usually becomes irrationally anxious in social situations, but seems better when they are alone, then "social anxiety" may be the problem (Thomas & Richard, 2014).The symptoms of social anxiety as highlighted by Smith (2014) are: emotional, physical and behavioural symptoms. Emotional symptoms of the socially anxious is characterized by: 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 one does not know; Fear that one would act in ways that will embarrass or humiliate oneself; Fear that others will notice one nervousness;Physical symptoms of social anxiety are: Red face or blushing; Shortness of breath; Upset stomach or nausea; Trembling or shaking; Racing heart or tightness in chest; Sweating or hot flashes; Feeling dizzy orfaint.

Behavioral symptoms of social anxiety disorder / social phobia are, the socially anxious avoiding social situations to a degree that limits their activities or disrupt their life; Staying quiet or hiding in the background in order to escape notice and embarrassment; A need to always bring a buddy along with oneself wherever one go; Drinking before social situations in order to soothe nerves., (Mauss, Wilhelm & Gross, 2004). Stated that the socially anxious is characterized by somatic symptom withHeart palpitations, shakiness, blushing, muscle twitching, sweating, and urinaryurgency are reported by socially anxious and are also common physiological responses inshy and socially anxious college students. In addition it is equally reported that socially anxious college students fidget during a public speaking task.

Furthermore,Nnodum, (2010) observed that these clients tend to be behaviorally passive in interaction and often initiate little social contact outside the context of the home. They are equally observed to be subjective in social situations. cognitively the socially anxious have been observed to display worry, to regard normal experiences as shameful and unacceptable,

preoccupied to the point of interference with performance and empathic behavior, to appraise interpersonal situations in threatening ways and to make maladaptive attributions for social behavior. It is equally noted that the socially anxious demonstrate a double standard in that they do not judge others for responses such as blushing, for which they expect negative judgment for their reactions (Voncken, Alden & Bogels, 2006). Self-blaming attributions are common in socially anxious, entrenched negative beliefs about the self, there are also frequent negative thoughts and beliefs about others. Research on perceptions of facial expressions of emotions has revealed that Socially anxious college students are slower to recognize disgusted facial expressions than the non-shy, appearing less sensitive to social threat emotions, (Henderson, Kurita & Zimbardo, 2006), slower to recognize facial expressions of anger and happiness than the non-shy. (Stein, Goldin, Sareen, EylerZoriller and Brow, 2002) in addition reported that there is increase in angry and contemptuous faces in socially anxious couple with avoidance reactions or suppression of emotion.

In addition, the socially anxious reported to exhibit affective feature of shame, guilt, depression, and resentment, with higher levels of anger predicting passive aggression. They are equally easily embarrassed (Nielson & Calm, 2009). Embarrassment is correlated with shyness in normative samples

Moreover, the behavioural pattern of the socially anxious persons is associated with speaking less in social settings, less often initiate new topics of conversation, avert their gazes, exhibit nervous mannerisms, and show fewer facial expressions (Lynne, Philip and Zimbardo, 2010). They are also reported to rely on the use of alcohol to reduce social anxiety. Socially anxious person's behaviours are usually described by observers as reticent, quiet, awkward, or overactive. Shy college students are noted to be less visible and less assertive in the school and are less likely to use career planning resources. They display less verbal fluency and fewer leadership skills. They also show less verbal creativity when faced with evaluation (Clark, 2005).

Socially anxious individuals are less self-disclosing, even to the point of telling physicians and psychologists too little about problem areas to obtain adequate help (Zimbardo & Piccione, 2005). Genuine self-disclosure may also involve the risk of communicating negative thoughts and feelings about the self, which increases inhibition (Henderson, 2002). Non-verbal behavior and socially anxious people keep others at a greater physical distance than those who are less shy. They reported to maintain minimal eye contact and little smiling, have a closed defensive posture, low speaking voice, and constrained bodily movements with minimal hand and arm gesturing (Zimbardo, 2001).

Although the personality profiles were reported to be similar to their conversational partners, indicating that they would easily relate well to each

other, anxious individuals were reported indistinguishable from non-anxious individuals in likeableness, appropriateness, and similarity. More recent research has also shown that socially anxious individuals around close friends are likely to engage in more relationship-promoting behaviours and are seen as more socially competent (Pontari, 2009). However, Baker and McNulty (2010) found that social anxiety was related to lower levels of relationship self-efficacy.

Causes and Consequences of Social Anxiety

(1) **Causes of social anxiety**

Social anxiety is actually quite common. Many people struggle with these fears. But the situations that trigger the symptoms of social anxiety can be different (Smith, 2014). A number of factors are reported to be instrumental in the development of problematic social anxiety, these include:

Parental and peer rejection, and parental over- protection, leading to a lack of self-efficacy. Parenting characteristics that may promote shyness are controlling, intensive, or over- protective styles that involve frequent correction and shaming (Bruch, 2001).Engfer (2003) found that parents of shy children were less sensitive to children's expressed needs and more prone to use strongly assertive strategies. Socially anxious persons who report parental overprotection are less responsive to the behaviour of a conversation partner,

and their failure to respond to friendly overtures leads to rejection (Alden & Taylor, 2006).

Research into the genetic roots of physical and mental health suggests that the tendency toward feelings of anxiety, in social situations in particular, has a moderate probability of inheritance. Studies suggest that parents of those with social anxiety disorder tend to be more socially isolatedthemselves (Caster, Cavagin, Buncark, Maal, Gourmay and kiupers, 2009), and shyness in adoptive parents is significantly correlated with shyness in adopted children (Daniels & Plomin,);

Specific conditioning events play a role, such as being teased or shamed by teachers or other children in front of others, and observational learning that is, viewing classmates or siblings being humiliated or harshly treated. Performance failures, traumatic events, and emotional or physical abuse or neglect also contribute (Zimbardo, 2001). Previous investigations of the socially anxious suggested that the onset of social phobia was characterized by negative conditioning experiences (Todd, 2007).

Findings also suggest early Behavioral Inhibition and early family negative affect couple with family stress in middle childhood could cause social anxiety (Volbrecht & Goldsmith, 2010).

Also, life experiences can be another cause of social anxiety. Negative experiences in life, and the way one handles and reacts to them, can also lead to the development of social anxiety. If one is consistently put in situations that make him or her feel inferior or fear the judgment of other people, he or she can begin to develop negative beliefs about himself or herself and the world that can cause social anxiety. This then promotes avoidance of situations that may provoke anxiety, which causes one to miss the opportunity to prove their negative assumptions about themselves wrong.

The essence of life is to relate comfortably with people, reap the fruit of good social relationship and be happy in life but this is not so with the socially anxious. It is difficult for the socially anxious to meet up with the basic requirement for good relationship they therefore result to avoidance and withdrawal. Those suffering from social phobia experience minimal success and at times job and educational failures. According to American Psychological Association (2000), such people rarely get married, may flee school or drop out, or be left jobless during youth, or give up looking up for a job due to the difficulties they assume in job interviews. Besides, research findings have indicated that social phobia doubles the chance of committing suicide. Combined with other disorders, social phobia can increase the risk of committing suicide to 4 times the rate observed in healthy people. This rate is so shocking and alarming (Hirschfeld, 2005).

Social anxiety, a relatively obscure disorder, is receiving increased attention due to evidence that it is more prevalent and debilitating than hitherto thought. Therefore, there is urgent call for the treatment of this anxiety.

(2) **Consequences of social anxiety**

The consequences of social anxiety are psychologically destructive and are innumerable; the following, among others, are considered to be some of them: This early age of onset may lead to people with social anxiety disorder being particularly vulnerable to depressive illnesses, drug abuse and other psychological conflicts. Social anxiety often runs in families and may be accompanied by depression or other anxiety disorders, such as panic disorder and obsessive-compulsive disorder. Some people with social phobia self-medicate themselves with alcohol or other drugs, which can lead to addiction.

Those suffering from social phobia experience minimal success and at timesjob and educational failures.It has negative effect on mental development and lowers academic performance in the individual (Ezenwa, 1978). It equally results in psychiatric disorder (Schneier, Johnson & Hornig 2002); According to American Psychological Association (2000/2009), such people rarely get married, may flee school or drop out,or be left jobless during youth, or give up looking up for a job due to the difficulties they assume in job interviews.

Besides, research findings have indicated that socially anxious doubles the chance of committing suicide. Combinedwith other disorders, social phobia can increase the risk of committing suicide to 4 times the rate observed in healthypeople, this rate is so shocking and alarming (Hirschfeld, 2005).The social anxious is reported to be reluctantly submittedand thereby lost personal autonomy and a sense of personal esteem (Lynne, Philip & Zimbardo, 2011).Shyness has also been linked to poorer vocabulary scores mediated by executivefunctioning skills, particularly in more stimulating home environments that are generallyassociated with better vocabulary skills (Blankson, O'Brien, Leerkes, & Markovitch,2011) The authors speculated that negative arousal may interfere with cognitive control.

Empirical studies on the Influence of Gender and Age Social Anxiety

Gender is considered to be pivotal in the discussion of social anxiety (Park & Grant; 2011). Researchers have suggested that boys and girls may experience social anxiety at different rates. Multiple studies have shown that male college students more frequently express social anxiety than female college students (Roche & Watt, 1999; Park & Grant, 2005; Hallet, Howat, McManus, Meng & Maycock, 2013). In contrast, while some studies have shown that college women are more likely to report problems associated with social anxiety than men (Slutske, (2005).Other researchers have shown no gender difference in rates of social anxiety experienced by both

gender (Perkins, 2002). The above reports show that one cannot really ascertain whether there is difference in the anxiety level of male and female students in secondary schools.

Age and socio-economic background are also reported to be determinant of social anxiety. Conger (2001) reported that the ages at which social anxiety occur is 14-16 which is during adolescence that also fall within the secondary school period. United Nation Children Organization (2010) also buttressed that challenges associated with adolescents' growth trigger social anxiety in them. Also 19% to 26% adults reported that they were "very shy" when they were growing up (Cox, MacPherson, Enns, 2005; Kessler, Chiu, Demler, Walter, 2005). Besides, poverty is reported to be one of the biggest threats to adolescent rights. It catapults young people prematurely into adulthood by pulling them out of school, pushing them into the labour market or forcing them to marry young (United Nation Children Organization 2010). Due to lack of money to acquire education and other basic necessities of life, they remain inferior to their mates hence social anxiety set in.

Effectiveness of Assertiveness Skills Training in Managing Social Anxiety

Assertiveness is the expression of any emotion other than anxiety towards another person. Akponye (2000) posited that assertiveness is a

multidimensional construct which embraces several basic personality traits which are relevant to many aspects of social behaviour. It is the ability to express non-verbally, verbally or in actions but in a non-hostile manner, one's thought and feelings while not violating the rights of others (Akinade, 1987). Saber (2002) was of the opinion that assertiveness "is a direct verbal or non-verbal expression of one's feelings, needs, preferences and opinions such a response is viewed as learned behaviour in a specific interpersonal situations." Hersen (2003) described it as a behaviour performed in other to maximize the reinforcement value of social interactions for all persons involved. Jakubowski-Spector (2003) described assertiveness as that type of behaviour between people in which a person stands up for his/her legitimate rights in such a way that the rights of others are not violated.

Rimm and Masters (2002) stated that is an interpersonal behaviour involving the relatively direct expression of feeling in a socially appropriate manner. According to Albert and Emmons (1974), assertiveness behaviour enables a person to act in his/her own best interest, to stand up for him/herself without undue anxiety, to express his/her feelings comfortably or to exercise his/her own rights without denying the rights of others. It is the behaviour that can be demonstrated with confidence but with fairness to all concerned in the relationship (Akinade, 1987). It is a communication style of being able to express feelings, thoughts, beliefs and opinions in an open manner in a way that

one doesn't cheat oneself and violate the right of others (Ceridian Corporation, 2001). Lorr (2000) referred to assertiveness as a range of behaviour regarded as relevant in interpersonal encounter such as defense, of rights refusal behaviour, ability to ask for favour and ability to initiate and maintain conversation while Asonibare (2002) described assertiveness as openness, directness spontaneity and appropriateness. The above definitions, show derive that assertiveness is a combination of appropriate, timely, verbal a

nd non-verbal behaviour which can be exhibited in an interpersonal encounter.

Assertiveness skills training therefore is a form of counselling intervention in which people learn to express their needs, wishes and feelings frankly, honestly, and directly in a way that causes other to take them to account. Akponye (2000) described assertiveness training as a behaviour modification package designed to increase clients' skill and confidence in communicating honestly, directly and spontaneously. The training is based on the assumption that anxiety in interpersonal situation is learned and that training on assertive expression on this situation can counter-condition anxiety and lead to disinhibition. Akponye (2000) further explained that the major component of assertiveness training include reading brief instruction, modelling, role played audio or video practices, trainer and peer feedback as well as reinforcement. The trainer refers to a prominent combination of behavioural clinical techniques employed to remediate interpersonal problems.

It is particularly useful where the person feels inadequate and gets put down by others or the person puts him/herself down as in the case with low self-esteem female adolescents. Assertiveness training is required for patients who in interpersonal context have unadaptive anxiety responses that prevent them from saying what reasonable (Uba, 2009) is. Rathus (2001 posited that assertiveness training has been used for people experiencing problems, especially those ones that have to do with anxiety in life situations and have been found effective. It has been used in different studies conducted byGokalan (2000), Orgun (2001), Kaya (2001), Tataker (2003), Kilic (2005), Yatagan (2005) and found to be effective. Assertiveness training has also been used by Kutara (1995) Asonibare (2002), Agali (2003) and Ojewola (2008) and was found to be effective.

Effectiveness of Modelling Skills Training in Reducing Social Anxiety

Myers (2005) stated that learning occurs not only through conditioning but also through observation of others. Mayer therefore opined that "we are in truth more than half of what we are by imitation." Mayer added that from drooling dogs, running rats and pecking pigeons we have learned much about the basic processes of learning. Among higher animals especially human beings, learning does not only occur by direct experience but through observational learning in which they observe and imitate others' behaviour also play a part. The process of observing and imitating a specific behavior is often called modelling. Omeonu (1998) opined that to persuade children to smoke,

expose them to parents and older siblings who smoke. To encourage them to read, read to them and surround them with books. To increase the practice of your religion worship and attend religious activities with them. According to Myers (2005) "learning would be exceedingly laborious not to mention hazardous if people has to rely solely on the effects of their own actions to inform them what to do."

Modelling may be as a form of behaviour therapy aimed at changing an organism's behaviour by setting a standard behaviour which the organism will learn by imitation through perceptual means. Akinboye (1984) also posited that modelling is a behaviour change strategy that is developed from the social learning principle. The major concept of the social learning principle is that human behaviour is powerfully influenced by what he observes, hears, feels, perceives, conceives, creates or participates in. He added that modelling is thus a behaviour change strategy that provides vicarious experience to the observer who may imitate the experience. However modelling on the other hand, according to Uba (2009), is a learning method in which a person sees another person's behaviour which teaches him/her what to copy. This technique helps people to change their behaviour. Both children and adult learn behaviour by imitating and watching others.

However Modelling according to Sharf and Richard (2000) and Jinks (2000) can be carried out in two major ways, viz:life and mediatedmodelling. Life modelling refers to watching a real person usually the therapist perform the desired behaviour the client has chosen to learn. For example, the therapist might model good telephone manners for a client who wants a job in a field that requires frequent contact with customers (Jinks, 2000). Also in life modelling, the therapist models anxiety provoking behaviours for the client, and then prompt the client to engage in the behaviour. The client first watches the therapist approaches the feared situation, and then approaches the situation in steps or stages with the therapist encouragement and support (Sharf & Richard, 2000). This type of modelling is often used in the treatment of specific phobias.Mediating modelling on the other hand, involves the use of objects such as photograph, picture books, plays and videotapes to model the desired behaviour in clients(Sharf & Richard 2000).

Furthermore, modelling, according to Bandura (1977), is most effective in three areas. Learning new behaviour, helping to eliminate fears and expressing already existing behaviour. Modelling have been found effective for behaviour change, it is a direct method of learning through which behaviour can easily be incorporated. Bandura, Rose and Rose (1963) carried out a study in which they found that seeing aggressive models either live or in films increase the amount of aggression displayed by children. Walter and Amoros (2007)

found that observer would imitate a model even in the absence of either the observer or model. Bandura and McDonald (1968) also noted that observation of models has more effect in altering children's moral judgment in the direction of greater objectivity or greater subjectivity than direct reinforcement.

In addition, Aniegbama (1984) found that modelling was effective in improving the mathematical achievement and self-concept of some Nigerian secondary school adolescents. Abosi (2006) in his own research found modelling to be effective in improving the English Language achievement of the deaf subjects. In addition, Patterson (2003) used modelling in the treatment of phobia subjects and it was found effective. Modelling has also been used in combination with assertiveness training by Nnodum (2010) to manage isolate behaviour and has been found effective.

In the present study therefore, assertiveness training and life modelling will be used as techniques on the sampled population in order to determine their relative efficacy in reducing social anxiety of secondary school students in Ondo State.

Summary of the Review of Related Literature

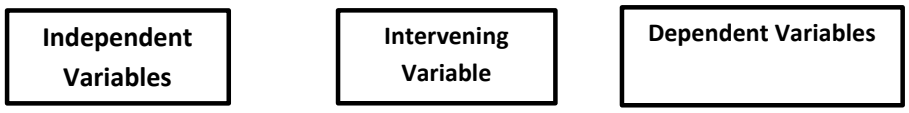
The review of literature was based on the concept of social anxiety. The literature search examined the concept of anxiety, developmental process that leads to the experience of social anxiety among secondary school students, theories of anxiety, concept of social anxiety and the explanations of the

concept by various researchers. Symptoms and causes of social anxiety were equally examined. Studies reveal that social anxiety is inheritable, family and negative social experience among others could result in social anxiety (American Psychological Association, 2000, Todd, 2007). Findings also revealed that the symptoms do manifest in the cognitive, affective and somatic aspects. Gender difference in the rate of social anxiety was equally considered.

The consequences of social anxiety were found to be debilitating and destructive ranging from depressive disorder to poor academic performance, psychiatric illness, late or non-marriage to suicide attempt. Based on these debilitating effects on the victims, management strategies are considered necessary to get the victims loosed from the web and caprice of social anxiety. The two treatment strategies the researcher intend to employ in managing social anxiety among students are assertiveness training and modelling which have been used by some past researchers and have been found to be effective in managing interpersonal problems and behaviour change.

Conceptual Model for the study

Fig 1 presents the conceptual model in diagrammatic form



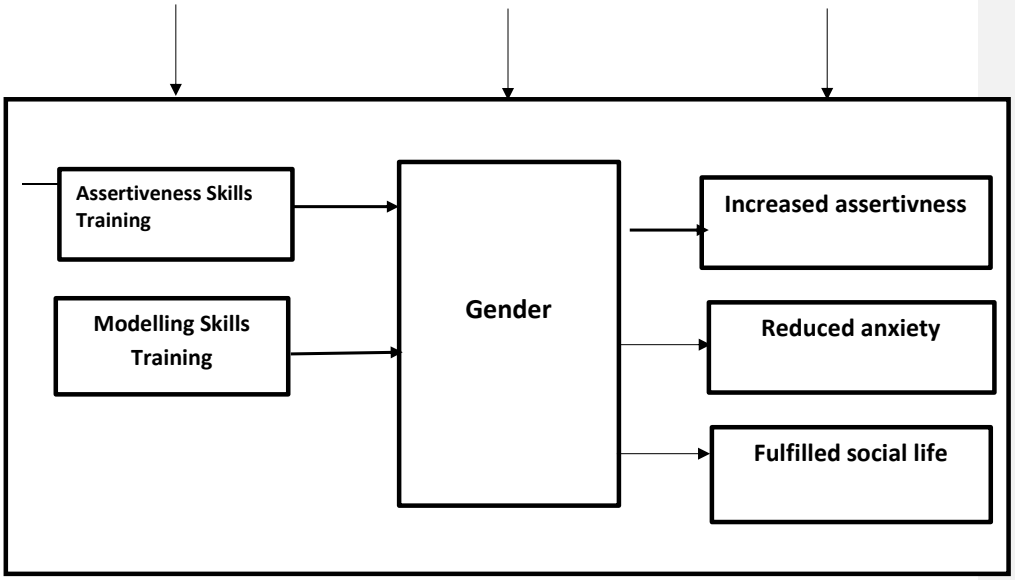


Fig 1: Conceptual Model for the study

A conceptual model can be described as the graphical representation of the elements involved in a process and the relationship among them. Esere (2000) viewed conceptual model as an integration of ideas in such a way that people derive their feel of how things work, while Fakokunde (2013) described conceptual model as a mental image of an object, system or process which describes the general functional relationship of a system.

The conceptual model for this study as shown in the diagram in the previous page consists of two treatment packages which are assertiveness skills training and modelling skills training. These constitute the independent or treatment variables that were manipulated by the researcher to determine their effects on the dependent variable which is social anxiety.In between the

dependent and independent variables are the intervening variables which are the factors thatif not properly controlled, may alter the results of the study. The main intervening variable that was used in this study is gender.

Dependent variable which is social anxiety leads to the expected outcome of reduction in the level of social anxiety, increased assertiveness and fulfilled social life in the students.These are what the participants are expected to acquire after their exposure to training in assertiveness and modelling.

CHAPTER THREE

METHODOLOGY

Preamble

This chapter provides detailed information on the research design, population of the study, sample and sampling procedure, instrumentation

including its psychometric properties. It also gives information on procedures for treatment and control of extraneous variables, procedures for administration, scoring and method of data analysis.

Research Design

Research design is the selected plan to solve research problems. It deals with such issues as the population of the study and how they would be selected, the condition under which the subject would be studied, time, space consideration and strategies for data collection (Anikweze, 2009).Fakokunde (2013) also noted that the purpose of research design is to provide answers to research questions and to control the experimental, extraneous or varianceerror of a particular research problem under study.

The research design that was employed for this study is quasi experimental of 3 by 2 matricesadopting a pre-test, post-test treatment and a control group. Experimental researchis a scientific investigation in which the researcher manipulates, controls and describes one or more independent variables and observes dependent variables for changes as a result of the manipulation of the independent variables. It isposited that experimental research design is the ultimate form of research design that provides the most rigorous test of hypothesis.

The population of the study was twelve thousand, one hundred and fifty one (12,151) out of which One hundred (120) participants randomly selected

and assigned into 2 experimental groups of assertiveness skills training, modelling skills training and control group participated in the experimental study.The participants in this study were randomly assigned into three groups. The first group was exposed to treatment in Assertiveness Skills Training (AST). The second group was exposed to Modelling Skills Training (MST) and third which is the control group did not receive any treatment while gender served as the moderating variable. All the participants were pre-tested and post-tested.

Table 1: Diagrammatical Expression of the 3 by 2 Experimental Matrix and Randomization of Participants.

	Gender Level		
Experimental Level	Male(B1)	Female(B2)	Total
Assertiveness skills training (A1)	A1B1	A1B2	

	n=20	n=20	n=40
Modelling skills training (A2)	A2B1	A2B2	
	n=20	n=20	n=40
Control group (A3)	A3B1	A3B2	
	n=20	n=20	n=40
Total	60	60	120

Data in table 1 shows that the experiment has two levels namely the experimental level (A) and the gender level (B). The experimental levels were made up of three (3) groups. They were the Assertiveness training (A1), Modelling (A2) and the Control group (A3). The design was conceived as a complete randomized 3 by 2 matrices. Three (3) different schools were randomly selected for each of the three groups of A1, A2 and A3.

Table 2: Treatment Strategies

Experimental Level(A1-A3)	Gender	No	Pre-test	Treatment	Post-test
Assertiveness Skills Training (A1)	Male	20	Yes	Yes	Yes
	Female	20			
Modelling Skills Training (A2)	Male	20	Yes	Yes	Yes
	Female	20			

Control group (was not be trained) (A3)	Male Female	20 20	Yes	No	Yes

Data in table 2 shows the expression of the treatment strategies whereby the experimental groups A1 and A_2 were pre-tested, treated and then post-tested. The control group A_3 was pre-tested, not treated and then post-tested

Experimental Design

This section explains the steps the researcher followed in testing the hypotheses to ascertain whether there were differences among the various variables explored in the study. As it had been stated earlier, the studyadopted a quasi-experimental randomized pre-test, post-test control design. The participants in this study were randomly assigned into three groups: 1, 2, and the control group. The first group was exposed to Assertiveness Skills Training (AST). The second group was treated with Modelling Skills Training (MST) while the control group, the last group did not receive any treatment. All the participants were pre-tested and post-tested.

R O1 (AST) X1 O2

R O3 (MST) X2 O4

R O5 (Control grp) - O6

Key:

R -Random assignment of respondents to treatment groups.

O1 -pre-test measure

O2 -post-test measure

X1 -Assertiveness Skills Training (AST)

X2 -Modelling Skills Training (MST)

There was no treatment for the control group but they were exposed to reading of a novel.

Sample and Sampling Procedure

The population of the study comprised all secondary school students in Ondo state. Senior secondary school students in Ikare-Akoko were the target population. They were considered to be appropriate for the study because they fall within the age bracket (16to 19years) in which social anxiety is rampant (Spano, 2004).

Sampling is concerned with the selection of individual observation to yield same knowledge about a population especially for the purpose of statistical inference.There are eleven public secondary schools in Ikare-Akoko out of which 3 were randomly selected.

Since it is impracticable to collect data from the entire population, a sample was selected for the study using multistage sampling technique. Multistage sampling technique consists of two or more circles of listing and sampling (Anikweze, 2009). The multistage sampling technique that was used

in selecting the sample for this study involved some stages of selection from the larger sampling frame until the actual sample for the study was gotten.

Stage 1: Three (3) schools were randomly selected from eleven (11) schools considered as the target population of the study using the dip hat method. Dip hat method is a process of assigning numbers to the members of the population which were written in folded pieces of paper kept in a bag or hat and someone was invited to pick one piece of the folded papers without looking into the hat (Anikweze, 2009). The process was repeated until the desired number of samples were picked. Two (2) schools were used for treatment while one served as control group. The schools were considered to have the same characteristics of being mixed (co-educational) public schools. The researcher sought the permission of the school principal before embarking on the research exercise.

Stage 2: Purposive sampling method was used to select students who were rated high in social anxiety in order to ensure same entry behaviour. Social Anxiety Scale was administered on the students to identify those with high level of social anxiety which were selected for inclusion in the study. The researcher used 3 different schools for the 3 groups to avoid experimental contamination. At stage 3 stratified the identified students into two groups each according to the variable of gender. Only 40 students with high scores in the test consisting of 20 males and 20 females were selected from each school, thus

a total of 120 students participated in the study and they were chosen from the 3 different schools. Forty (40) participants were assigned to each of the 3 groups of assertiveness skills training, modelling skills training and control group.

Table 3: Distribution of participants by school, group and gender

		Gender		
Schools	Group	Male	Female	Total
1	Assertiveness Skills Training Group	20	20	40
2	Modelling SkillsTraining Group	20	20	40
3	Control Group	20	20	20
Total		60	60	120

Data in table 3 indicates the different schools that were used for the 3 groups. Forty (40) participantsmade up of 20 males and 20 females were used for each group making a total of 120 participants. The researcher involved thestudents in SS1 and SS2 in order to avoidexperimental mortality that might result if SS3 (final year) students were included.

Social Anxiety Scale (SAS) was administered on Senior Secondary School students in each of the three schools to identify students who are socially anxious. All students identified to be high in social anxiety through

pre-test measure with Social Anxiety Scale (SAS) were selected and randomly assigned to the 3 groups.

Instrumentation

Social Anxiety Scale (SAS) constructed byYahaya and Nyako (2016) wasadapted as the instrument to collect information from theselected students with social anxiety. The instrument consists of 2 sections; section A elicits responses on personal data while section B contains 50 items that measure various aspects of social anxiety.The total score obtainable in the instrument is 250. Candidates who score 1-100 (2x50) were considered to have low social anxiety, 101-150 (3x50)were moderate while151 and above were considered to have high social anxiety. Those who scored 151 and above were considered to be at the extreme end and were thus chosen for inclusion in the study while those who scored less than 151 were excluded. The first forty (40) students who exhibited high level of social anxietywere randomly assigned to each of the 2 experimental groups (2 treatment groups) and the control group. All the groups were pre-tested, 2 of the experimental groups of assertiveness skills training and modelling skills training were treated and post-tested while the other one which is the control group did not receive any treatment but were post-tested. Different schools were involved for the treatment and control groups to avoid experimental contamination. Those appraised to have the highest level of social anxiety were chosen for inclusion in the study. The first administration

served as their pre-test. After being allotted into 3 groups, 2 groups were exposed to assertiveness and modelling skills training while the third group, which is control group, wasexposed to reading of a novel. Each of the groups underwent training that lasted8 weeks. The outcome was thereafter measured and the results were compared with the pre-test to determine the effect of treatment.

Psychometric Properties of the Instrument

The psychometric properties of instruments depend on their validity and reliability. However, the validity and reliability of research tests are important in order to guard against unnecessary and baseless assumptions (Anikweze, 2009). Validity is the extent to which a test measures a particular ability, quality or trait. Bamidele, Seweje and Alonge (2002) posited that content validity involves essentially the systematic examination of test contents to determine whether it covers a representative sample of the behaviour domain to be measured. Stagor (2004) suggested that the estimation of the validity of an instrument can be best determined by experts in the field of the proposed study who will examine and rate the items in the instrument to determine how effectively they capture the important aspect of the purposed study.

In order to ensure the validity of the instrument, it was given to five(5) lecturers in the Department of Counsellor Education, University of Ilorin for assessment and to ascertain whether the contents actually captured the domain

being studied. Based on their suggestions, some ambiguous items were modified to make them clearer and more relevant. It was thereafter, unanimously agreed by the experts that the Social Anxiety Scale (SAS) was suitable for data collection.

Reliability is the extent to which an instrument is free from random error, thus measuring consistently over time the variable of interest (Stangor, 2004). The reliability of the Social Anxiety Scale (SAS) was determined using test retest method. This is applicable where the same testing instrument is administered on two occasions and the correlation coefficient is determined. To ensure the reliability of SAS, the researcher administered the instrument twice on 20 students from Kwara State who had the same characteristics with those whom the test was meant for but would not actually take part in the study. A coefficient of 0.73 was obtained using Pearson Product Moment Correlation method.

Procedure for data collection

The data collection procedure for this study was divided into 3 phases.

1. Pre-treatment phase
2. Treatment phase
3. Post-Treatment phase

At the pre-treatment phase permission was sought from the principals of the 3 schools to allow the experiment to take place in their

schools. As part of the pre-treatment phase, the researcher collected a letter of introduction from the Department of Counsellor Education, University of Ilorin to the principals of the schools where the study was conducted. After the approval for the study had been granted and the selection done, the researcher intimated the participating students, school authorities, counsellors and teachers to the benefits of the study.Permission and willingness of respondents were solicited for. In this direction, letter of permission was forwarded to parents/guardians of the students who constituted the experimental groups. Permission granted by parents determined the inclusion of the selected students for the study.

The researcher equally employed the services of school counsellors from each school who were trained to work in various capacities towards the success of the study. There were meetings with the research assistants (counsellors andteachers) to familiarize them with the nature of the programme. The principals and teachers of the selected schools were informed about the purpose, aims, objectives and relevance of the programme to the students, teachers and the society as a whole. Then the Social Anxiety Scale (SAS) was administered on students to identify the students with social anxiety. This was randomized according to the variable of gender into:

1. Assertiveness skills training group A1- This group met on Tuesdays
2. Modelling skills training group A2 - met on Wednesdays

3. Control group A3- These groupsmet on Thursdays.

At the treatment phase, there were eight sessions of one hour each for eight weeks in which lectures were delivered to each of the groups on assertiveness training and modelling in the reduction of social anxiety while the control group was exposed to reading of a novel for the eight weeks.

The following is the lesson outline for the eight training sessions of one hour duration for each of the two experimental groups:

Experimental group A1: Assertiveness Skills Training.

Session 1: General orientation to the training programme and administration of pre-test.

Session 2: Explanation of basic concepts, categories and identification of social anxiety symptoms.

Session 3: Causes of social anxiety in students and its effects on students.

Session 4: Concept of assertiveness, differences among assertiveness, non-assertiveness and aggression.

Session 5: Identification of some of the social anxiety symptoms exhibited by participants and demonstration of how such challenges could be through assertiveness training.

Session 6: Review of the challenges faced by participants in a bid to do away with social anxiety.

Session 7: Advantages of non-socially anxious life-style to oneself, others and school as a whole.

Session 8: Review of the previous sessions, administration of post-test andtermination/conclusion of the programme.

Experimental group A2: Modelling Skills Training.

Session 1: General orientation to the training programme and administration of pre-test.

Session 2: Explanation of the basic concepts, categories and symptoms of social anxiety

Session 3: Highlighting the causes and effects of social anxiety on students.

Session 4: Explanation of the concept of modelling, types and their usefulness in handling anxiety related behaviours.

Session 5: Identification of some of the symptoms of social anxiety exhibited by participants and demonstrate how to handle such challenges could be managed through modelling.

Session 6: Discussion of the challenges encountered by participants.

Session 7: Advantages of non-socially anxious life-style to oneself, others and the school.

Session 8: Review of previous sessions, administration of post-test and termination/conclusion of the programme.

Control group: The control group did not receive treatment but wasexposed to reading of a novel to improve their reading ability and broaden their grammatical horizon.

The following constitutes the session by session outline:

Session 1: General orientation to the reading programme and administration of pre-test.

Session 2: Teaching of the basic formation of words from the novel.

Session 3: Continuation of words formation.

Session 4: Asking the students to read one after the other.

Session 5: Teaching the students how to read meaningfully.

Session 6: Students interact and share the knowledge gained from the novel read.

Session 7: Students interact and share the benefits derived from reading novel.

Session 8: Review of the previous session, administration of post-test and termination/conclusion of the programme. This constitutes the post- treatment phase.

Control of Extraneous Variables

Extraneous variables are variables thatmay alter the actual outcome of the experimentif not properly controlled and manipulated by the researcher.

Hassan (1995) noted that if extraneous variables are not controlled, it is difficult to determine the effect of independent variables and generalizability of effect. The following steps were, therefore, taken by the researcher to minimize the effect of extraneous variables:

1. The researcher showed no preference in selecting participants into the experimental groups. Selection of participants was made as homogeneous as possible to guide against the effect of extraneous variables on the dependent variables.

2. The participants was randomly assigned to the two(2) treatment and control groups, as randomization is effective in controlling both known and unknown sources of variations.

3. Different schools were involved for the two(2) treatment and control groups that is, three (3) different schools were involved for each of the three (3) groups of assertiveness skills training, modelling and control group to prevent experimental contamination.

4. Students of the same schools were howeverinvolved for each of the experimental groups because they were considered to have the same experience.

5. The same number of participants equally distributed between genders was used,that is, twenty (20) males and females were selected from each of the 2 experimental and one control groups.

6. Hypotheses were formulated in the non-directional form to avoid any bias.

7. The same instrument was used for both the pre-test and post-test for all the 3 groups.

8. To avoid experimental mortality, light refreshments were provided for the participants as encouragement/reward.

9. Analysis of Covariance was employed for data analysis since it helps to remove any environmental source of variation that could increase experimental error.

Research Ethics

Research ethic is the process by which the researcher maintainsprofessionalism in the conduct of research. Thus, the researcher sought permission from the relevant authorities such as the school principals before involving participants. Letters of introduction were collected from the Department of Counsellor Education, University of Ilorin to obtain permission from the principals of the schools where the studies were conducted. The participants were briefed about the research, their consent as well as that of their class teachers and parents weresought. Letters of permission were sent to their parents to obtain their approval to include their children and wards in the study. The participants were assured of full confidentiality in the process of the experiment.

Procedure for Scoring the Instrument

A five(5) point likert- type scale of Not True of Me (NTM) (1), Slightly True of Me (STM) (2), Moderately True of Me (MTM) (3). Very True of Me (VTM) (4) and Extremely True of Me (ETM) (5) was used to score the instrument. The overall score is 250. The low score is between 1-100 while 101-150 is moderate and 151 and above is high.

NTM	STM	MTM	VTM	ETM
1	2	3	4	5

Method of Data Analysis

The scores obtained from the administration of SASwere analyzed with the use of descriptive statistics of frequency counts andpercentagesto answer section A (personal data)while inferential statistics of Analysis of Covariance (ANCOVA) was employed to analyze the data collected in section B to determine the effectiveness of assertiveness training and modelling in reducing social anxiety among students in Ondo State while Scheffe Test was used as post-hoc test. ANCOVA was used because it is capable of removing any environmental source of variation that could otherwise inflate the experimental error. ANCOVA, according to Ferguson (1996), ensures that the results obtained are attributed within limits of error to treatment.Scheffe Test was used because, it is simple to understand at a glance and it also shows the direction of

difference among the groups. All the hypotheses were tested at 0.05 level of significance

CHAPTER FOUR

RESULTS

Introduction

This chapter contains the results of the analysis of the data obtained in this research work. The study investigated effectiveness of assertiveness training and modelling in reducing social anxiety among secondary school students in Ondo State. A total number of one hundred and twenty (120) respondents involving sixty males and sixty females and drawn from three secondary schools in Ondo State, were exposed to different experimental conditions. Participants in group 1 were exposed to Assertiveness Skills Training, those in group 2 were exposed to Modelling Skills Training while group 3 which is the control group was given a placebo (reading of novels).

The research instrument for the study was the Social Anxiety Scale (SAS). It was used as pretest posttest and scores obtained were used for data analysis. Six null hypotheses were generated and tested at 0.05 alpha level. The statistical tools employed were descriptive statistics of frequency counts and percentages as well as Analysis of Covariance (ANCOVA) .

Results

Table 4: Demographic Data of Gender, Class Level and Religious Affiliation

Gender	**Frequency**	**Percentage(%)**
Male	60	50.0
Female	60	50.0
Total	**120**	**100.0**
Class	**Frequency**	**Percentage(%)**
SS I	**60**	**50.0**
SSII	**60**	**50.0**
Total	**120**	**100.0**
Religion	**Frequency**	**Percentage (%)**
Christian	61	50.8
Islam	59	49.2
Traditional	0	0
Total	**120**	**100**

Results in table 4reveal that out of the 120 participants in the study, 60 (50.0%) were males, while 60 (50.0%) were females. This shows that there were equal number of male participants and female participants in this study.Also the table reveals that out of the 120 participants in the study, 60 (50.0%) were SSS I students, while 60 (50.0%) were SSS II students. This showed that there were equal number of SSS I and SSS II students' participants in this study.The table further 3 reveals that out of the 120 participants in the study, 61 (50.8%) were Christian, while 59 (49.2%) were Muslims. This

showed that there were almost equal Christian and Muslim participants in this study.

Table 5: Descriptive Statistics of Distribution of Participants Based on Groups

Groups	Frequency	Percentage (%)
Experimental Group I	40	33.3
Experimental Group II	40	33.3
Control Group	40	33.3
Total	**120**	**100.0**

Results in Table 5 showed that out of 120 participants in the study, Experimental group I had 40 representing (33.3%), Experimental group II had 40 representing (33.3%), while Control group had 40 representing (33.3%). This showed that there were equal participants in the 3 groups.

Research Question 1: *Which of the treatment strategies is more effective in reducing social anxiety?*

Table 6: Means and Standard Deviations of the three groups by pretest and post-test

Treatment Group I	Mean (X)	Standard Deviation (SD)
Pre-Test	210.88	18.158
Post-Test	73.03	12.616
Treatment Group II	**Mean**	**Standard Deviation**
Pre-Test	203.40	22.070
Post-Test	69.73	11.230
Control Group	**Mean**	**Standard Deviation**
Pre-Test	208.18	22.961
Post-Test	210.38	21.883

Resultsin Table 6 reveal that the treatment (experimental group I) has a mean of 210.88 and SD of 18.158 at the pre-test while for the posttest, the treatment experimental group I has a mean of 73.03 and SD of 12.616.Treatment group 2 had a mean of 203.40 and SD of 22.070 at the pre-test while for the posttest the treatment group 2 has a mean of 69.73 and SD of 11.230. The control group has a mean of208.18 and SD of 22.261 at the pre-test while for the posttest the control group has a mean of 210.38 and SD of 21.883. The implication is thatexperimental groups 1 and 2 that is assertiveness skills training and modelling skills training are effective in reducing social anxiety. However, modelling skills training has more significant effect in reducing social anxiety.

Hypotheses Testing

Six null hypotheses were formulated to guide the conduct of this study and they were all tested at 0.05 level of significance. Analysis of Covariance (ANCOVA) was the statistical tool used to test these hypotheses.

Ho_1: *There is no significant effect in the social anxiety levels of participants exposed to Assertiveness Skills Training (AST) and Modelling Skills Training (MST) and those in control group.*

Table 7: Analysis of Covariance on the Differences between the Experimental and Control Groups

Sourceof variance	**Sum of squares**	**df**	**Mean square**	**F-ratio**	**Sig.**
Corrected model	526480.531[a]	3	175493.510	1098.820	.000
Intercept	531.976	1	531.976	3.331	.071
Pretest	11393.265		11393.265	71.337	.000
Group	511005.686	2	255502.843	1599.784	.000
Error	18526.460	116	159.711		
Total	2208579.000	120			
Corrected Total	**545006.992**	**119**			

a. R squared = .966 (Adjusted R squared = .965) F(1,116)= 1599.784, e. = .000

Results in Table7 show that the effect of treatment on participants' level of social anxiety is significant ($F_{(2,116)}$ =1599.784; p<.05). This means that there is a significant difference in the posttest social anxiety level of those exposed toAST, MST and control group. Hypothesis 1 is therefore rejected. This implies that there is a significant difference in the Social anxiety levels of participants exposed to treatment groups (Assertiveness Skills Training and Modelling Skills Training) and those in control group.

Table 8: Scheffe's post hoc Table forDifference in the Performance of Experimental Groups and Control Group

		Subset for alpha = 0.05		
Groups	**N**	**1**	**2**	**3**
Experimental Group I	40		73.13	
Experimental Group II	40	69.73		
Control Group	40			210.38

Results Table 8 showed the Scheffe's post hoc for difference in the performance of Experimental Group I and II and the Control Group. It was revealed that the three groups were significantly different experimental group II has the lowest mean score of 69.73 in subset 1, followed by experimental group I with a mean score of 73.13 in subset 2, followed by control group with a mean score of 210.38 in subset 3.

Ho_2: *There is no significant difference in the social anxiety levels of participants exposed to Assertiveness Skills training (experimental group I) and those in control group.*

Table 9: Results of Analysis of Covariance on the Differences between the Experimental Group I and Control Group

Source of variance	Sum of squares	df	Mean square	F-ratio	Sig.
Corrected model	389462.543[a]	2	194731.272	1219.996	.000
Intercept	118.411	1	118.411	.742	.392
Pretest	12711.293	1	12711.293	79.637	.000
Group	384271.962	1	384271.962	2407.473	.000
Error	12290.457	77	159.616		
Total	2009198.000	80			
Corrected Total	**401753.000**	**79**			

a. R squared = .969 (Adjusted R squared = .969) F(1, 77)= 2407.473, e. = .000

Results in Table 9 showed that AST treatment group with $F_{(1, 77)}$= 2407.473; p<0.5) has significant effect on the social anxiety level of participants exposed to it than those in control group. Hypothesis 2 is therefore rejected. This implies that there is a significant difference in the Social anxiety levels of participants exposed to Assertiveness skills training (experimental group I) and those in the control group.

Table 10: Scheffe's post hoc Table forDifference in the Performance of Experimental Group I and Control Group

		Subset for alpha = 0.05	
Groups	**N**	**1**	**2**
Experimental Group I	40	73.13	
Control Group	40		210.38

Table 10 showed the Scheffe's post hoc for difference in the performance of Experimental Group I and Control Group. It was revealed that the two groups were significantly different. Experimental group I has the highest mean score of 73.13 in subset 1, followed by control group with a mean score of 210.38 in subset 2.

Ho_3: *There is no significant difference in the social anxiety levels of participants exposed to modeling Skills training (experimental group II) and those in the control group.*

Table 11: Results of Analysis of Covariance on the Differences between the Experimental Group II and Control Group

Sourceof variance	Sum of squares	Df	Mean square	F-ratio	Sig.
Corrected model	409168.090[a]	2	204584.045	1563.771	.000
Intercept	359.925	1	359.925	2.751	.101
Pretest	13519.640	1	13519.640	103.340	.000
Group	375767.359	1	375767.359	2872.237	.000
Error	1988362.000	77	130.827		
Total	419241.800	80			
Corrected Total	**545006.992**	**79**			

a. R squared = .966 (Adjusted R squared = .965) F(1, 77)= 2872.237, e. = .000

Results in Table 11 showed that there is significant difference in the social anxiety level of participants exposed to MST (experimental groupII) ($F_{(1, 77)}$= 2872.237; p<.05). Based on this hypothesis 3 is therefore rejected. This implies that there was a significant difference in the Social anxiety levels of participants exposed to modelingskills training (experimental group II) and those in the control group.

Table 12: Scheffe's post hoc Table forDifference in the Performance of Experimental Group II and Control Group

		Subset for alpha = 0.05	
Groups	**N**	**1**	**2**
Experimental Group II	40	69.73	
Control Group	40		210.38

Table 12 showed the Scheffe's post hoc for difference in the performance of Experimental Group II and Control Group and it was revealed that the two groups were significantly different experimental group II has the highest mean score of 69.73 in subset 1, followed by control group with a mean score of 210.38 in subset

H_{04}: *There is no significant difference in the Social anxiety levels of participants exposed to Assertiveness Skills training and modelling and those in control group based on gender.*

The data collected from the study was analyzed as shown in Table 8.

Table 13: Results of Analysis of Covariance on the Differences Between the Experimental Group Based on Gender

Source of variance	**Sum of squares**	**df**	**Mean square**	**F-ratio**	**Sig.**
Corrected model	1092.100[a]	2	546.050	4.102	.020
Intercept	1065.899	1	1065.899	8.007	.006
Pretest	860.900	1	860.900	6.467	.013
Gender	136.597	1	136.597	1.026	.314
Error	10250.650	77	133.125		
Total	418894.000	80			
Corrected Total	**11342.750**	79			

a. R squared = .096 (Adjusted R squared = .073)

Results in Table 8 showed that the calculated F-value is 1.026 with calculated level of significance .314 computed at critical level of significance 0.05. Since the calculated level of significance (0.314) is greater than the critical level of significance (0.05), hypothesis 4 is therefore accepted. This implies that there was no significant difference in the social anxiety levels of participants exposed to Assertiveness Skills training and modelling based on gender.

H_{05}: *There is no significant interactive effect of gender and treatment on Social anxiety levels of participants exposed to Assertiveness Skills training and modelling.*

Table 14: Results of Analysis of Covariance on the Interactive effect of Gender and Treatment

Source of variance	Sum of squares	Df	Mean square	F-ratio	Sig.
Corrected model	526556.082[a]	6	87759.347	537.470	.000
Intercept	566.441	1	566.441	3.469	.065
Pretest	11068.540	1	11068.540	67.788	.000
Groups	511031.291	2	255515.645	1564.870	.000
Gender	40.926	1	40.926	.251	.618
Groups*Gender	34.982	2	17.491	.107	.899
Error	18450.910	113	163.282		
Total	2208579.000	120			
Corrected Total	**545006.992**	**119**			

a. R squared = .966 (Adjusted R squared = .964)

Results inTable 14 showed that the calculated F-value is .107 with calculated level of significance .899 computed at critical level of significance 0.05. Since the calculated level of significance (0.899) is greater than the critical level of significance (0.05), hypothesis 5 is therefore accepted. This implies that there was no significant interactive effect of gender and treatment on Social anxiety levels of participants exposed to Assertiveness skills training and Modelling skill straining.

Summary of Findings

Based on the data collected, analysed and interpreted, the following findings were obtained:

- There was a significant difference in the social anxiety levels of participants exposed to Assertiveness skills training and Modelling skills training compared with those in control group.
- There was a significant difference in the social anxiety levels of participants exposed to Assertiveness skills training (experimental group I) and those in control group.
- There was a significant difference in the social anxiety levels of participants exposed to Assertiveness skills training (experimental group II) and those in control group.

- There was no significant difference in the social anxiety levels of participants exposed to Assertiveness skills training and Modelling skills training compared with those in control group based on gender.
- There was no significant interactive effect of gender and treatment on social anxiety levels of participants exposed to Assertiveness skills training and Modelling skills training.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

Introduction

This chapterpresented the discussion, conclusion and recommendation of the study. The discussion was based on the results of the study that has been carried out. Conclusion was made from the result of the study and recommendations were also proffered. The chapter ended with the limitations of the study and suggestions for further studies.

Discussion of findings

The main objective of the study was to investigate theeffectiveness of AST and MST on the reduction of social anxiety among secondary school students in Ondo State, Nigeria. The pretest scores shows that some secondary school students experienced high level of social anxiety as shown in the table 6 but there was significant difference in posttest of participants in the two experimental groups of Assertiveness skills training and Modelling skills training. It was revealed that participants exposed to Modelling Skills Training (MST) were able to manage their social anxiety better than their counterparts who were exposed to Assertiveness Skills Training (AST) and those in control group.

The study showed that there were differences in the pretest and posttest mean scores of the three groups. Notwithstanding, AST and MST showed

significant differences in the pretest mean scores and posttest mean scores comparedwith the control group. This variation may be attributed to the treatment received by those in the treatment groups. The result obtained from this study indicated that the experimental treatment of Assertiveness Skill Training and Modelling Skills Training were effective in reducing social anxiety of participants in the treatment group when compared with the participants in the control group.

Hypothesis one stated that there was no significant effect in the social anxiety level of participants exposed to Assertiveness Skills Training and Modelling Skills Training and those in control group. The result of hypothesis one represented in the statistical analysis tables7 and 8 showed that there was a significant difference in the reduction of social anxiety of participants in the treatment groups when compared with those in control. The findings indicated that both techniques were effective in the treatment groups and had an impact on the participants but not on control group since there was no treatment for them. The mean score of control group was still high signifying high social anxiety level in the posttest. This implies that the combination of assertiveness skills training and modelling skills training are highly effective in the reduction of social anxiety among students. The inference from this result is that treatment leads to effective reduction in social anxiety compared with no treatment. The highly socially anxious participants in the control group

remained socially anxious atthe posttest as they were at the pretest. The result of hypothesis one is consistent with the findings ofNnodum (2010) who found a significant reduction in isolatebehaviour of children exposed to the combination of assertiveness skills training and modelling skills training and the control group. AlsoAli, Farhad, Mohammed, Esmail and Ali (2015)found a significant reduction in the social anxiety level of participants exposed to assertiveness skills training and the control group.

The reduction in social anxiety levels of the treatment groups could be attributed to the students having been exposed to assertiveness skills training were able to develop self-confidence, correct their negative self-evaluation and their negative self-talk to cope with social situations. Also, participants in modelling group were exposed to different types of modelling packages which allowed them to view and learn how anxiety provoking situations are managed.

Hypothesis two stated that there was no significant difference in the social anxiety level of participants exposed to assertiveness training skills training and control group. The result obtained in tables 9 and 10 revealed that assertiveness skills training had significant effect on the participants exposed to it than those in the control group. The participants in assertiveness skills training showed a great reduction in social anxiety at posttest level when compared with those in control group. This result corroborates that of Adile (2003) that assertiveness skills training is effective in reducing social anxiety

and in increasing the self-esteem of students.Ojewola (2008) also found that assertiveness skills training is effective in reducing aggressive behaviour among in-school adolescents.

Hypothesis three which stated that there was no significant in the social anxiety level of participants exposed to modelling skills training and those in control group. The result of hypothesis three represented in the statistical analysis tables 11 and 12 show that there is significant difference in the social anxiety level of participants that underwent modelling skills training than those in control group. Participants in modelling skills group witnessed a significant reduction in social anxiety compare to those in control group. Those in control group still remained as they were at the posttest measure. The reduction in social anxiety experienced by participants in modelling skills training group might bedue to the series of training received and their practical exposure to life models from whom they learnt to manage and reduce social anxiety. The result is in tune withNnodum (2010) who found that modelling was effective in reducing isolate behaviour in children. Modelling was also reported to be effective in reduction of shyness among city students (Ali, Farhard, Mohammed, Esmail and Ali (2015).

Hypothesis four which stated that there was no significant difference in the social anxiety level of participants exposed to assertiveness skills training based on gender. The ANCOVA summary in table 13 and the estimated mean

for male and female participants indicated that there was no significant difference in the reduction of social anxiety of participants exposed to assertiveness training group based ongender; although from the result, males had more reduction in social anxiety compared to their female counterparts. However, this difference is not statistically significant. Hence, this hypothesis was accepted. This findings therefore gave credence to the proposition of Perkins (2002) that there was no gender difference in the rates of social anxiety experienced by both gender. This is contrary tothe findings of Park and Grant,(2011) andHallet, Howat, McManus, Meng and Maycock, 2013) who posited that male college students more frequently express social anxiety than female college students. In contrast,Slutske, (2005) found that college women are more likely to report problems associated with social anxiety than men.

Hypothesis five stated that there was no significant interactive effect of gender and treatment on the social anxiety levels of participants exposed to assertiveness skills training and modelling skills training based on gender.The ANCOVA summary in table 9 showed that there was no significant difference in the reduction of social anxiety of participants exposed to modelling skills training based on gender. Tis result is not at per with the findings of Park & Grant(2011) who noted that Gender is considered to be pivotal in the discussion of social anxiety.

Conclusion

Based on the findings of this study and the discussion arising from it,the following conclusions are drawn:

- The two techniques of assertiveness and modelling skills training were effective in reducing social anxiety of participants.
- Modelling skills training was more effective than assertiveness skills training in reducing social anxiety of the participants.
- The two treatment packages of assertiveness and modelling skills training were more effective in reducing social anxiety than the control group which was in form of training on how to read given to those in control group.

Implications of the Study Findings

Issues related to social anxiety among secondary school students should be given adequate attention by school administrators and teachers because it could affects the social performances of the students.

The government and school administrators should relieve counsellors of extra teaching so that they can effectively help clients with social anxiety in the school.

Counsellors that are proven to be competent in the application of the various treatment packages to help clients with social anxiety should be given full time appointment to do the job.

Students identified to be affected by social anxiety should be subjected on immediate counselling intervention in assertiveness and modelling skills training to help them overcome the concern.

Parents and guardians should try to create environment free of over controlling, over protection, teasing, taunting and bullying for their children as these could prompt the onset of social anxiety.

Family, school and society should reinforce and reward steps made by the child to attain novel tasks as this would instill courage and boldness in the child to do more.

Teachers and parents should not place children in conditions that would make them inferior to others as this could prompt social anxiety. Counsellors should endeavour to acquire more practical skills in order to effectively use modelling skills training in assisting adolescents with concerns on the related to social anxiety.

Counsellors should be exposed to how to organize a well-structured programme tailored towards assisting clients overcome social anxiety and other related concerns.

The effectiveness of assertiveness and modelling skills training will assist counsellors to help clients reduce social anxiety.

Counsellors should try to introduce assertiveness modelling skills training to school in order to help secondary school students who are affected with shyness and other related social problems to overcome.

The findings of the study show the techniques did not have gender bias as the method proved effective for both male and female. Therefore, counsellors should adopt these methods in helping both male and females in reducing social anxiety.

Counsellors in schools should organize counselling programmes geared towards helping students manage social anxiety.

Recommendations

Based on the findings of these study, the following recommendations are made:

- Assertiveness treatment treatment should be used for the socially anxious secondary school students, as this package holds the promise of remedying social anxiety.

- Counsellors should endeavour to acquire more practical skills in order to effectively use assertiveness and modelling skills training in assisting clients with concerns that are related tosocial anxiety.
- Students identified to be affected with social anxiety should be subjected to immediate counselling intervention so that they would not grow up with the problem.
- Parents and teachers should provide social anxiety free environment for children by trying to curb the act of bullying and teasing.

Limitations of the study

- The study covered only 3 public secondary schools in Ondo State; private, unity and federal secondary schools were not included. This is to leave gaps for other researchers who might be interested in carring out studies in those areas.
- The study did not include moderator variables such as age, school type and socio-economic background in relation to social anxiety in order to guide against alteration of result that may arise when many merating variables are used.
- The study was limited to the socially anxious secondary school students. Those who were low and moderate in social anxiety were not included in

the study. This was to make the study more relevant to the socially anxious individuals.

Suggestions for further studies

- This study was limited to public secondary schools in Ondo state. Future studies could be extended to cover private, unity and federal schools in the state.
- Similar studies could be carried out in public schools in other States in Nigeria.
- Future studies could include other moderator variables such as age, socio-economic background, religion and ethnicity.
- Finally, there may be need to extend the study to primary schools. This will also help the pupils to nip the problem of social anxiety in the bud.

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APPENDIX A

DEPARTMENT OF COUNSELLOR EDUCATION

FACULTY OF EDUCATION

UNIVERSITY OF ILORIN

SOCIAL ANXIETY QUESTIONNAIRE

Dear respondent,

This scale is designed to elicit responses from the victims of social anxiety. The exercise is basically for research purposes. There are no right or wrong answers. Therefore, respondents are implored to be as honest as possible in giving answers to the questions contained in this scale as the confidentiality of information given is assured. Thanks for anticipated cooperation.

Section A: Demographic Data:

Direction: Kindly tick ( ) the appropriate response

Class:SS1 ( ) SS11 ( ) S111 ( )

Gender: Male ( ); Female ( )

Religion: Christianity ( ); Islam ( ); Traditional African Religion ( )

PART B: Items

Direction: The following is a list of statements concerning anxiety in relation to human interactions. Kindly put a tick (√)in the column that best describes you, using the response options:

Not True ofMe (NTM)

Slightly True of Me (STM)

ModeratelyTrue of Me (MTM)

Very True of Me (VTM)

ExtremelyTrue of Me (ETM)

If a statement is true of you, put a tick (√) in the appropriate column as shown in the example.

S/N	Item	NTM	STM	MTM	VTM	ETM
A	**When I am in the midst of two or more persons, I:**					
1	feel worried.					
2	feel like running away.					
3	find it difficult to express myself.					
4	find it difficult to interact with opposite sex.					
5	find it difficult to interact with anyone.					
6	sweat profusely.					
7	feel jittery.					
8	find it difficult to breathe properly.					
9	feel uncomfortable.					

10	find it difficult to concentrate.					
11	experience rumble in my stomach.					
12	feel inferior.					
13	feel headache.					
14	find it difficult to ask questions.					
15	find it difficult to contribute to discussion.					
16	feel like everyone is staring at me.					
17	feel bored.					
18	feel that my heart beat rapidly.					
19	find it difficult to think of things to talk about.					
20	find it difficult to relax.					
21	find it difficult to disagree with others.					
22	feel I will say something embarrassing.					
23	Find myself thinking that I will be ignored.					
24	am worried that I would not know what to say.					
B.	**I:**					
25	feel tense whenever I about myself.					
26	Do not feel at ease interacting with others.					

27	have difficulty talking with other people.					
28	Worried about meeting demands of group members.					
29	feel nervous when I meet people that are unfmiliar.					
C.	**I feel uncomfortable:**					
30	eating in a public place e.g Restaurant, Canteen etc.					
31	Drinking on a public place.					
32	attending public functions.					
33	standing up to authority figures in public.					
34	seeking for my rights in public places.					
D	**I prefer:**					
35	to be quiet in social settings in order to avoid being noticed.					
36	to always take a friend with me to act on my behalf.					
37	to take a 'shot' of performance-enhancing substance (booster) in order to have the courage to act in public places.					
38	to keep to myself than to be among people.					
39	to be unnoticed if I find myself among people (e.g. in the classroom, meetings, church/mosque).					
40	to keep to myself in order to					

	avoid embarrassment.					
E.	**I am unable:**					
41	to make eye contact with my peers (to look at their faces/eyes when in conversation with them).					
42	to ask for help from others when I need it.					
43	to ask for my rights.					
44	to initiate a conversation with others.					
45	to sustain a conversation with others.					
46	to contribute to discussions during lessons/classes.					
F.	**I avoid:**					
47	situations that are unfamiliar.					
48	people who are unfamiliar to me.					
49	interacting with others.					
50	speaking in public.					

APPENDIX B

TREATMENT PACKAGE

Introduction

This exercise is meant to help the affected secondary school students overcome social anxiety. The exercise involved the use of Assertiveness Skills Training (AI), Modelling Skills Training (A2) and the control group (A3) that did receive any treatment.

The experimental programme was conducted for 8 weeks making a total of 8 sessions for each of the three experimental groups. Each of the sessions lasted for one hour and students were given refreshments and writing materials

Experimental Group A1: Assertiveness Skills Training

Week 1: Session 1

Topic: - Orientation to the training programme

Objectives:

- To prepare the ground for the training programme.
- To make provision of suitable environment for the programme.
- To establish qualitative relationship among group members.
- To explain the purpose of the experiment.
- To establish the rules and regulation guiding the exercise.

Activities

-Exchange of pleasantries.

-Establishment of rapport among group members.

-Explanation of the purpose of the programme to the group members by the researcher.

-Stating the rules and regulations of the exercise which include: punctuality, confidentiality, honesty respect for other people's opinion and so on.

-Explaining the nature of the training exercise.

-Giving opportunity for questions and answers.

-Administration of pre-test to the participants for screening purpose.

-*Home-work:* the group members will be encouraged to go through the jotted down points

Week 2: **Session 2: Explaining the concept of social anxiety among students.**

Objectives:

- To randomly assign members into experimental groups.
- Explanation of the basic concept of Social anxiety its basic categories and symptoms.

Activities:

-Definition of social anxiety.

-The basic categories and symptoms.

Presentation:

- The experimenter introduces the topic of the day 'social anxiety, its categories and symptoms' to the group members. She goes on to discuss some concepts and categories of social anxiety.

Social anxiety: can be defined as excessive self-focus characterized by negative self-evaluation that create discomfort in social situations and interferes with pursuing of one's interpersonal or professional goals. Social anxiety could

also be described as excessive fear on exposure to potential scrutiny or evaluation of others. The following are the categories of social anxiety:

- Cognitive which has to do with excessive self-evaluation.
- Affective:-heightened feeling of anxiety.
- Pysiological which has to do with racing heart and behavioural failure to respond appropriately.
- Chronic shyness or social anxiety which experience anxiety in several social situations.
- Situational shyness or social anxiety experience anxiety in specific social situations.
- Shy extroverts which experience anxiety and negative self-evaluation but are publicly outgoing.

Here are some of the symptoms of social anxiety:

A socially anxious persons:

- lacks adequate social skills for interaction.
- cannot solicit for assistance from people around him.
- finds it difficult to ask for clarification on confusing issues.
- cannot initiate, participate or terminate conversation
- . finds it difficult to express feelings.
- cannot easily join group or engage in group work

- .is shy and experience anxiety when asked to execute social task.
- often engages in negative self-talks and self- defeating statements
- .has low self-concept.
- is afraid of not being ridiculed when talking.
- thinks he/she has defects which make him/her inferior to others.
- displays maladaptive communication skill.
- is not assertive.
- experiences more interpersonal stress.
- avoids conflict more often.
- is afraid to express strong emotions.
- is over reliant on others.
- focuses on negative social cues.
- is hyper vigilant to signs of disapproval.

Summary

- The experimenter goes over the lesson contents briefly to facilitate better understanding.
- The experimenter asks the group members to examine the possible causes of social anxiety from home.

Evaluation:

- The experimenter will ask the following questions from the group members:
- Explain the concept of social anxiety in the light of today's lesion
- Mention the various categories of social anxiety.
- State the various symptoms of social anxiety you know

Home-work:

The experimenter asks the participants to go over their notes and think of the possible causes andeffects of anxiety in them.

Week 3: **session 3: Causes and effects of social anxiety**

Objective(s):

-To identify the possible causes and effects of social anxiety.

Learning activities:

-review of home-work.

-revision of last lesson.

-identification of the possible causes of social anxiety.

Presentation:

The experimenter discusses the following identified causes of social anxiety with the group members:

-innate factor.

-family factor.

-environmental factor.

-experiences exposed to during upbringing.

The possible effects of social anxiety include the following:

-the socially anxious cannot take advantage of social situations.

-they will have feeling of anxiety and escape tendency to stimuli perceived as novel and challenging.

-curiosity and exploration thwarted.

-consequent accumulation of unfulfilled desires which have considerable psychological cost

-it leads to dating late and less stable marriages

-fewer friendship experience

-less expressive verbally and non-verbally.

-experience loneliness.

-social anxiety leads to the abuse of drug.

- it leads to high usage of medical resource.

-it is as well results to avoidance of social contact.

-it may lead to psychiatric problem.

-it shortens life span.

-it result in inability to acquire language.

-it leads to depression in later life.

Summary

The experimenter goes over the lesson contents briefly again for better understanding

Evaluation

The experimenter asks the group members to state the possible causes and consequences of social anxiety.

Home-work

The experimenter asks the group members to go over the previous lecture notes.

Week4: **Session 4: Concept of assertiveness training, comparison of assertiveness, non-assertiveness and aggression.**

Objectives:

-Participants should be able to explain the meaning of assertiveness training, identify the differences between assertiveness, non-assertiveness and aggression as well as the Bill of Assertiveness Rights.

Activities

-review of previous assignment.

-revision of the previous lesson.

-the group members will be taught the basic concepts of assertiveness, the differences among assertiveness, non-assertiveness and aggression.

- the Bill of Assertiveness Rights

Presentation

B The experimenter explains assertiveness skill training and states the Bill of Assertive Rights.

Assertiveness training- It is a form of counselling intervention in which the socially anxious, aggressive and the rude learn to express their feelings, opinions, beliefs, wishes and needs frankly in a way that does not violate the right of others, or cheat oneself and in such a manner that others would take them into account. Assertiveness is the ability to express actions in a non-hostile manner. Unlike aggression which is the expression of feelings and

action in a hostile manner. Non-assertiveness means passivity and inability to stand for ones' right.

The following are the personal Bills of Assertive Rights:

1. I have the right to express all of my feelings, positive or negative.

2. I have the right to change my mind.

3. I have the right to make mistakes and not have to be perfect.

4. I have the right to follow my own standards and standards.

5. I have the right to say no to anything when I feel I am not ready, it is unsafe, or it violates my values.

6. I have the right to determine my own priorities.

7. I have the right not to be responsible for others' behaviour, actions, feelings, or problems.

8. I have the right to expect honesty from others.

9. I have the right to be angry at someone I love.

10. I have the right to be uniquely myself.

11. I have the right to feel scared and say "I'm scared."

12. I have the right to say "I don't know."

13. I have the right not to give excuses or reasons for my behavior.

14. I have the right to make decisions based on my feelings.

15. I have the right to my own needs for personal space and time.

16. I have the right to be playful and frivolous.

17. I have the right to be healthier than those around me.

18. I have the right to be in a non-abusive environment.

19. I have the right to make friends and be comfortable around people.

20. I have the right to change and grow.

21. I have the right to have my needs and wants respected by others.

22. I have the right to be treated with dignity and respect.

23. I have the right to be happy.

24. I have the right to believe I am a worthwhile person.

The group members are taught how components of assertiveness like speech contents, paralinguistic elements and non-verbal behaviour influence assertiveness. The participants will also be paired up within the group to demonstrate the skills they have learnt within the group training sessions through role playing .They will be encouraged to practice these skills as constant practice will enhance their incorporation into their daily life.

Summary

The experimenter goes over the lesson contents for better understanding.

Evaluation

The experimenter asks these questions from the participants to ascertain their understanding:

-what is assertiveness training?

-differentiate between assertiveness and other non-assertive behaviours you know.

-state the various items in the bill of assertiveness right.

Homework

The group members will be asked to memorise the items in the bill of assertiveness rights.

***Week 5: S*ession5: -practical demonstration of how to use this bills in daily life.**

Objectives

-to sample the various symptoms of social anxiety and demonstrate how to handle them with assertiveness.

-the participants should be able to role-play some of the social anxiety scenario.

Activities

- review of home-work

- revision of last lecture

- demonstration of the practical use of assertiveness with one of the symptoms manifested by the participants. For instances a client who bought a pair of shoe which has not been used at all only to discover that the shoe has spoilt may ask for repayment by politely approaching the shoe seller and make the need known. Even though the shoe seller may be angry for quest for repayment at the initial stage but with persistent fogging and politeness of speech the demand will be attended to.

- the experimenter will divide participants into role-playing group to role-play how to handle some of the various symptoms of social anxiety manifested by the participants.

Summary

The experimenter goes over the lesson contents for better understanding.

Homework

The experimenter asks the participants to go and handle the anxiety provoking challenges with the skill they have acquired from the training sessions.

Week 6 Session 6: Review of home-work

Activities

The experimenter will ask the participants to state the challenges encountered in the course of applying the skill learnt under the training and gives more encouragement.

Week 7: **Session 7: Advantages of non-socially anxious life to oneself, others and the society**

Objective(s)

The are taught the advantages of non-socially anxious life style to oneself, others and the society as a whole

Activities

-Review of home-work

-Revision of the last lesson.

-Highlighting of the advantages of non-socially anxious life style to both oneself, others and the society at large

After the review of the last lesson which consists of the first 24 bill of assertiveness rights,the experimenter highlights the advantages of the non-socially anxious life to oneself, others and the society:

Advantages of non-socially anxious life

-A non-socially anxious individual will take advantage of social situations and the psychological joy attached.

-will span longer.

-will enjoy mental and psychological health.

-others will enjoy his friendship and social support.

-will not have to depend on drug use which may have debilitating effect on his health and consequent psychological cost on the society.

-will be able to live an independent life and so on.

Summary

The experimenter briefly goes over the lesson contents for better understanding.

Homework: the group members are asked to go over their previous notes and practice the skills acquired in the course of the training.

Week 8:**Session 8:Summary of the whole training exercise**

Topic: Grand finale: Administration of social anxiety scale and formal rounding off of the exercise.

Objective(s)

- To summarise the activities of the whole training programme
- To evaluate the training programme

Activities

- Administration of post-test instrument.
- Termination of the training programme.

Presentation

The experimenter summarises the basic contents of the lectures with the group members and thereafter administers the Social Anxiety Scale to obtain the post-test scores. The programme is thenclosed officially.

APPENDIX C

Experimental Group A2: Modelling Skills Training

Week 1: *Session 1*

Topic: - Orientation to the training programme

Objectives:

-To prepare the ground for the training programme.

-To make provision for suitable environment for the programme.

-To establish qualitative relationship among group members.

-To explain the purpose of the experiment.

-To establish the rules and regulations guiding the exercise.

Activities:

-Exchange of pleasantries.

-Establishment of rapport among group members.

-Explanation of the purpose of the programme to the group members by the researcher.

-Stating the rules and regulations of the exercise which include: punctuality, confidentiality, honesty respect for other people's opinion and so on.

-Explaining the nature of the training exercise.

-Giving opportunity for questions and answers.

-Administration of pre-test to the participants for screening purpose.

-Homework: the group members are encouraged to go through the jotted down points

Week 2: **Session 2: Explaining the concept, categories and symptoms of social anxiety among students.**

Objectives:

-To randomly assign members into experimental groups.

-Explanation of the basic concept, categories and symptoms of social anxiety.

Activities:

-Definition of social anxiety.

-The basic categories and symptoms of social anxiety

-Homework.

Presentation

The experimenter introduce the topic of day 'Social anxiety, categories and symptoms of social anxiety' to the group members. She will go on to discuss the concepts and categories of social anxiety.

Social anxiety: can be defined as excessive self-focus characterized by negative self-evaluation that create discomfort in social situations and interferes with pursuing of one's interpersonal or professional goals. Social anxiety could also

be described as excessive fear on exposure to potential scrutiny or evaluation of others. The following are the categories of social anxiety:

-Cognitive which have to do with excessive self-evaluation.

-Affective:-heightened feeling of anxiety.

-Physiological which has to do with to do with racing heart and behavioural failure to respond appropriately.

-Chronic shyness or social anxiety which is the experience of anxiety in several social situations.

- Situational shyness or social anxiety is the experience anxiety in specific social situations.

-Shy extroverts which has to do with experience of anxiety and negative self-evaluation but are publicly outgoing.

The following are some of the symptom of social anxiety:

-A socially anxious lacks adequate social skills for interaction.

- cannot solicit for assistance from people around him.

-finds it difficult to ask for clarification on confusing issues.

-cannot initiate, participate or terminate conversation.

-finds it difficult to express feelings and so on.

*Evaluation***:** The experimenter asks the following questions from the group members:

-Explain the concept of social anxiety in the light of today's lesion

-Mention the various categories and symptoms of social anxiety.

-Identify the categories that is peculiar to you.

Home-work

-Go and find out the possible causes and effects of social anxiety.

Week 3: **Session 3: Causes and effects of social anxiety**

Objective(s):

-to analyse the various causes and effects of social anxiety in human beings.

Activities:

-Revision of last lesson and overview of home-work.

Stating the various causes and effects of social anxiety.

Presentation

The experimenter discusses the following identified causes of social anxiety with the group members:

-innate factor.

-family factor.

-environmental factor.

-experiences exposed to during upbringing.

The possible effects of social anxiety include the following:

-the socially anxious cannot take advantage of social situations.

-they will have feeling of anxiety and escape tendency to stimuli perceived as novel and challenging.

-curiosity and exploration thwarted.

-consequent accumulation of unfulfilled desires which have considerable psychological cost and others.

Summary

The experimenter goes over the lesson contents briefly again for better understanding

Evaluation

The experimenter asks the group members to state the possible causes and consequences of social anxiety.

Week 4: Session 4: Basic concept and types of modelling

Objective(s):

The participants are taught the concept of modelling and how different types of modelling can be used to eliminate social anxiety.

Activities:

-review of home-work

-starting with the day's topic.

Presentation

The experimenter after the review of homework, gives the definition of modelling, enumerates types of modelling and how they are used to reduce social anxiety.

Modelling, according to Uba (2009) is a learning method in which a person sees another person's behaviour which teaches him/her what to copy.

This technique helps people to change their behaviour. Both children an adults learn behaviour by imitating and watching others. The modelling types are: life and mediating modelling.

Life modelling refers to watching a real person usually the therapist perform the desired behaviour the client has chosen to learn. For example, the

therapist might model good telephone manners for a client who wants a job in a field that requires constant contact with people or customers. The step may involve the following:

-Good self-comportment.

-Believe in your personal worth just as you believe in the worth of others

-Do not rate other people too high than yourself as this variance could trigger social anxiety and neither should you rate them too low.

-Be polite to all categories of people while communicating with them.

Watch the paralinguistic element like voice pitch.

In addition, in life modelling, the therapist models social anxiety provoking behaviours for the clients and then prompt the clients to engage in the behaviour. The clients first watch the therapist approaches the feared situation and then approaches the situation in step or stages with the therapist encouragement and support. For instance, a client who is anxious to speak in social situation may be taking out to varieties of social situations where the therapist give speeches and the client watching, the client is later taken through the stages of speech giving with the therapist encouragement and support. The stages may involve:

- the client teaching a small group of children in the church or mosque

-teaching a group of 2 to 5 adults

-he/she may later be asked to handle speech delivery with 10-20 and so on until the client is no longer anxious of speaking in the public.

Also skills can be learnt and change of attitude can be effected through observation of peers or even leaders. Alternative ways are learnt as variety of styles are observed. For instance clients may learn public speech by going through the following steps:

-watch the therapist or group members' role play speech delivery with different styles. It usually entails:

-preparation of a well written speech.

-mastery of the speech by learning proper pronunciation of the word contained in the speech.

-several rehearsal behind the scene.

-rehearsal with few number of people.

-rehearsal large number of people.

The experimenter goes over the lesson contents briefly to facilitate better understanding among group members and will advise group members to employ suitable life modelling method to get over their social anxiety.

Homework:- The experimenter asks the group members to carefully read through their notes and identify which of the life modelling method they would like to adopt.

Week 5: **Session 5: Practical demonstration of modelling skill**

Objective(s):

The group members are taught how to handle their anxiety provoking situation with the use of life model.

Activities:

-Review of home-work

-Revision of the last lesson.

-the experimenter employs life model to train participants based on their of social anxiety

-the therapist asks life models similar to their age to model some anxiety provoking situation while the group members observe.

-group members are divided into sub-groups to role-play anxiety provoking situations

Homework

The participants are be asked to go and apply the skills acquired.

Week 6 Session 6: Sharing of experience gathered in course of skill application

Activity

The experimenter asks the participants to share their experiences and challenges as the experimenter gives encouragement.

Week 7 Session 7: Advantages of a non-socially life-style

Activities

The experimenterl highlights the advantages of the non-socially anxious life to oneself, others and the society:

-A non-socially individual will take advantage of social situations and the psychological joy attached.

-will span longer.

-will enjoy mental and psychological health.

-others will enjoy his friendship.

-will not have to depend on drug use which may have debilitating effect on his health and consequent psychological cost on the society.

-will live an independent life etc.

Summary

The experimenter goes over the lesson contents briefly for better understanding.

Homework: the group members are asked to go over their previous notes and practice the skills acquired in the course of the training.

Week 8: **Session 8: Summary of the whole training exercise**

Topic: Grand finale: Administration of social anxiety scale to obtain post-test scores and formal rounding off of the exercise.

Objective(s):

-To summarize the activities of the whole training programme.

-To evaluate the training programme.

Activities:

-Review of the previous sessions.

-Administration of the post-test instrument.

-Closure of the training exercise.

Presentation:

The experimentel summarizes the basic contents of the previous lectures with the group members after which the Social Anxiety Scale is administered.The exercise is then rounding off.

APPENDIX D

Experimental Group A3: Control group

Week 1: **Session 1**

Topic: - Orientation to the training programme

Objectives:

-To make necessary preparation for the takeoff of the programme.

Activities:

-Exchange of pleasantries and others

Week 2: **Session 2: Introduction of the novel to be read to the students.**

Objectives:

-The students should be able to identify the importance of reading novels and how two and three letter words are formed.

Learning outline:

-Revision of the alphabet Aa-Zz

-Formation of two and three letter words from the novel

Presentation

The experimenter introduces the topic of the day 'formation of two and three letter words'. She will revise the alphabet 'Aa- Zz' with the group members. She brings out some two and three letter words from the novel and illustrate to the students how they are formed. She asks the students to form more two and three letter words from home.

Week 3: **Session 3: Formation of four and five letter words.**

Objective(s):

-The students should be able to form and pronounce four and five letter words on their own.

Presentation

The experimental reviews the home-work with the students. Thereafter she brings out some four and five letter words from the novel, spelling and pronouncing with them. She asks the students to form some four and five letter words of their own from home.

Week 4 Session4: Basic reading.

Activities:

-Review of previous assignment and reading of the novel proper.

Objective(s)

The students should be able to read on their own.

Activities:

Reading of novel

Presentation

The experimenter reads some lines of the first chapter with the students and ask them to read one after the other as corrects their spelling errors.

This will be followed by summary, conclusion, evaluation and home-work.

Week 5 Session 5: Reading for meaning.

Presentation

The participants are taught how to read for meaning by observing all pauses in the passage and explaining the meaning of each sentence. The experimental gives home-work by giving them a portion of the novel to read against the next class.

Week 6 **Session 6: Novel reading continues.**

Objective(s):

-The students should be able to fluently and meaningfully.

Activities:

-review of home-work and starting the day's work.

Presentation

The experimenter, after the review of homework, calls on group members one after the other to read from the remaining part of the novel. She also encourages them to read from home.

Week 7: **Session 7: Sharing of the knowledge acquired in the course of reading the novel.**

Objective(s):

The students should be able to identify the importance of reading novels.

Activities:

-Review of home-work and sharing of the knowledge gain in the course of the reading novel.

Activitise

-Highlighting the advantages of reading novels.

After the review of the last lecture. The experimenter highlights the advantages of regular reading of novel:

-It enhances reading ability.

-It increases knowledge.

-It broaden grammatical horizon.

Week 8: **Session 8: Summary of the whole training exercise**

Topic: Termination/conclusion: Administration of social anxiety scale to obtain post-test scores and formal rounding off of the exercise.

Objective(s):

-To summarize the activities of the whole session.

Activities:

-Review of the previous sessions

-Administration of the post-test instrument

-Closure of the training exercise

Presentation

The experimenter summarizes the basic contents of the previous lecture with the group members, after which the Social Anxiety Scale was administered. The exercise was then rounded off.