

Research Articles // Artículos de investigación

- |  |       |  |
|--|-------|--|
| Simone Gorinelli<br>Ana Gallego<br>Päivi Lappalainen<br>Raimo Lappalainen  | 5-19  | Psychological Processes in the Social Interaction and Communication Anxiety of University Students: The Role of Self-Compassion and Psychological Flexibility. |
| Palmira Faraci<br>Giusy D Valenti  | 21-32 | Dimensionality and Accuracy of Measurement Based on Item Response Theory in the Fatalism Scale During the COVID-19 Pandemic in Italy.                          |
| Isaías Vicente Lugo González<br>Fabiola González Betanzos<br>Silvia Susana Robles Montijo<br>Cynthia Zaira Vega Valero | 33-43 | Psychometric properties of the Beliefs about Medicines Questionnaire (BMQ) in Mexican adults with asthma.  |
| Taiki Shima<br>Natsumi Tsuda<br>Kazuki Hashiguchi<br>Takashi Muto  | 45-63 | Effect of Adjusting Cultural Backgrounds on the Impact of Metaphors: A Preliminary Study.  |
| Laura Inés Ferreira<br>Luís Janeiro  | 65-75 | Treating affect phobias: Therapeutic alliance as a moderator of the emotional experience effect on outcomes.   |
| Patrick Okoh Iyeke<br>Luís Janeiro   | 77-87 | Reducing Social Anxiety among Adolescents in the Covid-19 Era: Rational Emotive Behavior Therapy as a Counselling Approach.                                    |

Notes and Editorial Information // Avisos e información editorial

- |                  |         |   |
|------------------|---------|---|
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# Reducing Social Anxiety among Adolescents in the Covid-19 Era: Rational Emotive Behavior Therapy as a Counselling Approach

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## ABSTRACT

While the prioritization and rollout of vaccines against COVID-19 in most countries of the world remains the only means to save the world from the novel coronavirus pandemic, which has continued to disrupt the traditional way of life for everyone, the increased social anxiety that can help to reduce vaccine hesitancy has been spared, especially in the developing nations. Therefore, this study aimed to adopt the Rational Emotive Behavior Therapy (REBT) counselling approach to manage social anxiety among adolescents in the COVID-19 era. A quasi-experimental design (pre- post-test and control group) was adopted. Using the multistage sampling technique, 88 adolescents were randomly assigned to REBT ( $n= 43$ ) and control groups ( $n= 45$ ). The results indicated that REBT significantly reduced social anxiety with pre-test and post-test mean scores of  $47.56 (47.56\%) \pm 6.58$  and  $30.23 (30.23\%) \pm 14.29$ , respectively. The main effect of REBT treatment was found to be significant ( $F(2, 233) = 41.82, p = .000$ ). Conversely, the two-way interaction between treatment and gender was not statistically significant. It was concluded that REBT is an effective counselling approach in reducing social anxiety among school-going adolescents, and that the treatment was not gender specific.

*Key words:* adolescents, counselling approach, rational emotive behavior therapy, social anxiety.

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### Novelty and Significance

*What is already known about the topic?*

- Social anxiety is one of the mental health problems and commonly begins before or during adolescence.
- Social anxiety is often treated by cognitive based psychotherapies.

*What this paper adds?*

- This study shows that Rational Emotive Behaviour Therapy is an effective counselling approach in reducing social anxiety among school-going adolescents.
- This study fills the existing gap of studies in Africa focused on the effectiveness of Rational Emotive Behaviour Therapy on social anxiety among adolescents.

The emergence of the novel coronavirus diseases has disrupted all aspects of human life resulting in compulsory total lockdown, quarantine of infected persons, social activities restriction, physical distancing, use of hand sanitizers, and wearing of face masks as the early preventive measures adopted by several countries to contain the spread and contagion of the diseases (i.e., Lau, Khosrawipour, Kocbach, Mikolajczyk, Schubert, Bania, & Khosrawipour, 2020; Peto, Alwan, Godfrey, Burgess, Hunter, Riboli, & Romer, 2020). Efforts have been intensified globally to combat the spread of the disease by developing, rolling out and prioritizing vaccines, and many countries have

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gradually relaxed social and travel restrictions and are returning to the traditional way of life with mandatory face mask-wearing while maintaining social distancing (Saint & Moscovitch, 2021). Despite the increased distribution of the vaccines across the globe, with some countries achieving almost full vaccination of their entire population (Ritchie, Mathieu, Rodés Guirao, Appel, Giattino, Ortiz Ospina, Hasell, Macdonal, Beltekian, & Roser, 2020), there have been reported cases of new strains of the virus, called variants (Temsah, Barry, Aljamaan, Alhuzaimi, Al-Eyadhy, Saddik, Alsohime, Alhaboob, Alhasan, Alaraj, Halwani, Jamal, Alamro, Temsah, Esmaeil, Alenez, Alzamil, Somily, & Al-Tawfiq, 2021). Although there is still a dearth of evidence as to whether new strains are more deadly and spread faster than the initial virus, Wise (2020) noted that the variants have a high transmission rate and have since been detected in many other countries around the world. Given the rapid spread of the variants, stricter restriction measures may be imminent.

The previous compulsory imposition of COVID-19-related precaution protocols has significantly disrupted and impacted individuals, societies, and nations differently (Saladino, Algeri, & Auriemma, 2020) and young adults or adolescents experience little social connection with peers and separation from parents. Lawrence (2021) and Pakpour and Griffiths (2020) affirm that these adolescents are more likely to experience increased physical and mental difficulties because of the deleterious effects of stress and uncertainty during the COVID-19 lockdown than adults given the developmental tasks associated with adolescence. Being a stage that is characterized by storm and stress (Lawrence, 2021; Orgilés, Morales, Delvecchio, Mazzeschi, & Espada, 2020), adolescents who experience social isolation are more sensitive to post-traumatic stress and are likely to be vulnerable to psychosocial risks: social adjustment disorder, suicidality, social anxiety, and life stressors resulting from possible consequences of the pandemic quarantine (Carballo, Llorente, Kehrmann, Flamarique, Zuddas, Purper-Ouaki, Hoekstra, Coghil, Schulze, Dittmann, Buitelaar, Castro Fornieles, Lievesley, Santosh, Arango, 2020; Sprang & Silman, 2013). Critical to the normal psychosocial development and wellbeing of adolescents is social interaction with peers and companionship, which are threatened by potential consequences of physical distance and social isolation occasioned by the Covid-19 pandemic (Lau *et alia*, 2020). Thus, developing social anxiety in the current era may be inevitable (Laursen & Hartl 2013; Saladino *et alia*, 2020).

Social anxiety, also known as social phobia, is one of the mental health problems and commonly begins before or during adolescence. It is associated with impaired social functioning (Hajure & Abdu, 2020) and is characterized by insistent panic of being embarrassed, judged negatively, scrutinized, and humiliated at social events such as participating in group activities, speaking in public, interacting with people, or meeting new persons (Arad, Shamai-Leshem, & Bar-Haim, 2021; Stein & Stein, 2008). Although social anxiety is often associated with avoidance of social situations, it is also the onset of depression and other comorbidity mental health conditions (Beidel & Willis, 2019; Khan, Bilek, Tomlinson, & Becker-Haimes, 2021). Individuals living with social anxiety may perceive physical or social distancing during the COVID-19 pandemic as a relief and coping strategy. However, evidence abounds that social avoidance contributes to anxiety maintenance as it increases the risk of depression and prevents attention to social threats (Aderka, McLean, Huppert, Davidson, & Foa, 2013; Arad *et alia*, 2021; Moitra, Herbert, & Forman, 2008). Untreated social anxiety can cause chronic depression, lack of social skills, low or reduced quality of life, and suicidality. Treatments for social anxiety include cognitive based psychotherapies such as cognitive-behavioral therapy

(CBT), cognitive restructuring, family therapy, Social Skills Training (SST), mindfulness training, interpersonal therapy, psychodynamic therapy, Rational Emotive Behavior Therapy (REBT), and graded self-exposure. Hence, there is a need for this study which explored REBT as a counselling approach to reduce social anxiety among adolescents in the COVID-19 era.

In this study, REBT was considered as a counselling approach to reduce social anxiety, as it underpins behavioral, cognitive and action/emotional control, which translate into thinking, judging, deciding, analyzing, and doing (Ellis, 2004). Social anxiety possesses elements of emotional dysregulation which usually leads to maladaptive beliefs and higher levels of negative beliefs about anxiety as well as lower levels of self-esteem. REBT, as initiated by Ellis (1962), aims to eliminate irrational and unrealistic beliefs resulting in self-defeating beliefs, and emotional and behavioral distress occasioned by irrational thinking and belief (Meaden & Fox, 2015). Emotion, feeling, and reasoning are intricately entwined in the psyche, and people's thinking, feeling, and emotional reactions/behaviors happen simultaneously. Consequently, individual self-defeating behaviors are the result of irrational feeling-thinking-acting. In other words, humans' distresses or problems arise due to irrational thoughts or illogical reasoning about events, and not from the events themselves (Ellis & Harper, 1975; Warren, 2010). Thus, the goal of REBT is to enhance satisfaction, resilience under duress, daily social functioning, and goal attainment and to minimize dysfunctioning distress, so that when a disturbed person is assisted by a professional counselling therapist who is helping him/her to accept responsibility for his/her challenges and emotional problems with his/her irrational beliefs in an effective counselling process, an opportunity for increasing happiness and self-satisfaction will be provided and self-destroying anxieties will be reduced (Koolae, 2011; Jalali, Moussavi, Yazdi, & Fardardi, 2014).

In addition, twelve basic values that must be taught in the process of applying REBT during the counselling process, as highlighted by Mkangi (2010), include acceptance of uncertainty, commitment, high frustration tolerance, flexibility, self-interest, self-direction, tolerance, social interest, risk-taking, self-responsibility, realistic expectation, and unconditional self-acceptance. These values form the bases of the ABCD counselling technique which emphasizes the importance of cognitive control over and above emotional state (Mkangi, 2010). A represents Action or activating agents, events or external experiences to the individual; B is the irrational belief or irrational thinking when an individual thinks and believes that attending any social event during the COVID-19 pandemic is tantamount to contracting the virus, which may eventually lead to the fear of being embarrassed, depression, annoyance, guilt, and suicidality. C represents an emotional consequence which is total self-isolation and withdrawal from social events. D represents dispute, when the counsellor disabuses the irrational belief of the troubled persons. REBT maintains that although A contributes to C, because of B, the role of the counsellor is to adopt D to facilitate happiness and self-satisfaction with life. Thus, the justification for adopting this therapy is because adolescents' social anxiety often stems from their beliefs, evaluation, interpretation, and reaction to events (Ellis, 2004). If professionally trained in REBT to identify and dispute acquired irrational beliefs and replace such beliefs with effective ways of thinking, they will overcome their self-defeating social problems.

A plethora of studies have confirmed the positive impact of the REBT approach in reducing negative or unwanted behaviors and enhancing desired behaviors such as psychological wellbeing, resilience, self-efficacy, quality of life, and life satisfaction

with positive results. Specifically, Ellis (2002) affirmed that among several controlled studies that have been conducted on the effectiveness of REBT, most of these studies had reported positive impacts. For instance, a series of meta-analytical studies carried out on the effectiveness of REBT on 1,021 children and youths (González, Nelson, Gutkin, Saunders, Galloway, & Shwery, 2004) attest to the fact that REBT is effective in managing behaviors –such as changes in emotional style, reduction of anxiety, less examination anxiety and aggression, and adaptiveness of blind students– and enhances psychological well-being (Banks & Zions, 2009; Ellahi Far, Shaffiaa-Abadi, & Ghamari 2010; Warren, 2013). Other studies have further proclaimed that REBT has the potential to effectively manage psychologically related disorders; for example, shyness (Kim, Kim, & Kim, 2015; Mohsin & Rahman, 2010); distress caused by paranoia (Meaden & Fox, 2015); conduct disorder (Kumar, 2009); substance-use disorders (Saba, 2015); and fostering self-efficacy (Ofole & Okopi, 2012).

Using a pre-test, post-test and control groups design, Jalali *et alia* (2014) conducted a study on the potential positive impact of REBT on the psychological wellbeing of people with late blindness. Having assigned the 30 sampled participants to experimental and control groups, the participants in the experimental group received REBT training which lasted four weeks, while those in the control were given placebos. The outcome of the study is also consistent with other previous studies which have established that REBT is an effective therapy. Jalali *et alia* (2014) aver that REBT is an effective coaching therapy in enhancing psychological well-being of people with late blindness, when compared with the control measure which recorded no significant difference in the mean score in pre-test, post-test, and control. In another similar study by Noormohamadi, Arefi, Afshaini, and Kakabaraee (2019) among adolescents and youth, REBT was applied to reduce anxiety and at the same time enhance resilience in students. A total of 30 participants were randomly assigned to two REBT experimental and control groups (10 each) and took part in the study. The result indicated that before the intervention, the mean score of anxiety was 26.75 (4.43) and was reduced to 18 (4.403), but in the control group the mean score was not statistically significant. The study concluded that REBT was effective in reducing anxiety and increased resilience among adolescents.

In Nigeria, several scholars have also attested to the effectiveness of REBT. For instance, Eifediyi, Ojugo and, Aluede (2018) employed REBT to reduce examination anxiety among 160 senior secondary school students in Edo State, Nigeria. The pre-test, post-test and control group quasi-experimental design was adopted, while the Nigerian version of Spielberger's Test Anxiety Inventory was used as an instrument for data collection. The study participants were assigned to experimental and control groups; those in the experimental group were exposed to seven weeks of training in the REBT, and training in Health Education was given to participants in the control group. The result revealed that REBT significantly reduced examination anxiety at .05 alpha level ( $F_{2, 220} = 54.66, p = .000$ ). However, the two-way interaction between therapy and gender was not significant. The study concluded that school counsellors and psychologists/counsellors in Nigeria should adopt REBT as a treatment approach to assist clients and students overcome test anxiety disorder.

Another quasi-experimental control trial study was conducted recently by Obi and Nicholas (2020) on the effect of REBT in reducing of academic stress among undergraduate students in Rivers State. The outcome of the study also affirms the positive impact of REBT. The study suggests that school counsellors and counselling psychologists should expose REBT to their students/clients who might be experiencing high academic

stress and maintain a follow-up strategy. Among other researchers who have affirmed the efficacy of REBT among adolescents in Nigeria, although mostly regarding test or examination anxiety, are Akinsola and Nwajei (2013), Egbochuku and Obodo (2005), and Gregor (2005). Unfortunately, no known studies in Nigeria in this COVID-19 era have focused on the effectiveness of REBT on social anxiety of adolescents; hence, there is a timely need for a study of this nature.

Considering the priority and rollout of vaccines against the COVID-19 pandemic by world leaders and the series of variants, many people have developed hesitancy against the vaccination agenda, thereby resulting in increased social anxiety. In this current study, efforts are made to establish whether REBT can effectively bring about any changes in the irrational beliefs and hesitancy behavior of those adolescents against the vaccination agenda. To bridge the identified gap, this study aimed to examine the effect of REBT as a counselling approach to reduce social anxiety among adolescents in Sapele, Delta State, Nigeria, in the COVID-19 era, and to determine the interaction effect of the treatment on gender.

In this study, two research hypotheses were raised and tested at .05 level of significance: (1) the effect of REBT as a counselling approach in reducing social anxiety of adolescents in the COVID-19 era; and (2) the interaction effect of the treatment on gender in reducing social anxiety.

## METHOD

### *Participants*

A total of 88 school-going adolescents (51 females) who exhibited high social anxiety, were drawn from 1225 adolescents between 14-19 years old who responded to the Social Interaction Anxiety screen tool in the Sapele local municipal council in Delta State in South Nigeria.

### *Measures and Instruments*

*Social Phobia Inventory* (SPIN; Connor, Davidson, Churchill, Sherwood, Weisler, & Foa, 2000). The SPIN scale is a self-report questionnaire with 17 items which cover three dimensions including avoidance, fear and physical signs of social anxiety, with the inclusion of four autonomic symptoms (blushing, heart palpitations sweating and trembling in public). The response format is a five-point likert scale ranging from “not at all”= 1 to “extremely”= 5, with the highest score of 68. The internal consistency of the measure confirmed by various studies reported a Cronbach alpha value of .89. The SPIN was administered to obtain a pre-test score on social anxiety before treatment) as well as a post-treatment score.

*Social Interaction Anxiety Scale* (SIAS; Mattick & Clarke, 1989). The SIAS was used to determine participants' state on social anxiety. The SIAS is a 20-item self-rating scale with a response format on four-point rating ranging from “not at all characteristic”= 1 to “extremely characteristic”= 4. The reliability of the instrument remains at .80 Cronbach's Alpha coefficient value.

### *Design and Procedure*

Permission to conduct the study was obtained from the principals of the selected schools. Preliminary visits to the schools the SIAS was administered as screen instrument. For selection criteria were established that scores between 65-80 were categorized as high social phobia, 45-64 as moderate social phobia and 20-44 as low social phobia.

Adolescents who scored between 65-80 were recruited and randomly assigned to Treatment and Control groups. A pre-test, post-test and control quasi-experimental design approach was adopted in this study. This involves random assignment of the participants into treatment and control groups.

Pre-test data were collected from both groups using the SPIN, after which the Treatment group received training in REBT for six weeks, while the Control group were exposed to training in Adolescents' Risk Control. After the six-week training, post-test scores were also obtained with the SPIN from the Treatment and Control groups. International ethical protocols were duly observed since it is the morality of any research. Both parental and participants' consents were obtained. The authors assured the participants that their participation was voluntary, and that all information provided would be treated confidentially and would be used for research purposely only. They were also informed that they were free to opt out at will, without any punishment. Data collected were put into the Statistical Package for Social Science (SPSS, version 23) programme, and analyzed using a paired sample *t*-test and analysis of covariance (ANCOVA) statistics. Table 1 include a summary of the treatment package for the two experimental groups including topics the participants were exposed to.

Table 1. Summary of the treatment package for the treatment group (REBT) and control.

Session	REBT Group	Control Group (Adolescents' sexual risks)
1	Therapists familiarized with participants by establishing rapport, giving orientation, introducing them to the essence of the counselling intervention and administering SPIN to collect pre-test scores.	Therapists familiarized with participants establishing rapport, giving orientation, and administering SPIN to collect pre-test scores.
2	Participants exposed to teachings on social anxiety and hesitancy to vaccines, with emphasis on anxiety as the main source of apprehension.	Overview of adolescents' sexual risky behaviors.
3	Discussions on some core values of REBT (acceptance of uncertainty, commitment, high frustration, tolerance, and flexibility).	Participants were taught about sexually transmitted infections.
4	Explanation on how the participants can identify, dispute, debate and distrust irrational thoughts and feelings by stopping irrational thought and embracing social interest, self-responsibility, and realistic expectations.	Discussion on HIV/Aids.
5	Participants exposed to how to replace irrational thoughts with self-direction, tolerance and unconditional self-acceptance.	Explanation on teenage Pregnancy and its consequences.
6	Revision, evaluation and re-administration of SPIN to collect data post-test scores.	Recap, evaluation of the previous teaching and re-administration of SPIN to collect data post-test scores.

## RESULTS

The first concern of this study was the main effect of Rational Emotive Behavior Therapy as a counselling approach in reducing social anxiety of adolescents at the COVID-19 time. As revealed in Table 2, the result indicated that the treatment has a significant effect in the reduction of social anxiety ( $F= 41.821$ ;  $p < .000$ ;  $\eta^2= 0.562$ ). This implies that there was a significant decrease in the score of the participants on social

Table 2. Post-test mean scores of social anxiety of participants with REBT treatment.

Group	<i>M</i>	<i>SD</i>	95% <i>CI</i>	
			Lower Bound	Upper Bound
REBT	30.201	1.373	27.694	32.711
Control	45.761	1.305	43.125	47.277



anxiety measures after they had been exposed to the REBT counselling programme. As reported in Table 3, intercept score was ( $F_{2, 86} = 74.308, p < .005$ ) and after treatment ( $F_{2, 86} = 41.821, p < .05$ ) was obtained. In addition, the result in Table 3 shows that the participants exposed to the counselling section using REBT had the lower mean score of 30.201 with a standard error of 1.305, and 95% confidence interval ranges between 27.694 and 32.711. On the other hand, the control group accounted for a mean score of 44.761 with a standard error of 1.305, while 43.125 and 47.277 of the 95% confidence intervals were accounted for. Thus, the first hypothesis, which stated that the main effect of the treatment will not be significant in reducing social anxiety of adolescents in the COVID-19 era, was rejected. This implied that the adolescents who were exposed to the counselling section using REBT approach benefitted more than their counterparts in the control group. Hence, adopting REBT as a counselling approach remains effective in managing socially anxious adolescents.

Table 3. ANCOVA tests of the Interaction effect of REBT and gender on social anxiety.

Source	Type III Sum of Squares	df	Mean Square	F	p	Partial Eta Squared
Corrected Model	18437.120*	4	2185.442	10.459	.000	
Intercept	178401.255	1	18151.525	74.308	.010	
Treatment	234.485	2	212.423	47.821	.000	0.562
Gender	262.798	1	262.798	2.521	.000	0.062
2-way interaction treatmentxgender	686.236	2	343.114	1.373	.157	0.057
Error	18127.724	86	218.513			
Total	340092.000	96				
Corrected Total	23226.933	88				

Note: \* =  $R^2 (.401)$  (adjusted  $R^2 = .460$ ).

The interaction effect of REBT will not be significant based on gender in reducing social anxiety of adolescents in the COVID-19 era. Table 3 reveals the interaction of REBT and gender's effect on social anxiety. The result showed that the treatment had no significant interaction effect based on gender difference of the participants in reducing social anxiety ( $F_{2, 86} = 1.373, p > .05, \eta^2 = 0.057$ ). The meaning of this outcome is that the interaction effect of the treatment and gender was not significant on social anxiety of school-going adolescents. Hence, the rejection of the null hypothesis was affirmed. Table 4 revealed the gender response pattern of the participants exposed to REBT and control. For males, the means value was 29.376 with a standard error of 1.409 at 95% CI of 25.317 and 33.201, and the mean of the control group was 44.66 with standard errors of 1.971 at 95% CI of mean score for the females was 35.029 with a standard error of 1.753 at 95% CI of 39.986 and 48.626. For females, the mean scores 25.290 with a standard error of 1.503 at 95% CI of 21.574 and 28.844, while the mean value of the control group was 45.1672 with standard errors of 1.967 at 95% confidence intervals of 52.813 and 48.639. This means that the female participants' responses to

Table 4. Two-way interaction effect of treatment on gender.

Group	Sex	M	SD	95% CI	
				Lower Bound	Upper Bound
REBT	Male	29.267a	1.409	25.371	33.201
	Female	25.290a	1.503	21.574	28.844
Control	Male	44.261a	1.971	39.986	48.626
	Female	45.1672a	1.967	52.813	48.639

Note: \* = Covariates evaluated at posttest-social anxiety score (45.66).

REBT treatment was higher than their male counterparts. However, based on their lower mean score values, there was no statistically significant difference.

## DISCUSSION

The aim of this study was to reduce social anxiety among school-going adolescents using REBT as a counselling approach. The results of the study established that social anxiety which possibly might be related to increased Covid-19 vaccination hesitancy, could be reduced adopting REBT. When adolescents were exposed to REBT during the counselling process, they were able to learn how to get rid of their feature of social anxiety and irrational thoughts and beliefs including negative feelings of being embarrassed, avoidance of social activities, negative thoughts of being socially humiliated and other obsessive thoughts. Thus, the significant reduction in social anxiety intensity recorded in this study could have been accounted for by exposure to REBT to the counselling process.

Overall, the findings showcased that the treatment had significant effect in reducing the social anxiety intensity of the participants. This was an indication that REBT successfully managed social anxiety among adolescents who were exposed to REBT, more so than their counterparts in the control group. It must be stressed that socially anxious adolescents suffered from fear of social shame and had negative thoughts about interpersonal relationship and social humiliation or rejection. They also suffer from depression, develop distorted views on life and emotional disturbances, particularly during the Covid-19 pandemic when they feel uncomfortable with the vaccine and avoid being vaccinated. In this current study, the counsellor allows the participants to understand the need to change their irrational beliefs and thoughts profoundly, thereby embracing social interest, self-responsibility, realistic expectations and taking rational positive actions. This finding corresponds with previous studies on effectiveness of REBT on anxiety, academic stress, depression, and shy behavior (Eifediyi, Ojugo, & Aluede, 2018; Greenfeld, 2011; Obi & Nicholas, 2020; Mohsin & Rahman, 2010; Razieh, Qodsi, & Hasan, 2013; Zhaleh, Zarbakhsh, & Faramarzi, 2014).

Further, the analysis of the interaction effect of REBT showed that gender has not a significant influence in reducing social anxiety of adolescents in the COVID-19 era. The non-significant interactive effect of the treatment and gender in reducing social anxiety suggests that the effectiveness of REBT did not depend on whether the participants were male or female. One plausible explanation for this could be that males and females adolescents could suffer from social anxiety and when in contact with a counsellor could develop desire to change for the better. This outcome agrees with the previous findings of Eifediyi, Ojugo, and Aluede (2018), Egbochuku and Obodo (2005) and Rana and Mahmood (2010), which found that the REBT was not gender specific.

The study was concerned with how social anxiety among adolescents in the Covid-19 era can be reduced with REBT as a counselling approach. This concern is based on the global efforts being intensified towards combating the spread of Covid-19 by rolling out and prioritizing vaccines to which some people have developed hesitancy (Temsah *et alia*, 2021), coupled with the notion that social anxiety is mostly prevalent among adolescents and young adults (Gençay & Aydin 2016). In this study, the factorial quasi-experimental research design was employed using pre-test, post-test, and control groups. The findings further confirm the strength of REBT in reducing social anxiety and thus concluded that the REBT counselling approach was effective in reducing

social anxiety among school-going adolescents; hence, reduced social anxiety could be a possibility for elimination of hesitancy against the Covid-19 vaccination programme. Furthermore, the finding established that REBT is not gender sensitive. By implication, helping professionals such as counsellors to expose their clients –who might be suffering from social anxiety and might be expressing vaccine phobia– to REBT, so that the global efforts to save the world could yield meaningful results. Based on the findings of this study, seem recommendable for counsellors to adopt REBT to alleviate social anxiety related symptoms.

Undoubtedly, this study has certain limitations that must be taken into account, for example focused only on adolescents which limits the generalization of the study. It is suggested that future studies should consider a wider scope in terms of larger samples and additional interventions.

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