

# Comparative Effects of Schema-Focused Cognitive and Self-Exploratory Therapies on Avoidant Personality Disorders among Senior Secondary School Students in Imo State, Nigeria

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**Abstract.** This study investigated the comparative effects of Schema-focused cognitive therapy and self-exploratory therapy on avoidant personality disorder among Secondary School Students in Imo state. The researcher asked two research questions and formulated two hypotheses to guide the study. The study adopted a quasi-experiment design. The population of the study is 98054. A purposive sampling technique was used to select 48 SSS II students for the study. The instruments for data collection are the Students avoidant personality problem identification rating scale for students and the Students avoidance personality problem checklist for the teachers. Five specialists validated the instrument. The reliability coefficient of 0.76 was obtained using Cronbach Alpha. Data were analysed using mean, standard deviation and ANCOVA F-ratio. The study's findings show that the mean rating scores on avoidant personality disorder of the participants exposed to schema-focused cognitive therapy and self-exploratory therapy in post-treatment and follow-up do not differ significantly. Based on the findings, the researchers recommend that School counsellors should use both schemas-focused cognitive therapy and self-exploratory therapy in the treatment of avoidant personality disorder since they were found to have a significant effect on the condition.

**Keywords:** Schema-focused Cognitive Therapy; Self-Explanatory Therapy; Avoidant Personality Disorder.

## INTRODUCTION

A personality disorder is one type of mental disorder that is very common worldwide. Based on epidemiological studies, many people in the general population have Personality Disorders (PD) [12]. A personality disorder is a type of mental disorder where an individual has a rigid and unhealthy pattern of thinking, functioning and behaving. A personality disorder has trouble perceiving and relating to situations and people. This causes significant problems and limitations in relationships, social activities, work and school. A personality disorder's impact on an individual can lead to avoidant personality disorder (AvPD).

Avoidant behaviour may commonly be seen in children or adolescents. Still, a personality disorder diagnosis cannot be made in children because shyness, fear of strangers, social awkwardness, or sensitivity to criticism are often a normal part of children and adolescent development [6]. An avoidant personality disorder is a group of conditions called anxious personality disorders, marked by feelings of nervousness and extreme fear. People with an AvPD may have poor self-esteem. They also may have an intense fear of rejection and being negatively judged by others, which may lead to personal inadequacy. These feelings make them very uncomfortable in social situations, leading them to avoid group activities

and contact with others [10]. The feeling of personal inadequacy can make a person socially inhibited and incompetent. Because of these feelings (of inadequacy and inhibition), they seek to avoid social activities, work, school, and any activities that involve socialising or interacting with others.

Individuals with an AvPD often vigilantly appraise the movements and expressions of those with whom they come into contact. The belief that the fearful and tense conduct they may experience may elicit ridicule from others, which in turn confirms their self-doubts. They are very anxious about the possibility that they will react to criticism. Others describe them as shy, timid, lonely, or isolated [18]. This is common among some secondary school students who experience AvPD.

In a study carried out by [15], it was observed that students who have AvPD are characterised by feelings of extreme social inhibition, inadequacy, and sensitivity to negative criticism and rejection. Yet the symptoms involve more than simply being shy or socially awkward. Students with AvPD cannot interact with others or maintain relationships in their day-to-day life. This disorder causes fear of rejection, often making it difficult for students to connect with other students. Students with a personality disorder often hesitate to seek out friendships unless they are sure the other person will like them.

In addition to the fear of humiliation and rejection, other common traits of people with AvPD, according to [1], exhibit the following attribute:

- they are oversensitive and easily hurt by criticism or disapproval;
- they have few, if any, close friends and are reluctant to become involved with others unless they are sure of being liked;
- they experience extreme anxiety (nervousness) and fear in social settings and relationships, leading them to avoid activities or jobs that involve being with others;
- they tend to be shy, awkward, and self-conscious in social situations due to a fear of doing something wrong or being embarrassed;
- they tend to exaggerate potential problems;
- they seldom try anything new or take chances;
- they have a poor self-image, seeing themselves as inadequate and unappealing.

When the students are involved in a relationship, they may be afraid to share their personal information or talk about their feelings. This can make it difficult for them to maintain intimate or close friendships. Moreover, concerning the disorder's symptoms, the author [16] opined that for people with this disorder, the fear of rejection is so intense that they choose isolation rather than risk being rejected in a relationship. The pattern of the behaviour in people with this AvPD can vary from mild to extreme.

Stressing on the estimation of male and female students with AvPD, researchers [16] stated that avoidant personality disorder is not gender-based; both males and females can experience the condition. They posited that female students might have more AvPD in some colleges than male students. In contrast, the reverse might be the case in the other colleges. Schema-focused cognitive and self-explanatory therapies could be promising approaches in assisting people living with an AvPD to overcome the challenges that arise from the disease. These therapies can help the students with such challenges to gain insight into the problem and find a probable solution to its reduction.

According to [11], schema-focused cognitive therapy is an integrative approach to treatment that combines the best aspects of cognitive-behavioural, experimental, interpersonal and psychoanalytic therapies into one unified model. Schema-focused cognitive therapy has a remarkable result in helping people change negative (maladaptive) patterns they have lived with for a long time. Other methods and efforts they have tried before have been largely unsuccessful. The Schema-focused cognitive therapy (SFCT) was developed by Jeff Young, who initially worked closely with Dr Aaron Beck, founder of cognitive therapy. Using SFCT can strengthen and improve any person, irrespective of gender, on behavioural problems. In the worst situation on behavioural issues, the author [14] posited that SFCT has proven effective in controlling the behaviour to the barest minimum. In a study carried out by [6], he observed that using SFCT proved effective when applied to his findings on stage fright among school adolescents. Applying this therapy to the present study may help the researcher achieve a positive result. To supplement the SFCT on AvPD, the researcher applied the use of self-exploratory therapy (SET).

According to [15], self-exploratory therapy is a therapy that looks at one's thoughts, feelings, behaviours and motivations and asks why. The therapy helps people look for the root of which they are and answers all their questions about themselves. The therapy allows us to have a deeper understanding of ourselves and how we can have many benefits in our life. It helps people understand and accept who they are and why they do what they do, which improves their self-esteem, communication and relationships. In a study by Eber, as cited in Kellogg [7], he discovered that applying SET to students with isolation problems proved effective. This, however, shows that SET can be used to treat behavioural issues. On this premise, the researcher embarked on this study to investigate the effects of SFCT and SET on AvPD among senior secondary school students in Imo State.

Another factor worth investigating in the treatment of AvPD is gender. Gender is the quality of being a male or female. It involves the biological, psychological, social and cultural property of being a male or female (i.e. boy or girl). Accordingly, the author [4] noted that gender involves the psychological and socio-cultural dimensions of being male or female. On the other hand, gender role is a set of expectations that prescribes how females or males should think, act, and feel. Gender-role classification involves a personality-trait-like categorisation of a person [13]. Hence, this study investigated the effects of SFCT and SET on AvPD of students.

The problem of this study is the question: Could Schema Focused Cognitive Therapy be used to treat students with an AvPD? Could the use SET reduce students' AvPD?

The study was delimited to the effects of SFCT and SET on AvPD among secondary school students. Only senior secondary school two (SS2) students were used for this study. The study was conducted in Imo State public school system. This study delimited personality disorder as an AvPD. Also, the therapies adopted in this study are SFCT and SET.

### Purpose of the Study

The study sought to determine the effects of Schema-focused cognitive and SET on AvPD among senior secondary school students in Imo State. Specifically, the study sought to:

1. Ascertain the mean rating scores on AvPD of the participants exposed to SFCT and SET in the pre and post-treatment assessment.
2. Determine the mean rating scores on AvPD of the participants exposed to SFCT, SET and control in the post-treatment and follow-up assessment.

### Research Questions

The following research questions were raised to guide the study:

1. What are the mean rating scores on AvPD of the participants exposed to SFCT and SET in the pre and post-treatment assessment?
2. What are the mean rating scores on AvPD of the participants exposed to SFCT and SET in the follow-up assessment?

### Hypotheses

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

1. The mean rating scores on AvPD of the participants exposed to SFCT and SET in the pre and post-treatment assessment do not differ significantly.
2. There is no significant difference in the mean rating scores on AvPD of the participants exposed to SFCT and SET in the follow-up assessment.

### Methods

The research design for this study is a quasi-experiment design which involved pre-treatment and post-treatment assessments. The design is represented below.

Groups	Pre-tests	Treatment	Post-tests
SFCTG	O <sub>1</sub>	X <sub>1</sub>	O <sub>2</sub>
SETG	O <sub>1</sub>	X <sub>2</sub>	O <sub>2</sub>

Figure 1 – Symbolic Representation of Research Design

Notes: SFCTG – Schema Focused Cognitive Therapy Group; SETG – Self-exploratory Therapy Group; O<sub>1</sub> – Avoidant Personality Pre-treatment Assessment; X<sub>1</sub> – exposure to SFCT; X<sub>2</sub> – expo-

sure to SET; O<sub>2</sub> – Avoidant Personality Post-treatment Assessment.

The area of this study is Imo State of Nigeria. The population of the study is 98,054 senior secondary school students (made up of 49,170 male and 48,884 female) in the two hundred and eighty-five (285) secondary schools in the state for the study. The sample size for the study is 48 students in SS2, comprising 24 males and 24 females. The sampling technique employed was a multi-stage stratified cum cluster, purposive and simple random sampling techniques. To select participants for the study, the 20 items AvPD nomination checklist was given to the teachers to nominate students with AvPD. The researcher then distributed the 20 items AvPD identification rating scale to all nominated SS2 students of the sampled schools. A cut-off score of 50 was used to identify students with AvPD. Two instruments, "Students avoidant personality disorder checklist (SAPDC) for the teachers' nomination" and "Students avoidant personality disorder identification rating scale (SAPDIRS) for students", were used for data collection for the study. Copies of the instrument were given to three specialists in the Education Measurement and Evaluation field and two specialists in Education Foundation and Counselling for face and content validation. A reliability coefficient of 0.76 was obtained using the Cronbach alpha technique.

A systematic two-phase procedure was adopted to collect data for this study. The "pre-treatment" and "treatment" phases are the two phases. The first pre-treatment phase involves preliminary introductions and identification of students with AvPD using pre-treatment assessment. The second phase, which was the treatment phase, deals with the actual administration of the treatment and ends with the administration of the post-treatment assessment. The researcher ensured a good testing atmosphere and conditions in administering each instrument. The tools were administered face-to-face to ensure that they were collected immediately after the participants finished responding to the items. The data collected from the pre-treatment and post-treatment tests were statistically analysed, using the mean and standard deviation to answer the research questions. In contrast, the Analysis of Covariance (ANCOVA) was used to test the hy-

potheses at a 0.05 level of significance. Adjustment for multiple comparisons and pairwise comparisons was made using Bonferroni.

## RESULTS AND DISCUSSION

*The first research question.* Table 1 presented the mean rating scores on AvPD of participants exposed to SFCT and SET in the pre and post-treatment assessment.

Table 1 – Means and Standard Deviations of all the Participants Exposed to SFCT and SET in the Pre- and Post-Treatment Assessment

Group	Pre-Treatment Assessment		Post-Treatment Assessment		
	n	$\bar{X}$	Std	$\bar{X}$	Std
SFCT	16	67.63	8.04	40.88	2.90
SET	16	69.06	5.56	39.56	2.71
Mean Difference		1.43		1.57	

The mean rating scores for AvPD of the participants in the SFCT and SET groups in the pre-treatment assessment are 67.63 and 69.06, while their standard deviations respectively are 8.04 and 5.56. Also, the mean rating scores for AvPD of participants exposed to SFCT and SET are 40.88 and 39.31, respectively, while their respective standard deviations are 2.90 and 2.71 in the post-treatment assessment. The reduced mean rating scores in the post-treatment assessment show the reduction of the AvPD of the participants as a result of treatments with SFCT and SET. However, the mean rating for AvPD of the participants exposed to SET was reduced more than that of those exposed to SFCT, with a mean difference of 1.57. Therefore, SET is more effective in lowering AvPD, AvPD, than SFCT.

*The first hypothesis.* Table 2 shows the p-value for hypothesis five's significance or no significance test.

Since the p-value is more significant than the significance level of 0.05 ( $0.561 > 0.05$ ), the null hypothesis is accepted. Hence, the mean rating scores on AvPD of the participants exposed to SFCT and SET in the pre and post-treatment assessment do not differ significantly. Thus, the mean difference of 1.57 is not significant.

Table 2 – The p-value for the Test of Difference in Mean Rating Scores of Participants in SET and SFCT Groups

Pairwise Comparisons						
Avoidant Variable: Post-test						
(I) Treatment	(J) Treatment	Mean Difference (I-J)	Std. Error	Sig. <sup>b</sup>	95% Confidence Interval for Difference <sup>b</sup>	
					Lower Bound	Upper Bound
SET	SFCT	-1.588	1.183	.561	-4.542	1.366
SFCT	SET	1.588	1.183	.561	-1.366	4.542

Notes: Based on estimated marginal means; \*) The mean difference is significant at the .05 level; <sup>b</sup>) Adjustment for multiple comparisons: Bonferroni.

*The second research question.* Table 3 presented the mean rating scores for AvPD of participants exposed to SFCT and SET in the follow-up assessment.

Table 3 – Means and Standard Deviations of all the Participants Exposed to SFCT, SET, and Control Groups in the Post-treatment and Follow-up Assessment

Group	n	Post-Treatment Assessment		Follow-up Assessment	
		$\bar{X}$	Std	$\bar{X}$	Std
SFCT	16	40.88	2.90	30.19	2.89
SET	16	39.56	2.71	30.00	1.86

The mean response scores to AvPD of participants exposed to SFCT and SET are 40.88 and 39.56, respectively, while their respective stand-

ard deviations are 2.90 and 2.71. Also, the mean response scores to AvPD of participants exposed to SFCT and SET are 30.19 and 30.00, respectively, while their respective standard deviations are 2.89 and 1.86.

*The second hypothesis.* In the follow-up assessment, there is no significant difference in participants' mean rating scores on AvPD exposed to SFCT and SET.

Table 4 shows that the calculated F-ratio, as indicated in the table, is greater than the critical F-ratio ( $12.849 > 3.15$ ), and the p-value is less than the significance level of 0.05 ( $0.00 < 0.05$ ). The null hypothesis two is, therefore, accepted. Hence, there is no significant difference in the participants' mean rating scores on AvPD exposed to SFCT and SET in the post-treatment and follow-up assessment.

Table 4 - Summary ANCOVA Table

Tests of Between-Subjects Effects						
Avoidant Variable: Follow-up						
Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	13311.419 <sup>a</sup>	6	2218.570	80.173	.000	.921
Intercept	220.481	1	220.481	7.968	.007	.163
Post-test	22.815	1	22.815	.824	.369	.020
Treatment	711.117	2	355.559	.849	.413	.085
Gender	4.687	1	4.687	.169	.683	.004
Treatment* Gender	6.280	2	3.140	.113	.893	.006
Error	1134.560	41	27.672			
Total	98531.000	48				
Corrected Total	14445.979	47				

Notes: a)  $R^2 = .921$  (Adjusted  $R^2 = .910$ ); \*) The mean difference is significant at the .05 level.

The finding of the study revealed that the mean rating scores on AvPD of the participants exposed to SFCT and SET in the pre and post-treatment assessment do not differ significantly. The finding showed that the mean rating on AvPD of participants exposed to SET reduced

more than the mean response to AvPD of their counterparts in the SFCT group, but the difference is not significant. Therefore, SET is not significantly more effective in reducing AvPD, than SFCT. The finding disagrees with [5, 2]. In the study by [17], SFCT was found to be more effective



tive than SET, while [2] found that SET is more effective than SFCT.

Another study finding showed that both SFCT and SET were effective for retention in the participants. This finding implies that the effects of both SFCT and SET can be sustained, even two weeks after treatment. This finding also means the impact of SFCT and SET can last longer when used to treat AvPD. This finding has provided empirical evidence to school guidance and counsellor on the retention effects of SFCT and SET.

## CONCLUSIONS

The findings show that schema-focused cognitive therapy and self-exploratory therapy effectively treat avoidant personality disorders. However, the effectiveness of SFCT and SET in treating AvPD do not differ significantly.

Based on the study findings, the researchers recommend that, since none of SET and SFCT is more effective in the treatment of AvPD than the other, any of SET and SFCT should be used by school counsellors in managing or treating AvPD of students.

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