J. Appl. Environ. Biol. Sci., 8(7)20-25, 2018

ISSN: 2090-4274
Journal of Applied Environmental and Biological Sciences
www.textroad.com

Rational Emotive Behavior Therapy Effective for the Features of Social Anxiety among University Students

Amna Aurooj, Tazvin Ijaz

Clinical Psychology Unit, Government College University, Lahore, Pakistan.

Received: February 1, 2018
Accepted: April 1, 2018

ABSTRACT

Social Anxiety is evidently becoming an increasing problem in this socially modern era as a person's self–acceptance is getting tilted towards others point of view. This anxiety is becoming quite prevalent among university students where it inculcates negative thinking, emotion and behavior pattern. This study targeted effectiveness of Rational Emotive Behavior Therapy on the features of social anxiety among university students.
Method: A pre/post test quasi experimental design was used where a sample of 10 referred clients with manifesting features of social anxiety, who scored above the cut-off score of 19 on Social Phobia Inventory (SPIN) was selected [20]. Clients were randomly assigned to Experimental and control groups (5 clients per group). Treatment consisted of 8 sessions compromising of Rational Emotive Behavior Therapy, with a follow-up of 2 sessions.
Results: Post-test via Social Phobia Inventory (SPIN) suggested effective decrease in the symptoms of social anxiety for experimental group as compared to the control group.
Conclusion: This study provides evidence that Rational Emotive Behavior Therapy can effectively alleviate social anxiety particularly the features of fear, avoidance and other physiological symptoms that causes hindrance for a person's well-being.
KEY WORDS: Social anxiety; Rational Emotive Behavior Therapy, University Students

1. INTRODUCTION

Social anxiety is described as a feeling of extreme anxiety and fear regarding social situations which may impair the daily functioning of individuals and may compel them where to avoid the scrutiny of others [1]. The prevalence of social anxiety disorder is different across the studies due to sampling, assessment strategies, applied diagnostic method, and cultural norms. In western culture, prevalence of the disorder is measured to be in higher rates than the eastern culture. One of the reasons could be the cultural aspects of the society and its associated self construct [2]. Distinct prevalence of social anxiety in the eastern cultures ranging from 0.5% is reported rather than in a western culture which is 16% in general population [3]. Studies suggested that the age of onset is typically in adolescence than in adulthood. Early onset at the age of 11 years has been reported in about 50% and by the age of 20 years in about 80% of the individuals [4].

Risk factors implicated for the development of the disorder include deficits in social skills and negative peer status, along with family-related factors including parental psychopathology, heritability estimates and temperament, anxiogenic parenting, and transmission of interpretation bias [5]. Other studies have also reported about the influence of genetic and biological dispositions, cognitive factors, parental and peer relations, deficits in performance, modes of learning, and cultural factors are responsible for the development of the disorder [6]. The factors which influence the social anxiety among young individuals are social interactions particularly in educational institutions. These social interactions help the young individual in learning educational and life skills particularly through peers. But if judged negatively, it may develop anxiousness in the young individuals [7]. Their daily functioning might get disturbed as they could develop problems in class participation, making friends, attending classes or not even taking the classes' altogether [8].

Social anxiety is characterized as a complicated and impenetrable vicious cycle of negative expectations of social situations in which students befall. Effective interventions are needed to address a variety of factors, notably negative thinking, poor social skills even including physical appearance features as well [9]. A plethora of studies conducted for finding out the effective treatments for social anxiety disorder in adolescents and young adults suggested Cognitive Behavior Therapy [10], Mindfulness [11], Attention Training [12] and Social Skills Training (SST) [13] to be efficient in dealing with Social Anxiety Disorder. Literature has suggested that social anxiety also possesses the emotional dysregulation as well. These emotional dysregulation led to significantly lower levels of fixed

Corresponding author: Amna Aurooj, Institute of Clinical Psychology, University of Management and Technology, Lahore, Pakistan. E-mail: amna.aurooj@gmail.com

beliefs about anxiety and other kinds of maladaptive beliefs and discussing about families of emotion regulation processes including selection and modification of situation, attentional deployment, change in cognition, and response modulation [14].

Rational Emotive Behavior Therapy (REBT) is considered to be a new dimension in the treatment of psychological disorders as it underpins cognitive, emotional and behavioral deregulation [15]. It regulates from recognizing, appraising and assessing one's irrational self-deprecating beliefs and retaliates against them by disputing those beliefs and formulating positive change within oneself. REBT was found effective on the shyness among Nigerian university students, improving their self-efficacy before graduation [16]. REBT in group form was found to be an effective strategy in dealing with the distress caused by paranoia [15]. A study conducted to study the impact of REBT on Indian adolescents suffering from conduct disorder showed significant results as well [17]. Effectiveness of Group Rational Emotive Behavior Therapy (REBT) in the treatment of shyness in Pakistani female college students was also observed [18]. Rational Emotive Behavior Therapy also proved effective in disputing irrational beliefs of persons with substance used disorders [19]. These studies proclaimed that Rational Emotive Behavior Therapy has a potential to be effective for many psychological problems while honoring the diversity among individuals.

The main objective of the current study was to find the effectiveness of Rational Emotive Behavioral Therapy (REBT) on the features of social anxiety manifested by university students.

2. METHOD

2.1. Participants.

A quasi-experimental ABA design was applied. A sample of 20 participants referred from counseling centre was recruited with inclusion criteria of a) 18-25 years of age b) depicting at least 3 out of 10 symptoms from DSM-V criteria. From there, a sample of 10 participants scoring above 19 on Social Phobia Inventory [20] was selected for the study. Since a focused grasp on beliefs and thoughts about oneself and corresponding social situations was essential for and Rational Emotive Behavior Therapy practices therefore, comorbidity with other medical or psychological condition including major depression, psychosis or any substance induced disorders were excluded.

2.2. Procedure.

A sample of 10 participants was selected by administering Social Phobia inventory for assessment. The participants were then randomly divided into two groups including experimental and control group. Intervention based on Ellis' rational-emotive-behavioral therapeutic model was implemented on experimental group consisting of; a) Cognitive therapy, e.g. identification of irrational beliefs and their disputing b) Emotional methods, e.g. sense of humor, modeling, and role playing c) Behavioral methods, involving skill training, use of reinforcement d) Home assignment. The therapy involved 8 sessions for 1 hour. It was held twice a week and therapeutic effects were traced after application of intervention. Post-test was applied on the participants from both groups via Social Phobia Inventory (SPIN). A follow-up of 2 sessions was also implemented.

2.3. Measure

2.3.1. Social Phobia Inventory (SPIN).

It is a 17-item self-rating scale which covers the symptoms of fear, avoidance and physical signs of social anxiety. These symptoms are basically the three important dimensions of Social Anxiety. The inclusion of four autonomic symptoms (trembling, blushing, and heart palpitations sweating) provides the practical enlightenment about the bothersome experience of symptoms in public. The measure is rated on a scale from 0 to 4. The total score for the SPIN ranges from 0 to 68. This scale depicted an acceptable test-retest reliability for the SPIN (r= 0.78-0.89) [20].

2.4. Ethical Considerations

A healthy endeavor regarding the ethical considerations was adopted. Permissions were sought from the counselor of the particular university. Permission to use the screening scale was also sought from the author. Informed consent from the participants was taken before implementing the therapeutic program. Discrimination on the basis of gender, race, religion etc was avoided. Precautions were adopted to minimize any possible harm and to maintain the element of privacy. A concise from Rational Emotive Behavior Therapy was used on the control group after the conduction of study. Beneficial steps to maximize the possible benefits were also taken.

2.5. Statistical Methods

Means and standard deviations were computed for Pre and Post test results. Non-parametric Statistics were applied due to sample size. Wilcoxon Signed Ranks Test was used for paired pre-post test comparison for both experimental and control groups. Kolmogorov-Smirnov Z two-sample test was used for the between group analysis.

3. RESULTS

3.1. Demographic Characteristics.

Table 3.1 Demographic Characteristics of the Participants (N=10)

Category	REBT (n=5)			Control (n=5)		
	M(SD)	*f*	*%*	*M(SD)*	*f*	*%*
Age	19.40(1.14)			19.80(1.30)		
Gender						
Male		3	60.00		3	60.00
Female		2	40.00		2	40.00
Education						
Bachelors I year		1	20.00		1	20.00
Bachelors II year		2	40.00		1	20.00
Bachelors III year		1	20.00		1	20.00
Bachelors IV year		1	20.00		2	40.00

Note. f=Frequency, *%*=Percentage, *M*=Mean, *SD*=Standard Deviation, REBT=Rational Emotive Behavior Therapy

Table 3.1 illustrated that number of male were more than female students among groups. Moreover, participants from Bachelors IV year were greater in number within control group, whereas Bachelors II year showed more number of participants across Rational Emotive Behavior Therapy group.

Results for the main hypothesis regarding effectiveness of Rational Emotive Behavior Therapy among University students are mentioned in Table 2 and 3 below.

Table 3.2 Within Group Analysis for Rational Emotive Behavior Therapy and Control groups (N=10)

Category	Pre-Test (n=5)		Post-test (n=5)		Z-Score	p-value
	M	SD	M	SD		
REBT	27.20	7.36	22.80	3.70	-2.02	.04*
Control	27.60	4.82	31.20	2.16	-1.84	.06

Note. REBT group= Rational Emotive Behavior Therapy group, M=Mean. SD= Standard Deviation, *= $p \leq .05$

Table 3.3 Between Group Analysis for Rational Emotive Behavior Therapy and Control groups (N=10)

Category	n	Kolmogorov-Smirnov Z	p-value
REBT	5	1.58	.01
Control	5		

Note. REBT group= Rational Emotive Behavior Therapy group,*= $p \leq .05$

The results applied significant difference for Rational Emotive Behavior Therapy (M=22.80, SD= 3.70, p= .04) post-test suggesting a decline in the social anxiety symptoms from moderate to mild level of severity. Between groups analysis showed a significant pattern for Rational Emotive Behavior Therapy (Z = 1.58, p=.01) effectiveness as compared to Control group. These finding suggested that Rational Emotive Behavior Therapy was not only a meager treatment for the symptoms of social anxiety but an effective management procedure as well.

4. DISCUSSION

Results from the current study showcased an effectiveness of Rational Emotive Behavior Therapy as a decrease in the intensity of negative cognitive features of social anxiety was observed. An alleviation of severity related to the features of avoidance, physical symptoms alongside the fear in social anxiety was underpinned. These results suggest the effectiveness of Rational Emotive behavior Therapy on university students which was in line with the results of [21] and [22] who supported with the current findings which highlighted the efficacy of Rational-Emotive Behavior Therapy on reducing the symptoms of depression among the adolescent girls and male collegemen facing problems in performing regular exercise respectively.

For effective application of Rational Emotive Behavior Therapy ABC model of irrational beliefs was addressed based on the principle of the (A) adversity-occurrence of event and the reaction to that event (B) Belief-explanation of that event and its reaction (C) Consequences- emotions and behaviors after the occurrence of events [23]. The results from current study follow those principles in fashion of portraying that the individuals manifesting the features of social anxiety face main challenge of negative cognitions related to the experience of anxiety in so-

cial situations. This hypothesis was supported from the study conducted by [24] who presented that the socially anxious individuals manifest the core cognitive features of fear of negative evaluations by others, performance situations such as speaking, eating in public, engaging in conversations, or interacting with authority figures as observed from the results of the current findings. Current finding also revealed a marked pattern of behavioral disturbance which was supported by [25] who explained that behavioral problems in particular includes feelings of nervousness in the presence of people which may indulge individuals to behave in a certain way or say something and then feel embarrassed or after. Presence of physical symptoms while engaging in a social situation was also acknowledged from the current study. The findings were supported by [26] who highlighted the physical symptoms related to the anxiety experienced in social settings i.e. excessive sweating, blushing, palpitations, trembling, and nausea.

Findings obtained from the current study also reflect that social anxiety is most prevalent among the adolescents and young adults. These findings were correlated with the study conducted to find the prevalence of social anxiety among different populations. The study suggested that social anxiety often seemed to be experienced by adolescents or young adults, who are most of the time, avoids situations which may require performing tasks in front of people during their life [27].

4.1. Limitations and Future Directions

Selection of a small sample size can be addressed in further researches to generalize the effectiveness of Rational Emotive behavior Therapy. In order to fully understand the domains of particular therapy in relevance to social anxiety symptoms, the implication of Rational Emotive Behavior Therapy intervention could be generalized to other populations. For completely understanding the impact of this approach on students' socially anxious symptoms, long term effects of the treatment and the extent to which the treatment has the impact could be essential for future researches. Moreover, replication of these results on student population is could validate the effectiveness of Rational Emotive Behavior Therapy.

5. Conclusion

Despite the aforementioned concerns and limitations, the present study that Rational Emotive Behavior Therapy was effective to decrease the social anxiety symptoms in University students and also plays a vital role in increasing their well-being. The three major domains of fear, avoidance and physical symptoms were all seemed to alleviate through the therapy.

Acknowledgment

The authors declare that they have no conflicts of interest in the research.

The authors would like to thank Ms. Ayesha, Government College University, Lahore, Pakistan for referrals of the participants in this project.

REFERENCES

1. Mayo-Wilson, E., Dias, S., Mavranezouli, I., Kew, K., Clark, D., Ades, A., & Pilling, S. (2014). Psychological and pharmacological interventions for social anxiety disorder in adults: a systematic review and network meta-analysis. The Lancet Psychiatry, 1(5), 368-376. http://dx.doi.org/10.1016/s2215-0366(14)70329-3.

2. Krieg, A., & Xu, Y. (2015). Ethnic differences in social anxiety between individuals of Asian heritage and European heritage: A meta-analytic review. Asian American Journal of Psychology, 6(1), 66-80. http://dx.doi.org/10.1037/a0036993.

3. Iancu, I., Levin, J., Hermesh, H., Dannon, P., Poreh, A., & Ben-Yehuda, Y. et al. (2006). Social phobia symptoms: prevalence, sociodemographic correlates, and overlap with specific phobia symptoms. Comprehensive Psychiatry, 47(5), 399-405. http://dx.doi.org/10.1016/j.comppsych.2006.01.008.

4. Stein, M., & Stein, D. (2008). Social anxiety disorder. The Lancet, 371(9618), 1115-1125. http://dx.doi.org/10.1016/s0140-6736(08)60488-2

5. Knappe, S., Beesdo-Baum, K., Fehm, L., Stein, M., Lieb, R., & Wittchen, H. (2011). Social fear and social phobia types among community youth: Differential clinical features and vulnerability factors. Journal of Psychiatric Research, 45(1), 111-120. http://dx.doi.org/10.1016/j.jpsychires.2010.05.002.

6. Wong, Q., & Rapee, R. (2015). The Developmental Psychopathology of Social Anxiety and Phobia in Adolescents. Social Anxiety and Phobia in Adolescents, 11-37. http://dx.doi.org/10.1007/978-3-319-16703-9_2.

7. Gren-Landell M, Tillfors M, Furmark T, Bohlin G, Andersson G, Svedin C: Social phobia in Swedish adolescents: prevalence and gender. Soc Psych Psych Epidem. 2009, 44: 1-7. 10.1007/s00127-008-0400-7.

8. Van Ameringen, M., Mancini, C., & Farvolden, P. (2003). The impact of anxiety disorders on educational achievement. Journal of Anxiety Disorders, 17(5), 561-571. http://dx.doi.org/10.1016/s0887-6185(02)00228-1

9. Environment of Adolescents. Social Anxiety and Phobia in Adolescents, 151-181. http://dx.doi.org/10.1007/978-3-319-16703-9_7.

10. Herbert, J., Gaudiano, B., Rheingold, A., Moitra, E., Myers, V., Dalrymple, K., & Brandsma, L. (2009). Cognitive behavior therapy for generalized social anxiety disorder in adolescents: A randomized controlled trial. Journal of Anxiety Disorders, 23(2), 167-177. http://dx.doi.org/10.1016/j.janxdis.2008.06.004.

11. Norton, A., Abbott, M., Norberg, M., & Hunt, C. (2014). A Systematic Review of Mindfulness and Acceptance-Based Treatments for Social Anxiety Disorder. Journal of Clinical Psychology, 71(4), 283-301. http: //dx. doi.org /10.1002 / jclp .22144.

12. Schmidt, N., Richey, J., Buckner, J., & Timpano, K. (2009). Attention training for generalized social anxiety disorder. Journal of Abnormal Psychology, 118(1), 5-14. http://dx.doi.org/10.1037/a0013643.

13. Herbert, J., Gaudiano, B., Rheingold, A., Myers, V., Dalrymple, K., & Nolan, E. (2005). Social skills training augments the effectiveness of cognitive behavioral group therapy for social anxiety disorder*. Behavior Therapy, 36(2), 125-138. http://dx.doi.org/10.1016/s0005-7894(05)80061-9.

14. Jazaieri, H., Morrison, A., Goldin, P., & Gross, J. (2014). The Role of Emotion and Emotion Regulation in Social Anxiety Disorder. Current Psychiatry Reports, 17(1). http://dx.doi.org/10.1007/s11920-014-0531-3.

15. Meaden, A., & Fox, A. (2015). Innovations in psychosocial interventions for psychosis. Hove: Routledge.

16. Kim, M., Kim, J., & Kim, E. (2015). Effects of rational emotive behavior therapy for senior nursing students on coping strategies and self-efficacy. Nurse Education Today, 35(3), 456-460. http://dx.doi.org/10.1016/j.nedt.2014.11.013.

17. Kumar, G. (2009). Impact of Rational-Emotive Behaviour Therapy (REBT) on Adolescents with Conduct Disorder (CD). Journal of the Indian Academy of Applied Psychology, 35(Special), 103-111.

18. Mohsin, H., & Rahman, N. (2010). Efficacy of Group Behavior Therapy and Group Rational Emotive Behavior Therapy in the Treatment of Shy Behavior in Adolescent Females. Pakistan Journal of Psychological Research, (1999-2011).

19. Saba, A. (2015). Effectiveness of rational emotive behavior therapy in disputing irrational beliefs of persons with substance used disorders. Presentation, 4th International Conference and Exhibition on Addiction Research & Therapy. August 03-05, 2015 Florida, USA.

20.Connor K. M., Davidson J. R., Churchill L. E., Sherwood A., Foa E., Weisler R. H. (2000). Psychometric properties of the Social Phobia Inventory (SPIN): New self-rating scale. British Journal of Psychiatry, 176, 379-386.

21. Zhaleh, N., Zarbakhsh, M., & Faramarzi, M. (2014). Effectiveness of Rational-Emotive Behavior Therapy on the Level of Depression among Female Adolescents. Journal of Applied Environmental And Biological Sciences, 4(4), 102-107.

22. Greenfeld, J. M. (2011). Using rational emotive behavior therapy to initiate and maintain regular exercise in college-age men: A qualitative investigation (Unpublished doctoral dissertation). University of Iowa.

23. Ellis, A. & Joffe-Ellis, D. (2011). Rational emotive behavior therapy. Washington, DC: American Psychological Association.

24. Fang, A., & Hofmann, S. G. (2010). Relationship between social anxiety disorder and body dysmorphic disorder. Clinical Psychology Review, 30(8), 1040-1048. doi:10.1016/j.cpr.2010.08.001

25. Schneier, F. R. (2006). Social Anxiety Disorder. New England Journal of Medicine, 355(10), 1029-1036. doi:10.1056/nejmcp060145.

26. Blanco, C., Heimberg, R., Schneier, F., Fresco, D., Chen, H., & Turk, C. et al. (2010). A Placebo-Controlled Trial of Phenelzine, Cognitive Behavioral Group Therapy, and Their Combination for Social Anxiety Disorder. Arch Gen Psychiatry, 67(3), 286. http://dx.doi.org/10.1001/archgenpsychiatry.2010.11.

27. Gençay, S., & Aydin, Ö. (2016). Analysis of Social Phobia Levels of University Students Who and Who Do Not Do Sports in terms of Different Variables. International Journal of Business and Social Science, 7(3).72-77