

## **EFFECT OF ASSERTIVENESS TRAINING TECHNIQUE ON SHYNESS AMONG SECONDARY SCHOOL STUDENTS IMO STATE**

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### **Abstract**

*This study investigated the Effect of Assertiveness Training Technique on Shyness among Secondary School Students in Aboh Mbaise Local Government Area of Imo State. Three research questions were answered and three hypotheses tested at 0.05 guided this study. Quasi-experimental research design was adopted for this study. The population for this study was 884 junior and senior (JSS11 & SS11) shy students in all public Secondary Schools in Aboh Mbaise. Research sample consisted of 64 students with the highest test scores in shyness measuring instrument selected through purposive sampling technique. The Revised Cheek and Buss Shyness Scale (RCBS) was the instrument used for data collection. Data collected from the study were analysed using mean and ANCOVA. Results obtained from the study indicated that assertiveness training technique was effective on shyness among the participants. The results equally showed that assertiveness training technique was more effective on shyness among the female participants than their male counterparts. Also, the results revealed that assertiveness training technique was more effective on shyness among the senior students who participated in the experiment than their junior counterpart. The researchers recommended, among others, that assertiveness training technique should be adopted as an effective treatment strategy in helping students with shyness so as enhance their performance both academically, socially, and otherwise.*

### **Introduction**

Man is a social being, thus the need for human beings to maintain a social equilibrium with their social environment cannot be overemphasized. Undoubtedly, school has been identified and generally accepted as one of the key agencies of socialisation. As a social gathering therefore, a school consists

of students with varied personality traits such as age, culture, actions, attitudes and so forth. This variability in personality traits culminates to the complex nature of behaviours exhibited among students in schools. Significantly, to be able to achieve its fundamental objective of the full development of the human person, every student in the school no matter his or her position is expected to exhibit a reasonable level of sociability. In other words, all students should be interactive, gregarious and be in a good social contact and relationship with their peers, classmates, teachers, among others. However, it has been observed that some students still function at a very low level of sociability (Nnodum, 2010). Such students are less gregarious, hardly interact with others, are unable to demand their rights, exhibit excessive self-focus, and as such are regarded as being shy.

Succinctly, shyness is a behaviour deficit that particularly relates to an individual's social life. It is mainly a social phenomenon which is always exhibited, experienced or expressed in social situations primarily due to the presence of other people. Consequently, numerous terms such as dating anxiety, speech anxiety, social anxiety, social phobia, shame, social inhibition, reticence, communication apprehension, introversion, stage fright, social withdrawal, anxiety solitary, and audience anxiety have been used to denote shyness (Crozier, 2000; Leary & Kowalski, 2003; van-Dam & Kraaimaat, 2009). However, these terms are not quite synonymous with shyness, though there are some relationships between them (Van-Dam & Kraaimaat, 2009). In the layman's view, shyness describes the discomfort experienced in social developments, and is revealed in the emotions, self evaluations and behavioural patterns of the shy individual (Nwamuo & Ekwe, 2005). According to Izard, (2012) shyness is virtually an unavoidable emotion, given that it is directly related to many aspects of human nature. Like many other emotional deficits, shyness is encountered in social relationships, and experienced mostly in connection to others (Asendorpf, 2006). Undoubtedly, shyness is a familiar concept and a common experience for many people (mostly children and adolescents) in the society. In fact, it is so inherent in human life that many people reported experiencing a period of shyness at certain times in their lives, although the levels of experience vary from one individual to another (Bozgeyikli, 2002; Henderson & Zimbardo, 2008). Shyness, when it becomes persistent becomes a problem.

Shyness is the tendency to feel awkward, worried or tensed during social encounters, especially with unfamiliar people (American Psychological Association, 2012). Evans (2010) described a shy individual as being fearful, anxious, cautious, and reluctant to take part in interactions with others in situations that involve uncertainty, novelty, and actual or perceived judgment

by others. Not only are these psychological symptoms present, shyness may also produce physical symptoms such as abnormal sweating and stomach complication. In the same vein, Coplan and Arbeau (2008) observed that shy people always feel weary in new social situations, perceive such instances as threatening, and thus experience high levels of anxiety. Moreover, Rubin, Coplan and Bowker (2009) saw shyness as a temperamental trait characterized by the persistent experience of wariness and anxiety in novel social situations and those perceived to be socially evaluative in nature. Furthermore, Coplan, Prakash, O'Neil & Armer, (2004) observed that the social encounters of shy individuals are characterized by an approach-avoidance conflict; where shy students may long for social interactions; this approach motivation is inhibited by social fear and anxiety. However, in the context of this study, shyness may be defined as a form of superfluous self-focus, an obsession with an individual's thoughts and emotions which invariably leads the individual to an undesirable action or behaviour. Shyness is a deficient behaviour in children, adolescents and adults which is usually expressed in social situations either in overt or covert form. A shy person restrains, withdraws, evades, and escapes from social situations.

With the foregoing, one could easily fathom that the negative effects of shyness on the individual learner are better imagined than experienced. A common observation in most of the shyness research literature is that the consequences of shyness are deeply debilitating. Shyness leads to decreased levels of happiness (Screeshakumar, D'souza & Nagalakshmi, 2007), lower academic performance (kaith, 2007), lowered self-esteem and negative self concept (D'Souza, Urs & Ramanswang, 2003), and social and emotional maladjustment (D'Souza, Gowda & Gowda, 2006). Also, a study by Urs and Jayaraju (2008) revealed that adolescents with high level of shyness may be at the risk of Parkinson disease later in life.

Consequently, schooling for shy students is predominantly more stressful than for their non-shy counterparts. Practically, schools make use of large peer group activities, such as group work and large group interactions. These situations require verbal participation, but shy students due to their predicaments often withdraw from these activities and find it difficult to participate in many other academic and social growth opportunities (Hughes & Coplan, 2010). Shyness makes students always dominated by anxiety, making concentration on academic activities very difficult. Although many teachers may prefer having shy behaviours in their classrooms because the classroom can be more quiet and orderly (Coplan, Hughes, Bosacki & Krasnor, 2011), they view shy students as less capable of performing at a high level compared with their non-shy counterparts. To say the least, there are many expectations

for students to participate actively in classes; shy students feel so anxious when such expectations are placed on them. Moreover, teachers hold lower expectations for shy students. Not only do teachers believe that shy students cannot obtain high grades, many teachers hold stereotypes that shy students possess inferior cognitive abilities. In line with the above, Kasper (2012) noted that shy students lack the necessary skills for performing optimally in the classroom.

It is believed that there are many factors that contribute to shyness. For instance, shyness may be caused by linguistic delays at childhood; however, it is possible that personality factor will play a large role in individuals developing shyness (Coplan, 2011). According to Volbrecht and Goldsmith (2010), family is a strong correlate of shyness. If parents are highly anxious, especially the mother, children are more likely not only to suffer from high level of anxiety, but are also liable to suffer from internalizing behaviour problems, such as shyness. Children may exhibit the poor coping skills and aversive behaviours modelled by their parents.

Another family component of shyness is the home environment. Children from chaotic homes are more likely to be shy. More so, shyness was shown to be elevated in children whose mothers have high levels of neuroticism and over-protectiveness (Coplan & Arbeau, 2008).

The enumerable problems caused by shyness as identified by different authors above indicate that shyness is a serious problem that has greatly plagued and incapacitated some secondary school students. If shyness is not properly addressed and in time too, it may last from childhood, through adolescence; persisting into adulthood, thus leading to severe emotional disturbances in later life. This therefore calls for proper and immediate response from all facets of helping professions. Against this backdrop, it was very imperative to explore an effective approach to help solve the problem of shyness both in schools and the society in general. In the light of the above, the present researcher selected a behaviour modification technique – Assertiveness Training technique (AT) and determined its effects on shyness among secondary school students in Imo State.

Assertiveness Training (AT) is a behaviour modification therapy developed by Joseph Wolpe in (1958) which is used to help individuals to openly express their thoughts and feelings (Onwuka, 2008). Nwamuo and Ekwe (2005) opined that assertiveness training can help shy students acquire assertive behaviours and interpersonal competence involving honest and straight-forward expression of thoughts and feelings as well as the display of socially appropriate behaviours such as active participation in the classroom, initiating and structuring, maintaining conversations. Moreso, for the purpose

of this study, assertiveness training technique is viewed as a behaviour modification strategy aimed at inculcating reasonable social competence and confidence into socially anxious individuals to enable them feel free in their interactions with their social environment as social beings so as to achieve their maximum potentials. Being assertive gives the individual enough confidence to communicate boldly, frankly, articulatively, honestly, directly, authoritatively and spontaneously. Assertiveness training therapy generally lasts for a period of six to ten weeks. Sessions during assertiveness training generally include; relaxation training, role play and social skills training. The Counsellor/Psychotherapist would teach relaxation techniques that can be used to counter the anxious feelings experienced by the client during social situations. The client would rehearse these techniques, and implement them outside of the therapy session. In addition, those undergoing assertiveness training may also participate in group therapy sessions, and will generally have activities to perform outside of the therapy sessions.

During assertiveness training, the Counsellor or therapist should be aiming at achieving some objective which include inculcating in participants the ability to freely and openly express their feelings stand their grounds, freely give their opinions and participate actively and effectively in both classroom and social activities, among others. Assertiveness training technique was chosen for this study due to a number of reasons. First, since shyness is a behavioural problem, it seemed equally appropriate to employ a psychotherapeutic approach to take care of it instead of chemotherapy. Also, empirical studies available in literature have attested to the success of this therapy on other behaviour problems among students (Nasim, Kakabraee, Hamzeh, & Fayegh, 2013).

Additionally, available literature has shown that there exist a significant link between shyness, gender and age (Mills, Arbeau, Lall, & Jaeger, 2010). In support of the gender difference among shy people, the result of a study conducted by Zalk, Karr and Tilton (2011) showed that shyness levels differ significantly with respect to gender. Also the expression of shyness has been shown to differ across developmental stages. Younger children tend to display nervousness and fear when confronted with new people and situations. In contrast, older children may become more embarrassed and self-conscious in situations where they feel that they are the centre of attention (Crozier, 2006).

The above development no doubt had revealed the urgent need to explore an effective treatment counselling technique to help eradicate shyness so that students affected may live in harmony with themselves and people around them and be able to contribute optimally to the growth and

development of the society as an integral part of it. This was the researchers' motivation to embark on this study.

The study was guided by the following research questions and hypotheses:

- What are the differences between the Pre-test and Post-test shyness mean scores of students treated with (AT) and those subjected to conventional counselling?
- What are the differences between the Pre-test and Post-test shyness mean scores of male and female students treated with (AT)?
- What are the differences between the Pre-test and Post-test shyness mean scores of junior and senior secondary school students treated with (AT)?
- There is no significant difference between the Pre-test and Post-test shyness mean scores of students treated with (AT) and those subjected to conventional counselling.
- There is no significant difference between the Pre-test and Post-test shyness mean scores of male and female students treated with (AT).
- There is no significant difference between the Pre-test and Post-test shyness mean scores of junior and senior secondary school students treated with (AT).

## **Method**

This study adopted the quasi-experimental research design. The design is called quasi experimental because it does not employ randomisation in the placement of participants into experimental and control groups. Harrington and Harrington (2006) described a quasi experimental study as a type of experimental study that determines the effect of a treatment paradigm on a non randomised sample. The population of the study was 884 students. This comprised all junior and senior secondary school students (JSS11 and SS11) identified as shy students from all coeducational public secondary schools in Aboh Mbaise Local Government Area of Imo State. This study consisted sample of sixty four (64) students. Purposive sampling technique was used in selecting the sample.

The instrument used for data collection in this study was the Revised Cheek and Buss Shyness Scale (RCBS) developed in 1990. RCBS is one of the most commonly employed measures of dispositional shyness (Cheek & Briggs, 1990). The Revised Cheek and Buss Shyness Scale for this study had two sections: A and B. Section A is an introductory part that solicited for the bio-data of the respondents and section B is directed towards measuring students level of shyness. The RCBS was found to be internally consistent (coefficient alpha = .90), and 45-day test-retest reliability coefficient was  $r = .88$  (Cheek & Briggs, 1990). Considerable support was also reported for the

validity of the scale. The convergent validity was supported via strong correlations with Social Avoidance and Distress Scale ( $r = .77$ ), and Social Reticence Scale (Jones, Rose, & Russell, 2005,  $r = .79$ ). The scale also correlated with the original 9-item version ( $r = .96$ ).

Revised Cheek and Buss Shyness Scale (RCBS) for the pre-test was administered on the students in both the experimental and control groups. The treatment lasted for six weeks using 1 hour per session for each group. The experimental group was subjected to assertiveness training while the control group received conventional Counselling. After the treatment, the RCBS instrument was reshuffled re-administered to the experimental and control groups. This was done by the sixth week. The participants' responses were then scored and overall data generated were subjected to statistical analysis. All data collected for this study were organised in tables and analysed. Mean was used to answer the research questions while Analysis of Covariance (ANCOVA) was used to test the hypotheses.

## Results

**Table 1: Pre-test and Post-test shyness mean scores of students treated with AT and those in the control group.**

Source of Variation	N	Pre-test Mean	Post-test Mean	Mean Loss	Remark
Assertiveness training	32	55.09	26.06	29.03	Effective
Control	32	52.81	47.41	4.77	

Norm=32.85.

AT=Assertiveness training

The data contained in table 1 showed a pre-test mean score of 55.09 and post-test mean score of 26.06 with a mean loss of 29.03 for students treated with assertiveness training technique, while students in the control group had a pre-test mean score of 52.81 and post-test mean score of 47.41 with a mean loss of 4.77. Therefore assertiveness training technique (AT) was effective on shyness among the students who participated in the experiment. More so, the post-test mean score (26.06) of shy students treated with assertiveness training technique was below the norm of 32.85.

**Table 2: Pre-test and Post-test shyness mean scores of male and female students treated with AT.**

Source of Variation	N	Pre-test Mean	Post-test Mean	Mean Loss	Remark
Male	15	54.82	26.18	28.64	
Female	17	56.73	25.93	30.80	More effective

Table 2 revealed that male students treated with assertiveness training technique had pre-test mean score of 54.82 and post-test mean score of 26.18 with a mean loss of 28.64, while the female students in the group had pre-test mean score of 56.73 and post-test mean score of 25.93 with a mean loss of 30.80. Hence, assertiveness training technique was more effective on the female students' shyness than their male counterparts. Also the post-test mean scores of 26.18 and 25.93 respectively for male and female students treated with assertiveness training technique were all below the norm 32.85.

**Table 3: Pre-test and Post-test shyness mean scores of junior and senior secondary school students treated with AT.**

Source of Variation	N	Pre-test Mean	Post-test Mean	Mean Loss	Remark
Junior	15	54.27	27.53	26.74	
Senior	17	57.00	24.76	32.24	More effective

Table 3 indicated that junior students treated with assertiveness training technique had a pre-test mean score of 54.27 and post-test mean score of 27.53 with a mean loss of 26.74, while the senior students had a pre-test mean score of 57.00 and post-test mean score of 24.76 with a mean loss of 32.24. Hence, assertiveness training technique was more effective on shyness among senior students than their junior counterparts. Again, the post-test mean scores of 27.53 and 24.76 respectively for junior and senior students treated with assertiveness training technique were below the norm 32.85.

**Table 4: ANCOVA on the pre-test and post-test mean scores of students treated with AT and those in the control group.**

Source of variation	SS	Df	MS	Cal. F	Crit. F
<b>P ≥ 0.05</b>					
Corrected Model	7292.817	<b>2</b>	3646.408		
Intercept	444.908	<b>1</b>	444.908		
Pretest Scores	3.926	<b>1</b>	3.926		
Treatment Models	6496.248	<b>1</b>	6496.248	132.46	3.99
S					
Error	2991.667	<b>61</b>	49.044		
Residual	96647.000	<b>64</b>			
Corrected Total	10284.484	<b>63</b>			

Table 4, showed that at 0.05 level of significance, 1df numerator and 63df denominator, the calculated F 132.46 is greater than the critical F 3.99. This indicated that there was significant difference in the effects of assertiveness training technique on secondary school students' shyness when compared with those in the control group. Therefore, the first null hypothesis ( $H_{01}$ ) was rejected.

**Table 5: ANCOVA on the post-test shyness mean scores of male and female students treated with AT**

Source of variation	SS	Df	MS	Cal. F	Crit. F
<b>P ≥ 0.05</b>					
Corrected Model	64.848	2	32.424		
Intercept	461.482	1	461.482		
PRETEST	64.376	1	64.376		
GENDER	.626	1	.626	0.02	4.16
NS					
Error	871.027	29	30.035		
Total	22672.000	32			
Corrected Total	935.875	31			

Table 5 showed that at 0.05 level of significance, 1df numerator and 31df denominator, the calculated F 0.02 is less than the critical F 4.16. This indicates that there was no significant difference in the post-test shyness mean scores of male and female students treated with assertiveness training technique. Therefore, the second null hypothesis ( $H_{02}$ ) was accepted.

**Table 6: ANCOVA on the post-test shyness mean scores of junior and senior students treated with AT**

Source of variation	SS	Df	MS	Cal. F	Crit. F
<b>P ≥ 0.05</b>					
Corrected Model	99.339	2	49.669		
Intercept	379.861	1	379.861		
PRETEST	38.256	1	38.256		
CLASS LEVEL	35.177	1	35.177	1.22	4.16
NS					
Error	836.536	29	28.846		
Total	22672.000	32			
Corrected Total	935.875	31			

Table 6 revealed that at 0.05 level of significance, 1df numerator and 31df denominator, the calculated F 1.22 is less than the critical F 4.16. This entails that there was no significant difference in the post-test shyness mean scores of junior and senior students treated with assertiveness training technique. Therefore, the third null hypothesis ( $H_{03}$ ) was accepted.

### **Discussion**

The findings of this study revealed that assertiveness training technique had positive effects on shyness among secondary school students in the treatment group as compared to those in the control group. Specifically, the finding revealed that students in both experimental and control groups possessed shyness before the commencement of the study as measured by their scores on the pre-test. The findings also indicated that the magnitude of the mean difference between the experimental and control groups was significant in the post-test.

Moreover, the experimental group reported a significant decrease in their shy disposition than the control group. This may indicate that secondary school students in the treatment group gained a better understanding of the shyness as a result of receiving assertiveness training. This finding is consistent with prior researches that suggested that assertiveness training technique is effective in reducing shyness among secondary school students (Ahmed, Farhad, Dolatdost, Damya & Ali, 2015; Nasim, Kakabraee, Hamzeh & Feyegh, 2013).

One likely reason for the decrease in shyness among students in the experimental group more than those in the control group might be due to the thought changing process in assertiveness training. This statement is in-line with the words of Ellis who stated that when human beings emote, they also think and act; when they act, they also think and emote; and when they think, they also emote and act (Otta, 2005). Shyness emanates as a result of irrational thought pattern and assertiveness training is geared towards extinguishing irrational thinking through rational thinking.

Another finding of this study is that there was no significant gender difference on the effects of assertiveness training technique on secondary school students' shyness. In particular the decrease in shyness among female students was higher than that of their male counterparts after they had participated in assertiveness training technique treatment. This suggests that the female students benefited more from assertiveness training than the male students, but the difference was not significant. This finding supports the previous finding by Osarenren and Ajaero (2013) which concluded that female students benefited more from assertiveness training than their male

counterparts. The reason for above finding may be because female students yield themselves more easily to change and are normally willing to participate in activities like this. Ordinarily, one would have expected the participation of the female students in the Assertiveness training to be influenced by the presence of their male counterparts.

However, it is important to note that the observed difference in the effects of the treatment due to gender was not significant in this study. This is because the test of null hypothesis two showed that there was no significant difference between male and female students who received assertiveness training. This signifies that although the present study found a difference in the mean post-test score of male and female students, this difference was only marginal and not significant. Therefore, one could rightly say that this difference may be due to chance.

Finally, this study further observed that assertiveness training technique had different levels of effects on both junior and senior secondary students' shyness. The finding also showed that the senior (older) students who participated in the assertiveness training treatment benefited more than their junior counterparts (with lower age). This finding opposes the earlier finding by Chikwe and Ugwueze (2012), who reported that early-adolescents benefited more from assertiveness training technique.

The test of null hypothesis three showed that, the effects of assertiveness training technique in reducing junior and senior secondary school students' shyness was not significant, even though there was a difference in the post-test mean scores. This supported previous work in available literature in which Rubin, et al., (2009) asserted that shyness has been found to be overall quite stable across time from early childhood through adolescence. The non-significant in age difference could be because the activities provided in the assertiveness training treatment were designed to assist students' in enhancing their thought pattern. This is in line with Ellis (2007) who asserted that by changing students' irrational belief, assertiveness training modifies irrational thought patterns.

## **Conclusion**

Based on the results of this study and the discussion that followed, the researchers concluded that Assertiveness training technique can be used to treat secondary school students suffering from shyness.

### Recommendations

The following recommendations were made:

1. That assertiveness training technique should be adopted as an effective treatment technique in helping secondary school students with shyness.
2. That assertiveness training technique should be applied in treating secondary schools students with shyness irrespective of their gender and age.
3. The Imo State Secondary Education Management Board (IMSEMB) should provide on-the-job training to school-based Counsellors in Imo State secondary schools on the use of assertiveness training technique in treating shyness through workshops, seminars, conference and symposia.

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