

Innovations

Efficacy of Cognitive Behavior and Emotional Intelligence Therapies on the Management of Social Anxiety among In-School Adolescent in Sapele Local Government Area of Delta State

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Abstract

This study investigated efficacy of cognitive behaviour and emotional intelligence therapies on the management of social anxiety among in-school adolescents in Sapele Local Government Area, Delta State. Pre-test Post-test Control group true experimental research design was adopted in the study. Four (4) research questions which were translated into hypotheses guided the study. A total of 102 in-school adolescents were selected from three public secondary schools in Sapele Local Government Area, Delta State using multi-stage sampling techniques. The Social Interaction Anxiety Scale (SIAS) created by Mattick and Clarke was used to gather data for the study (1998). The researcher collected data for the study by administering the instrument to the sampled respondents with the assistance of three trained research assistants in each of the schools. The information gathered was examined using descriptive and inferential statistics. The findings amongst others showed that CBT and EIT were efficacious in managing social anxiety among in-school adolescent in Sapele Local Government Area, Delta State and that social anxiety was not influenced by sex. Therefore, the study recommends amongst others that, counsellors should treat in-school adolescents going through social anxiety with CBT and EIT.

Keywords: 1.Anxiety,2. Cognitive Behaviour Therapy, 3.Emotional Intelligence, 4.Adolescent.

Introduction

Students in secondary schools are mostly adolescents and adolescence is a sensitive period associated with not only dramatic hormonal and biological changes but also with role, identity and social relations. They are individuals who display specific behaviours which facilitate the acquisition and mastery of learning tasks and are expected to achieve this by interacting with learning materials, teachers and their peers. According to Akpokiniovo (2022), this interaction is a usual process for some students while it is a difficult one for some students. The personality make-up of each student seems to reflect their ability to interact with people in their environments. This may be attributed to the fact that while some students are introvert, others are extrovert. This explains why some students are described as quiet and cool while others are described as lousy.

The most prevalent anxieties in a school setting have been identified as reading in class or participating in speech and drama performances (Kearney, 2005). Fear of public speaking and school-related settings has been reported to be a prevalent emotion. Fear of social situations appears to be a natural and fundamental aspect of human growth. It is well known that the human experience is full with pressures that place various demands on individuals. The pressures on individuals, particularly students, have expanded so much that those who are unable to adapt become maladjusted and susceptible to experiencing dread and anxiety. Anxiety is a common symptom. It may be described as the chronic fear that occurs when threatening event is about to happen.

Anxiety is seen as fear or worry about what is happening or might happen in the future. Anxiety sometimes appears to be responsible for academic dishonesty perhaps due to result of the high stake and competitive nature of academic activities. However, this may not be easy and possible for all. This may be attributed to factors such as lack of self-confidence, fear of rejection, criticism which makes people to feel anxious in social situations. Anxiety, in severe cases, becomes a disorder called social anxiety disorder (American Psychiatry Association, 2013) which is the focus of this study.

Social anxiety is one of the prevalent disorders which show similarity with other psychiatric disorders. It is a condition that has a detrimental impact on many facets of the patient's life, including educational, social, family, and interpersonal interactions. The condition causes a chronic dread of social settings in which the person may feel ashamed when exposed to strange people or while others are watching. Social anxiety disorder is said to be characterized by chronicity and psychiatric comorbidity and is considered as one of the most common incapacitating anxiety disorders. Due to its severity, it is believed to be different from performance anxiety and shyness and place individuals in chronic distress and impairment. Social anxiety disorder sufferers avoid acting in a degrading or embarrassing manner such as looking stupid, boring or anxious or having sweating, blushing or shaking (Taha, El-shereef, Abdullah & Aldahasi, 2017). In some scenarios, they try to avoid the fearful situations by all means possible while in other scenarios they will have to endure the situation, but with extreme distress feelings. It denotes a strong aversion to the avoidance of unpleasant public scrutiny, shame, humiliation, or social engagement. Social anxiety is the dread of interacting with other people, and it causes avoidance, extreme anxiety, or suffering in the feared social or performance settings, interfering considerably with all domains of functioning. Individuals suffering from social anxiety disorder often avoid important activities like school and work, and may not participate even if they eventually attend. As a result, individuals perform worse in vocational, academic, and familial functions, are more likely to abuse drugs and alcohol, have fewer opportunities to marry, and have a worse quality of life. They may also be more likely to commit suicide. Evidences showed that social anxiety has been projected to account for issues such as adult depression, alcohol and drug dependence, low socioeconomic status, being unmarried, unemployment, low level of education, and poor social support (G'ultekin & Dereboy, 2011). There are many factors that could influence social anxiety among secondary student, but this study intends to focus on sex.

Studies have shown that the sex of a student (male or female) is considered to have a tremendous influence on social anxiety. Sex is one variable that has been related to differences found in social anxiety, motivational functioning, and academic performance of students. In a study carried out by Gultekin and Dereboy (2011), using 152 participants, observe that 76.5% of students have a social anxiety for a lifetime and that female student outnumbered male students in social anxiety with 47.4% for the males while 52.6% for the females. Even though the prevalence level of social anxiety for females appears to be higher than males, the dangers associated with social anxiety are not gender bias. Students with social anxiety find it very difficult to speak in front of a group of people and may fail to engage in some school extra-curricular activities or may drop out of school due to anxiety. Students with social phobia may avoid such situations or experience a lot of tension and their attention to academic information may be distracted by an unwarranted focus on their source of fear. They appear to lack the ability to monitor and modify communication especially when participating in a seminar presentation thereby misjudging competence and potentials which may lead to underachievement in their academics (Akpokiniovo, 2022).

Social anxiety is a common anxiety disorder among in-school adolescents, and findings revealed that prevalence rates of social anxiety among in-school adolescents is from 3% to 6.8% in clinical settings and 5% to 9% in community studies surveys (National Institute of Mental Health, 2000). There is therefore the need to help in-school adolescent manage social anxiety. Brunello, (2000) observed that social anxiety is rampant among in-school

adolescents and that they are the most vulnerable group to social anxiety and this may be because they are not exposed to appropriate counselling therapies to manage it despite the fact that there are several counselling therapies that could be used to manage maladaptive behaviour such as social anxiety. The researcher therefore makes use of Cognitive Behavioural Therapy (CBT) and Emotional Intelligence Therapy (EIT) to check if they could help to manage social anxiety among in-school adolescents in Sapele Local Government Area, Delta State

Cognitive-Behavioural Therapy is a short-term goal-oriented psychotherapy treatment that involves an applied method to problem-solving. It aims to alter thought patterns that are behind individuals' difficulties, and so alter the way they feel. Cognitive Behavioural therapy was propounded by Beck (2011). It is a psycho-social intervention that aims to improve mental health. CBT focuses on challenging and changing unhelpful cognitive distortions such as thoughts, beliefs, attitude, and behaviours, improving emotional regulation, and developing personal coping strategies that target solving current problems. Initially developed to treat depression, the therapy has now been adapted to address a variety of mental health disorders, including social anxiety. This therapy has been shown to help improve adaptive behaviour. (Egbochuku&Obadan, 2005). George and Antonia (2014) used cognitive behavioural therapy in managing social anxiety among in-school adolescent.

Emotional Intelligence Therapy refers to a technique that can be applied to manage anxiety by systematically understanding one's emotions and that of others which may include self-awareness, self-control, self-assessment, self-evaluation, achievement, adaptability, orientation, cognitive competence, and conceptual thinking, strategy tools, problem solving, decision making and stress management (Goleman, 2002). Aremu (2007) described emotional intelligence as the management of one's emotions in such a way that those emotions do not affect the individual and others in daily living. In essence, it is the ability to understand oneself and others as well as the surrounding events. This therapy was propounded by Salovey and Mayer (1990). Emotional Intelligence Therapy includes abilities and skills to recognize ones' feelings and those of others, and being able to motivate oneself and persist in challenging situations, to control impulses and delay gratification and to regulate one's mood (Goleman, 1995). It is defined as a set of non-cognitive talents, competences, and skills that impact a person's capacity to cope with environmental demands and stressors such as social anxiety. It is hoped that this counselling techniques when used would manage social anxiety among in-school adolescents in Sapele Local Government Area, Delta State.

Statement of the Problem

The school is a social and learning agent that provides an environment in which a child would be formally educated to attain educational goals as well as interact socially with peers and teachers. Oftentimes, certain factors affect the students such that they do not perform up to their capacities. Social anxiety could be a barrier that may restrain the students from engaging actively in the classroom and thus prevent the attainment of their educational goals. Social anxiety is an inconvenient disorder in the school system and could affect a lot of students negatively thereby leading to poor academic performance as well as impeding normal social development and psychosocial functioning. Oftentimes, students are withdrawn and refrain from interacting with peers, classmates, and schoolmates because of fear of being embarrassed whenever they want to ask or answer questions in the class; and most times, they would be found sitting at the back of the classroom.

Students with social anxiety may be frequently absent from school to avoid being called upon to participate in the learning process and this may affect their academic performance and they may probably drop out of school. In order to be bold, cope with the anxiety arising from performing in front of the class, and enable them to speak up in social situations, some students may resort to the use and abuse of drugs such as alcohol, cigarette, marijuana, tramadol, cocaine, codeine and so on. This, in turn, leads to poor coordination, maladaptive behaviour, mental disorder, weaker brain functioning, and poor academic performance. Social anxiety could have severe consequences on the students and in later life as adults; if left untreated, could affect their courage to interact in class and school, social functions as well as declining leadership responsibilities in their communities, churches, and social organizations. Consequently, this may constitute a problem for the student's performance in situations such as lectures, oral presentation, and test. Studies on social anxiety among in-school adolescents to the best knowledge of the researcher seem relatively few especially, in the geographical location of this study. Hence, the current study is

poised to investigate the efficacy of cognitive behaviour and emotional intelligence therapies on the management of social anxiety among in-school adolescents in Sapele Local Government Area, Delta State.

Hypotheses

1. There is no significant difference in the pre-test and post-test of social anxiety mean scores of in-school adolescents exposed to Cognitive Behavioural Therapy.
2. There is no significant difference in the pre-test and post-test of social anxiety mean scores of in-school adolescents exposed to Emotional Intelligence Therapy.
3. There is no significant difference in the post-test of social anxiety mean scores of in-school adolescents exposed to Cognitive Behavioural Therapy, Emotional Intelligence Therapy, and those in the Control group.
4. There is no significant interaction effect of treatments by sex in the management of social anxiety among in-school adolescents.

Methodology

This study investigated efficacy of cognitive behaviour and emotional intelligence therapies on the management of social anxiety among in-school adolescents in Sapele Local Government Area, Delta State. Pre-test Post-test Control group true experimental research design was adopted in the study. Four (4) hypotheses guided the study. A total of 102 in-school adolescents were selected from three public secondary schools in Sapele Local Government Area, Delta State using multi-stage sampling techniques. The instrument that was used to collect data for the study was Social Interaction Anxiety Scale (SIAS) developed by Mattick and Clarke, (1998). The researcher used the instrument to collect data for the study by administering it on the sampled respondents with the help of three trained research assistant in each of the schools. The instrument was pilot-tested on some selected students and validated through an internal method of validation. The test reported a test retest reliability coefficient of 0.85 after an interval of three weeks. The instrument was administered on the students to collect data for pre-test and post-test. The data collected were analyzed using descriptive statistics of frequencies, mean and standard deviation and inferential statistics of paired sample t-test.at 0.05 level of significance.

Results and Discussion

Hypothesis 1: There is no significant difference in the pre-test and post-test of social anxiety mean scores of in-school adolescents exposed to Cognitive Behavioural Therapy.

Table 1: Paired Sample t-test of Pre-test and Post-test Mean Scores on Management of Social anxiety among in-school adolescent Exposed to CBT Treatment.

Test	N	Mean	Standard Deviation	T	Sig. (2-tailed)
Pre-test	31	123.30	21.34		
				6.833	.000
Post-test	31	96.77	16.82		

$\alpha = 0.05$

Table 1 shows a paired sample t-test of 6.833, testing at an alpha level of 0.05, with a *p-value* of .000. Since the *p-value* is less than an alpha level of 0.05, the null hypothesis which states that “There is no significant difference in the pre-test and post-test of social anxiety mean scores of in-school adolescents exposed to Cognitive Behavioural Therapy” is rejected. Consequently, Cognitive Behavioural Therapy is significantly efficacious in the management of social anxiety among in-school adolescents in Sapele Local Government Area, Delta State.

Hypothesis 2: There is no significant difference in the pre-test and post-test of social anxiety mean scores of in-school adolescents exposed to Emotional Intelligence Therapy.

Table 2: Paired sample t-test of pre-test and post-test mean scores on management of social anxiety among in-school adolescents exposed to EIT treatment

Test	N	Mean	Standard Deviation	T	Sig. (2-tailed)
Pre-test	34	126.77	11.990		
				6.239	.000
Post-test	34	100.74	19.084		

$\alpha = 0.05$

Table 2 shows a t-value of 6.239 and a p-value of .000 testing at an alpha level of 0.05, the p-value is less than the alpha level. So the null hypothesis which states that “there is no significant difference in the pre-test and post-test of social anxiety mean scores of in-school adolescents exposed to Emotional Intelligence Therapy” is rejected. Consequently, emotional intelligence therapy is significantly efficacious on the management of social anxiety among in-school adolescents in Sapele Local Government Area, Delta State.

Hypothesis 3: There is no significant difference in the post-test social anxiety scores on the management of social anxiety among in-school adolescent exposed to CBT, EIT and those in the Control group.

Table 3: Mean and Standard Deviation of Post-test Scores on Management of Social Anxiety among in-school adolescent exposed to CBT, EIT and Control.

Group	N	Mean	Standard Deviation
CBT	31	123.306	21.3443
EIT	34	126.765	11.9900
Control	37	121.956	20.2685
Total	102	123.971	18.2473

Table 3 shows the mean and standard deviation of pre-test scores for the three groups (CBT, EIT and Control). For the CBT group, (N = 31, Mean = 123.306, Standard Deviation = 21.3443). The EIT group, (N = 34, Mean = 126.765, Standard Deviation = 11.9900) and the Control group (N = 37, Mean = 121.956, Standard Deviation = 20.2685). To test if there is a significant difference in the pre-test among the three groups, the one-way Analysis of Variance (ANOVA) statistics was used.

Table 4: One-way ANOVA of Pre-test Scores on the Management of Social Anxiety among in-school adolescent exposed to CBT, EIT and Control.

Group	Sum of Squares	df	Mean Square	F	Sig.
Between	428.766	2	214.383	.639	.530
Within	33200.646	99	335.360		
Total	33629.412	101			

$\alpha = 0.05$

Table 4 shows F-value of .639 and a p-value of .530, testing at an alpha level of 0.05. The p-value of .530 is greater than the alpha level of 0.05; thus, no significant difference exists among the groups at post-test. Therefore, the result at the pre-test showed no significant difference on the management of social anxiety among in-school adolescent in the three (3) groups. Hence no need for ANCOVA at post-test.

Table 5: Descriptive Statistics of CBT, EIT and Control on the Management of Social Anxiety among in-school adolescent at Post-test.

Group	N	Mean	Standard Deviation
CBT	31	96.774	16.8225
EIT	34	100.735	19.0844
Control	37	145.649	12.7038
Total	102	115.824	27.8293

Table 5 shows the Mean and Standard Deviation of the post-test for the three groups (CBT, EIT and Control). For the CBT group, (N = 31, Mean = 96.774, Standard Deviation = 16.8225), EIT group (N = 34, Mean = 100.735, Standard Deviation = 19.0844) and the Control group (N = 37, Mean = 145.649, Standard Deviation = 12.7038). To test if there is significant difference in the post-test scores among the three groups, the one-way ANOVA statistics was used.

Table 6: One-way ANOVA on Management of Social Anxiety among in-school adolescent at Post-test.

Group	Sum of Squares	df	Mean Square	F	Sig.
Between	51902.3542	2	25951.177	97.617	.000
Within	26318.969	99	265.848		
Total	78221.324	101			

$\alpha = 0.05$

Table 6 shows an F-value of 97.617 and a p-value of .000 testing at an alpha level of 0.05, the p-value of .000 is less than the alpha level of 0.05. Therefore, the null hypothesis which states that “there is no significant difference in the pre-test and post-test scores of in-school adolescents exposed to CBT, EIT and Control groups at post-test” is rejected. Consequently, there is a significant difference in the post-test scores of in-school adolescent exposed to CBT, EIT and Control at post-test. Hence the need for a Post Hoc tests.

Table 7: LSD multiple comparisons of Social anxiety among in-school adolescent exposed to CBT, EIT and those in the control at post-test

(I) Group	(J) Group	Mean Difference (I-J)	Sig.
Cognitive Behaviour Therapy	Emotional Intelligence Therapy	-3.961	.330
	Control	-48.874*	.000
Emotional Intelligence Therapy	Cognitive Behaviour Therapy	3.961	.330
	Control	-44.913*	.000
Control	Cognitive Behaviour Therapy	48.875*	.000
	Emotional Intelligence Therapy	44.913*	.000

*. The mean difference is significant at 0.05 levels.

Table 7 shows the difference between Cognitive Behaviour Therapy and control is -48.875 and a p-value of 0.000 and the difference between Emotional Intelligence Therapy and control is -44.913 and a p-value of 0.000, showing that both Cognitive Behavioural Therapy and Emotional Intelligence Therapy are more effective than the

control in reducing Social anxiety among in-school adolescents. However, the difference between Cognitive Behaviour Therapy and Emotional Intelligence Therapy is -33.961 and a *p-value* of 0.330, showing no significant difference in the efficacy of Cognitive Behaviour and Emotional Intelligence Therapies in managing social anxiety among in-school adolescents in Sapele Local Government Area, Delta State.

Hypothesis 4: There is no Significant Interaction Effect of Treatment by Sex on the Management of Social Anxiety among in-school adolescent in Sapele Local Government Area.

Table 8: Mean and standard deviation of treatment by sex interaction effect on social anxiety among in-school adolescent in Sapele Local Government

Group	Sex	Mean	Std. Deviation	N
Cognitive Behaviour Therapy	Male	93.875	18.4511	20
	Female	102.045	12.4408	11
	Total	96.774	16.8225	31
Emotional Intelligence Therapy	Male	105.625	23.9326	8
	Female	99.231	17.6177	26
	Total	100.735	19.0844	34
Control	Male	146.471	15.5639	17
	Female	144.950	10.0340	20
	Total	145.649	12.7038	37
Total	Male	115.833	30.4465	45
	Female	115.816	25.8546	57
	Total	115.824	27.8293	102

Table 8 shows that CBT had a mean of 93.875 with standard deviation of 18.4511 for the males and a mean of 102.045 and standard deviation of 6.453 for the females. EIT had a mean of 105.625 with standard deviation of 23.9326 for the males and a mean of 99.231 and standard deviation of 17.6177 for the females. While for the Control group, the males had 146.471 and standard deviation of 15.5639 and the females had a mean of 115.816 with standard deviation of 25.8546

Table 9: Two-way Analysis of Variance (ANOVA) of Interaction Effect of Treatment by Management of Social Anxiety **Sex on**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	52647.483 ^a	5	10529.497	39.526	.000
Intercept	1159591.481	1	1159591.481	4.353E3	.000
Group	45505.465	2	22752.732	85.410	.000
Sex	.158	1	.158	.001	.981
Group* Sex	744.060	2	372.030	1.397	.252
Error	25573.840	96	266.394		
Total	1446560.500	102			
Connected Total	78221.324	101			

a. R Square = .673 (Adjusted R Square = .656)

Table 9 shows on F-value of 1.397 and a *p-value* of .252, testing at an alpha level of 0.05. The *p-value* is greater than the alpha level of 0.05; so the null hypothesis which states that “There is no Significant Interaction Effect of

Treatment by Sex on the Management of Social Anxiety among in-school adolescents in Sapele Local Government Area” is retained. This means that both therapies managed social anxiety of males and females equally.

Discussion of findings

The result showed that there is significant difference in the pre-test and post-test social anxiety mean scores of in-school adolescent exposed to CBT. Meaning that CBT is efficacious in managing social anxiety among in-school adolescents exposed to CBT treatment. This result agrees with the study carried out by Raziel et al (2013) who found out that CBT is effective in reducing anxiety and depression. This finding also agrees with the study carried out by James et al (2005) that CBT is an effective therapy for managing employee suffering from anxiety.

The result also showed that there is significant difference in the pre-test and post-test social anxiety mean scores of in-school adolescent exposed to EIT. Meaning that EIT is efficacious in managing social anxiety among in-school adolescents exposed to EIT treatment. This result agrees with the study carried out by Purohit and Ajawani (2008) who found out that EIT is effective in reducing anxiety and depression towards retirement. This finding also agrees with the study carried out by Fernandez-Beirxal and Extremera (2016) that EIT is an effective therapy for managing employee suffering from anxiety. The findings of the study further showed that there was a significant difference between Social anxiety scores of CBT and Control, EIT and Control, but no significant difference between CBT and EIT because both treatment (CBT and EIT) were efficacious in managing Social anxiety. Invariably, when in-school adolescent were exposed to the two therapies; that is, when they were taken through CBT and EIT, their anxiety level was significantly managed when compared to the Control group. The finding also revealed that CBT and EIT were both significant in managing Social anxiety, none was superior to the other and they were both efficacious. This result agrees with the study by Rappai (2005) that counselling therapy can manage anxiety and depression.

The finding also revealed that there is no significant interaction effect of treatment by sex of in-school adolescent on the management of social anxiety. This means that both therapies managed the anxiety of males and females in-school adolescents. In this study, the anxiety level of males and female in-school adolescent exposed to the treatment packages of CBT and EIT was significantly managed. Both therapies were equally effective in managing the anxiety level of both males and females in-school adolescents. This result disagrees with the study of Turk, (2018) where they observed gender differences on the efficacy of counselling for reducing social anxiety. This is however in contrast with the study of McClean, et al (2011) who found gender differences in their studies.

Conclusion

Based on the findings of this study, it was concluded that Cognitive Behaviour and Emotional Intelligence Therapies are efficacious in managing social anxiety among in-school adolescent and that social anxiety is not influenced by sex of in-school adolescent.

Recommendations

1. Government should introduce seminars and workshops on CBT and EIT to equip in-school adolescents who are battling with social anxiety.
2. Functional counselling units should be established in all public secondary school counsellors should be employed and trained on how to give proper psychotherapy such as CBT and EIT to in-school adolescents who are having social anxiety
3. Cognitive Behavior Therapy and Emotional Intelligence should be used by counsellors to assist in-school adolescents.
4. In-school adolescent who are going through social anxiety should take advantage of the treatment packages of CBT and EIT as this will help them to manage their anxiety level.
5. Researchers should take advantage of the data used in this study as a foundation for further research work to promote educational gains, as well as minimize social anxiety among in-school adolescents.

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