

Management of Anxiety and Insecurity in School Students through Cognitive Behaviour Therapy

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From Senthil Matriculation Higher Secondary School, Dharmapuri, Tamil Nadu, 60 school students (40 boys & 20 girls) in the age range of 15-17 years were selected by the Purposive Sampling and were screened using Case Study Schedule (Hemalatha, 2008), Anxiety Inventory (Nandhini, 2005) and Insecurity Questionnaire (G. C. Patti). Cognitive Behaviour Therapy was administered to the school students (Tull, 2009). Five sessions of Cognitive Behaviour Therapy was given daily, for a week. Each session lasted for one hour. After two weeks the subject reassessed using the Case Study Reassessment (Hemalatha, 2008), Insecurity Questionnaire (G. C. Patti) and Anxiety Inventory (Nandhini, 2005). Initially 63% of the students had 'high' Anxiety and none of them had 'high anxiety' after Cognitive Behaviour Therapy. There was a significant reduction in the anxiety and insecurity from 'high' to 'low' after Cognitive Behaviour Therapy. The symptoms reported by the school students were disturbed sleep, short temper, head ache, confusion, giddiness, lack of interest and day dreaming. The common negative emotions were fear, worry, anger, irritability, anxiety, hostility and depression. After Cognitive Behaviour Therapy there was a drastic reduction in the Symptoms and Negative Emotions of the students.

Key words: Cognitive Behaviour Therapy, Anxiety, Insecurity, Negative Emotions and School Students

Introduction

An anxiety disorder may make one feel anxious most of the time, without any apparent reason. Or the anxious feelings may be so uncomfortable that to avoid them to stop some everyday activities. Or it may have occasional bouts of anxiety so intense they terrify and immobilize. Anxiety also referred as worry or angst is defined as a physiological or psychological state described by emotional, somatic, behavioural and cognitive components. It is regarded as a displeasing feeling of concern and fear. Anxiety is regarded as a standard reaction to the stressor. It helps a person to handle a difficult situation by promoting them to handle it. When a person experiences excessive anxiety, it is known as anxiety disorder. Anxiety is defined as a feeling of apprehension, caused

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and lead to failure. A person experiences panic attacks without any prior warning and even if the fear is illogical, the subjective awareness of risk is very actual. An individual suffering from a panic attack generally feels as if they are going to die. Some of the emotional effects caused by anxiety are dread or apprehension feeling, facing difficulty in concentrating, feeling tensed, and irritability, restlessness, looking for signs of danger and having a feeling as if the mind is blank. The thoughts related to suspected dangers like fear of dying etc comes under the cognitive effects. Some of the withdrawal effects of anxiety are withdrawal from the situations which give rise to anxiety. The change in sleeping habit, nervousness and tension also gives rise to anxiety.

Moreover, individuals suffering from generalized anxiety disorder suffer from other type of anxiety disorders like obsessive compulsive illness, phobia and panic disorder experience, alcohol or drug abuse and depression. The real cause behind generalized anxiety disorder is not known till today but certain factors like brain chemistry, stress and genetics give rise to anxiety disorder. Whatever may be the type of anxiety disorder, Xanax is the best medicine to treat it effectively. The types of anxiety are GeneralisedHYPERLINK "<http://www.mdhil.com/types-of-anxiety-disorders-generalised-anxiety-disorder-and-panic-disorder/>" Anxiety Disorder, Panic Disorder, Obsessive Compulsive Disorder, HYPERLINK "<http://www.mdhil.com/obsessive-compulsive-disorder-how-do-you-know-if-you-have-one/>" Post Traumatic Stress Disorder, Social Anxiety Disorder, and Phobia.

The symptoms of anxiety includes feelings of panic, fear and uneasiness; uncontrollable, obsessive thoughts, repeated thoughts or flashbacks of traumatic experiences; nightmares; ritualistic behaviours such as repeated hand washing; problems sleeping; cold or sweaty hands and/or feet; shortness of breath; palpitations; an inability to be still and calm; dry mouth; numbness or tingling in the hands or feet; nausea; muscle tense; ongoing and excessive tension and worry; sweating; irritability; headache; muscle tension; feeling tired; trouble in sleeping; facing difficulty in concentrating and trembling. Insecurity is a feeling of general unease or nervousness that may be triggered by perceiving one to be unloved, inadequate or worthless (where in a rational or an irrational manner).

Everyone has some form of insecurity. It's almost impossible to be 100% free of doubt. There have only been a handful of people throughout history who have obtained this level of confidence, and most of them have gone on to be great spiritual leaders. Now, people look up to them as Role Models. Confidence is usually a gradual process. It often comes with age and wisdom (although some people never find it). Those who work on themselves and gain confidence early on will have a much easier time navigating the challenges of life. Even though none of us are perfect; it's easy to spot those of us who are overly insecure. Extreme insecurity is usually marked by an obsession with gaining the approval of other people. This level of self-doubt is extremely destructive to a person's life and is often the root of almost all their problems. More specifically, secure people find validation from within, while insecure people attempt to find validation from sources outside themselves.

Insecurity is a feeling of general unease or nervousness that may be triggered by perceiving of oneself to be vulnerable in some way, or a sense of vulnerability or instability which threatens one's self-image or ego (Alexandria, 2009).

The causes of insecurity are continual sense of not being accepted; personal tragedy such as a broken home, the sudden death of loved ones; poor reflection of the physical body; feeling less important in comparison to others and failure in life attitude. The signs of insecure people are defensiveness, can't enjoy silence, excessive joking, self promoting, bullying, overly authoritative, overly competitive, materialistic, insecurity in relationships. In adolescents anxiety and insecurity is a vulnerable problem. Anxiety and insecurity is a complete negativity in life. Both insecurity and anxiety leads to low self-esteem which will affect the adolescents in many areas of life. It also

affects their social relationships. Anxiety will result in worry and anger whereas insecurity will result in fear and shyness among adolescents.

Culler, Ralph and Holahan (1980) examined the relationship of test anxiety to academic performance in college students, differences in study-related behaviours between high and low test-anxious subjects and differential effectiveness of study-related behaviours for both groups. Sixty-five undergraduate subjects scored above 65 and 31 low scores on the Test Anxiety Scale were selected for the study. Results demonstrated that significant decrement in GPA associated with test anxiety. High test-anxious subjects were also found to have poorer study skills. For high test-anxious subjects quality of study habits and amount of study time were positively related to academic performance, whereas missing classes and delaying exams were inversely related to performance.

Sarason and Seymour (1960) examined anxiety about tests and test-like situations in a series of studies of elementary school children in 4 Connecticut Towns. High Anxiety (HA) and Low Anxiety (LA) groups were identified by General Anxiety and Test Anxiety scales for which format and validation details are presented. Data supported hypotheses concerning fantasies of bodily injury and cues which interfere with the anxious child's performance. Ratings by fathers of a portion of the sample discriminated between High Anxiety and Low Anxiety Children; mothers' ratings did not. Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety.

Objectives of the Study

- * To assess the Level of Insecurity and Anxiety among the School Students
- * To manage the Insecurity and Anxiety in the School Students through Cognitive Behaviour Therapy
- * To identify the negative emotions and symptoms of the School Students
- * Hypotheses of the Study
- * The hypothesis are stated as null hypotheses, so that they can be either accepted or rejected based on the results
- * The school students do not have insecurity
- * Cognitive Behaviour Therapy does not have any effect in reducing level of insecurity in the school students
- * The school students does not have anxiety
- * Cognitive Behaviour Therapy does not have any effect in reducing the anxiety of the school students
- * The school students do not have negative emotions
- * The school students do not have symptoms of insecurity

Method

Sample

Sixty school students in the age range of 15-17 (40 boys and 20 girls) years from Senthil Matriculation Higher Secondary School, Dharmapuri, were selected to serve as the sample. The criteria for selection of the students were with high insecurity and anxiety.

Instruments

The needed information from the sample will be collected through the following tools:

Case Study Schedule (Hemalatha, 2008) used to collect the general information about the school students age, sex, education, family background, etc.

Insecurity Questionnaire (G.C. Patti) used to measure the level of insecurity in adolescents. It consists of 20 questions. The sample is asked to read each questions carefully and give their responses by making a tick on Yes/ No options, the test indicates the sample feeling for each questions. The scoring is done by referring to the scoring key. The result is interpreted according to the norms provided by the author.

Anxiety (Nandhini, 2005) was used to assess the level of anxiety among the adolescents. It consists of four parts. In first part consists of 13 questions, second part consists of 7 questions, part III consists of 11 questions and part IV consists of 9 questions and totally it consists of 40 questions. The school students were asked to read the instructions in the front page before doing the test. They were asked to go through the questions carefully and give their responses by making a tick on Yes/ No options, the test indicates the students feeling for each question. The scoring is done by referring to the scoring key. The results are interpreted according to the norms provided by the author.

Case Study Reassessment Schedule (Hemalatha, 2008) used to collect the information from the students after the Cognitive Behaviour Therapy was given.

Treatment

Jacobson's Progressive Muscle Relaxation

The aim of providing training in relaxation is to increase the discrimination of muscle tension and train the client to relax over small degrees of tension (Wolpe, 1958). To avoid the perception of relaxation as something that is imposed, the therapist stressed that it requires practice and that voluntary control of muscle tension must be learned.

The method used in the present study is Jacobson's Progressive Muscle Relaxation developed by Jacobson (1938). Training consists of systematically going through the muscle groups of the body and arranging for the tensing and relaxation of each ones with its instructions to note the difference between relaxation and tension. The same procedure is followed for each muscle group. The client is requested to tense the group and hold this tension for about 10 seconds while noting the changes in sensation that take place. Afterwards he or she is instructed to release tense in this muscle group slowly concentrating on the changes in sensation noting the difference between tension and relaxation. Each muscle group undergoes the same procedure twice. In the present study four sessions lasting for 30 minutes were devoted to train the client in Progressive Relaxation Techniques by Jacobson (1938). The subject reclined with eyes closed and was taught to relax by successively tensing and relaxing gross muscle groups throughout the body on instruction from the therapist. The client was given instructions in the following manner. For example, to relax forehead instruction was given as follows:

"Frown upwards so that the brow is furrowed, if there is difficulty in doing this. Look upwards as far as the eye will move and the forehead will become aroused. Again feel the sensation of tension in the muscles, then close the eyes and let the forehead muscle relax".

Each subject was asked to practice relaxation two times a day – early morning and before going to bed.

Duration

Cognitive Behaviour Therapy was given to the school students daily for five days. On the whole, five sessions were given to the entire students. The duration of each session was one hour.

Reassessment

All the students were reassessed by using the Case Study Reassessment Schedule (Hemalatha, 2008), Anxiety Inventory (Nandini, 2005) and Insecurity Questionnaire (G. C. Patti).

Procedure

From the Senthil Matriculation Higher Secondary School, Dharmapuri, sixty students (40 boys and 20 girls) were selected for the study. Rapport was maintained with the students. They were given Psychological Tests like Case Study Schedule, Anxiety Inventory, and Insecurity Questionnaire. The Case Study Schedule was used to gather the personal information about the school student's age, sex, education, family background, etc. Anxiety inventory was used to measure their level of Anxiety and Insecurity Questionnaire was used to measure the level of insecurity. Students in the age range of 15-17 years with high level of anxiety and high level of insecurity were selected by purposive sampling method. Then the psychological intervention "Jacobson Progressive Muscle Relaxation" was given to the students for 7 days continuously. After two weeks the students were reassessed by using the Case Study Reassessment Schedule, Anxiety and Insecurity Questionnaire.

Experimental Design

The experimental design used in this study was 'Before-and-after-without-control-design'. The dependent variable, anxiety and insecurity were measured both before and after Cognitive Behaviour Therapy.

Analysis of Data

The data was analyzed using SPSS+ PC package; the Mean, Standard Deviation and 't' test were computed.

Results and Discussion

The mean scores and standard deviations with regard to anxiety and insecurity were calculated for the school students, t test was used to test the significance of the difference between the mean scores obtained by the school student's in the area of anxiety and insecurity. The results are given below

Table 1: Level of Anxiety of the School Students N=60

LEVEL OF ANXIETY NUMBER	BEFORE TREATMENT		AFTER TREATMENT	
	PERCENTAGE	NUMBER	NUMBER	PERCENTAGE
VERY HIGH	20	33	18	30
HIGH	10	17	8	13
MODERATE	15	25	10	17
LOW	8	14	15	25
VERY LOW	7	12	9	15

Percentages are rounded off

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The level of anxiety of school students is presented in Table 1. Thirty three percent of the subjects had Very High Anxiety, 17% had High Anxiety, 25% had Moderate Anxiety, 14% had Low Anxiety, and 12% had Very Low Anxiety. This shows that the majority of students are feeling anxious. Anxious people experience worry, fear, afraid of everything, having difficulty in concentration etc. It affects a persons daily functioning. After Cognitive Behaviour Therapy, the anxiety level of the students reduced to 30% in very high level, 13% in high level, 17% in moderate level, 8% in low level, and 15% in very low level. The reduction in anxiety of the school students can be attributed to the efficacy of Cognitive Behaviour Therapy.

Table 2. Significant Mean Difference in Anxiety Before and After Cognitive Behaviour Therapy N=60

EXPERIMENTAL GROUP	MEAN	STANDARD DEVIATION	't'
BEFORE TREATMENT	20.00	5.08	21.558 **
AFTER TREATMENT	11.17	3.69	

** = Significant at 0.01 level

Table 2 shows that the mean anxiety of the experimental group was 'High' (M= 20.00) before Cognitive Behaviour Therapy and it reduced drastically to 'Low' level (M=11.17) after Cognitive Behaviour Therapy and it was significant at 0.01 level. Hence, null hypothesis 'Cognitive Behaviour Therapy does not have any effect on the level of Anxiety in the Students' is rejected.

Table 3. Level of Insecurity of the School Students N=60

LEVEL OF SECURITY	BEFORE TREATMENT		AFTER TREATMENT	
	NUMBER	PERCENT	NUMBER	PERCENT
HIGH	30	50	10	17
MODERATE	12	20	10	17
MILD	10	17	15	25
LOW	8	13	25	42

Percentages are rounded off

People with insecurity experience failure in their daily life. It causes low self- esteem, irritability, aggression, etc. Heightened insecurity also causes psychological problems. It disrupts a persons' daily functioning. Fifty percent of the students had high level of insecurity, 20% had moderate level, 17% had mild level and 13% had low level.

As a result of Cognitive Behaviour Therapy, the insecurity level of the students was decreased to 17% in high, 17% in moderate, 25% in mild and 17% to low level. The reduction in insecurity of the school students can be attributed to the efficacy of Cognitive Behaviour Therapy.

Table 4: Significant Mean Difference In Insecurity Before and After Cognitive Behaviour Therapy
N=60

EXPERIMENTAL GROUP	MEAN	STANDARD DEVIATION	't'
BEFORE TREATMENT	46.65	15.78	13.14**
AFTER TREATMENT	30.48	8.99	

** = Significant at 0.01 level

Table 4 shows that the mean insecurity of the experimental group was 'High' (M= 46.65) before the treatment. After treatment, there was great improvement. The level of insecurity reduced drastically to 'Low' level (M=30.48). The mean difference in insecurity before and after treatment was significant at 0.01 levels, which shows that insecurity reduced significantly after treatment. Hence, null hypothesis 'Cognitive Behaviour Therapy does not have any effect on the level of insecurity in the students' is rejected.

Cognitive Behaviour Therapy helped the students to relax their body as well as their mind. It helped to change the negative cognitions into positive ones. It helped to modify the student's negative cognitions about themselves and the world into positive ones. Tension Releasing Exercise had helped them to reduce the tension and worry

Table 5. Negative Emotions of the School Students N=60

NEGATIVE EMOTIONS NUMBER	BEFORE TREATMENT		AFTER TREATMENT	
	NUMBER	PERCENT	NUMBER	PERCENT
FEAR	10	17	15	25
WORRY	7	12	8	13
ANGER	5	8	8	13
IRRITABILITY	10	17	10	17
ANXIETY	7	12	8	13
HOSTILITY	10	17	7	12
DEPRESSION	11	18	4	7

Percentages are rounded off

Most of the people in general population will have lot of negative emotions. Particularly adolescents, because of the transition period of childhood to adulthood, they will have lots of negative emotions like anxiety, fear, anger, worry, irritability, hostility and depression.

Table 5 shows the details of the negative emotions of the school students. Before treatment, anxiety was the most commonly found in 12%. This was mainly due to their feeling of negative perceptions like 'I am going to be failure' and 'I am not confident'. Thought Stopping and Autosuggestions changed this negative emotion to positive emotions. Worry, Anger, Hostility and Depression were the other commonly found negative emotions (15%, 8 %, 17% and 18%, respectively). Face to face interview with the student revealed that fear was mainly due to their uncertainty about the future and anger was due to their lack of self-confidence.

Cognitive Behaviour Therapy helped to reduce the level of negative emotions, such as Fear (25%), Worry (13%), Anger (13%), Irritability (17%), Anxiety (13%), Hostility (12%) and Depression

(7%) from higher level to lower level in the school students. The school students were taught to change their negative perception into positive one. It modifies the negative emotions and cognitions. Tension Releasing Exercise, Thought Stopping and Cognitive Restructuring helped to reduce the students Anxiety, Fear, Worry, Hostility, Anger, Irritability and Depression.

Table 6. Symptoms of the School Students

Symptoms	Before Treatment		After Treatment	
	Number	Percent	Number	Percent
Disturbed Sleep	10	17	15	25
Short Temper	15	25	15	25
Headache	5	8	6	10
Confusion	3	5	5	8
Giddiness	5	8	3	5
Lack of Interest	10	17	8	13
Day Dreaming	12	20	8	13

Percentages are rounded off

Table 6 shows the negative symptoms such as disturbed sleep (17%), short temper (25%), headache (8%), confusion (5%), giddiness (8%), lack of interest (17%) and day dreaming (20%).

After treatment, there was greater reduction in the symptoms of disturbed sleep (25%), short temper (25%), headache (10%), confusion (8%), giddiness (5%), lack of interest (13%) and day dreaming (13%). These improvements were attributed to 'Cognitive Behaviour Therapy' which had helped to reduce their negative symptoms to the great extent.

Table 7. Correlation between Anxiety and Insecurity

VARIABLES	CORRELATION	ANXIETY	INSECURITY
ANXIETY	Pearson Correlation	1	0.109
	Sig. (2-tailed)		0.406**
	N	60	60
INSECURITY	Pearson Correlation	0.109	1
	Sig. (2-tailed)	0.406**	
	N	60	60

** = Significant at 0.01 level

The relationship between anxiety and insecurity among the school students is presented in the Table 7. There is a positive correlation between anxiety and insecurity (r=0.41) which is statistically significant at 0.01 level when the anxiety increases insecurity also increases. It is clear that some people develop anxiety when they are having insecure feelings.

Conclusion

- * Initially 35% had Very High Anxiety and 20% had High Anxiety. After Cognitive Behaviour Therapy the anxiety level reduced from moderate to low level among the students
- * The symptoms of Anxiety reported by most of the students Before Cognitive Behaviour Therapy were disturbed sleep, short temper, headache, confusion, giddiness, lack of interest, day dreaming and it reduced significantly After Cognitive Behaviour Therapy

- * The negative emotions experienced by most of the students were anger, worry, fear, anxiety, hostility, irritability and depression were reduced after the administration of Jacobson's Progressive Muscle Relaxation
- * Initially, 33% had high level of insecurity, 16% had moderate level, 3% had mild level and 6% had low level, before Cognitive Behaviour Therapy. But After Cognitive Behaviour Therapy 17% had High level, 5% had low level, 13% had moderate level and 8% had mild level of insecurity
- * Cognitive Behaviour Therapy, Thought Stopping and Tension Releasing Exercise were found to be effective in managing their Anxiety and Insecurity. It helps to modify their negative cognitions into positive ones. It helps to reduce their fear, worry, tension and anxiety

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