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EFFECT OF COGNITIVE RESTRUCTURING TECHNIQUE ON PANIC DISORDER AMONG SECONDARY SCHOOL STUDENTS

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ABSTRACT

Panic disorder is an increasingly common mental health disorder among secondary school students in the Awka South Local Government Area that is associated with various negative psychological, physical, and educational outcomes. This study investigated the effect of cognitive restructuring technique on panic disorder among secondary school students in Awka South local government areas. Two research questions guided the study while two null hypotheses were formulated and tested at 0.05 level of significance. The design for the study was quasi-experimental, non-randomised pre-test and post-test, control group research. The sample comprised 72 students purposively selected from a population of 512 senior secondary school students. A standardised instrument "Panic Disorder Severity Scale (PDSS)" was used for data collection. The internal consistency reliability coefficient for the instrument was 0.86. Data was collected through direct delivery of the instrument to the respondents. Mean scores were used to answer the research questions, while the null hypotheses were tested using Analysis of Co-variance (ANCOVA). The norm of the instrument 14.00 guided the decision. The finding of the study revealed among others that cognitive restructuring technique was effective in reducing panic disorder among secondary school students. The findings further revealed that cognitive restructuring technique was more effective in reducing panic disorder of male secondary school students than the females. Based on the findings of the study, it was recommended that counsellors should utilise cognitive restructuring technique to identify and assist the students challenge irrational thoughts associated with panic attacks, develop positive self-talk. Students should incorporate physical activity into daily routines to reduce stress and anxiety and seek professional counsellors' help if symptoms become too severe or unmanageable.

Keywords: cognitive restructuring, technique, panic disorder, students, secondary school

Introduction

A student entering secondary school enters a new period of life that is somewhat different from the one he or she was in previously. The life stages in elementary and secondary education are very different. Each of these levels of education has its own unique characteristics and difficulties that pupils and students must overcome in order to complete different developmental activities. Secondary school students face a variety of pressures and challenges. Classes can be challenging when students are taking more subjects than they did in elementary school. More so, a student's circle of friends may expand, and keeping up with new commitments could become stressful.

Managing the circle of friends and keeping up with arising obligations, according to Smith (2020), entails learning new skills, confronting new situations, overcoming fears, and managing a world that may not always make sense. These could lead to worries or stress, which could be overwhelming at times. When such symptoms of fear, tension, and distress emerge on a constant and unpredictable levels, sometimes for no obvious cause, the situation is referred to as a panic disorder. Adolescents' school experiences will be even more traumatic if they are having panic symptoms.

Panic disorder is an anxiety disorder in which an individual has frequent bouts of panic or terror. Anxiety is a broad concept that encompasses a variety of unhealthy and psychological fears, including panic disorder (Frank-Briggs and Alikor, 2020). Bonesvki and Naumovska (2019) noted that panic disorder is a neurological disorder marked by severe, recurring, and sudden panic attacks. People suffering from panic disorder also live in constant fear of getting a panic attack. Thus, panic disorder in the context of this research refers to a situation in which a student has repeated panic attacks.

Panic attacks come with an intense wave of fear characterised by their unexpectedness and debilitating, immobilising intensity (Bonesvki and Naumovska, 2019). During the wave of attacks, one can get a rush of intense mental and physical symptoms. It can come on very quickly and for no apparent reason. More so, panic attacks can be very frightening and distressing. It is frequently experienced through a mix of physical and cognitive symptoms, including shortness of breath, excessive sweating, heart palpitations, and chest pain (Hassan, 2020). These symptoms can lead to distressing thoughts, such as fear of losing control, going crazy, or dying. These fears associated with panic attacks can become so intense that they begin to negatively impact a person's behaviour. For instance, a student may begin to fear having an attack while participating in a school debate. The student may then avoid debates and other public speaking situations. Such behaviour, according to Weisz, McCarty, and Valeri (2012), leads to other unhealthy conditions.

Other neurological symptoms of a panic attack, such as a racing heartbeat, feeling dizzy or faint, exhaustion, vomiting, choking pain, dry mouth, a need to use the restroom, a fear of dying, a churning stomach, and a feeling that can last 5 to 10 minutes, are frequently present after the condition (Manjula, Kumariah, Prasadaraw, and Ragaram, 2011). The severity of a person's illness determines the number of attacks they will endure. Some individuals experience attacks once or twice a month, while others experience them many days a week. Star (2020) noted that while panic attacks are terrifying, they may not cause physical damage and are unlikely to result in hospitalisation.

Various studies, such as those by Borden and Lister (2014), Hassan (2021), Quek, Tam, Tran, Zhang, Zhang, Cyrus, and Roger (2019), have shown that panic disorder is a common problem among adolescents in secondary school. Hasan (2021) also opined that panic disorder is one of the reasons why many adolescents have difficulty concentrating in class, completing classwork, or engaging in academic competitions. Chansky (2014) also came to the conclusion that many students who fail exams experience persistent anxiety and a lack of concentration, which may be due to panic disorder.

Panic disorder can be more difficult for young students to cope with; extreme panic disorder can interfere with their growth and learning. If not addressed promptly, panic disorder may result in frequent school absences and the failure to finish one's education, which is typically attributed to inadequate focus and transition. Failure to diagnose and treat the condition could lead to alcoholism and other hard substance use, as well as social alienation for those affected.

When experiencing panic attacks, students often feel out of control, scared, and embarrassed. These feelings can interfere with their focus and concentration, leading to reduced academic performance. During panic attacks, students may experience physical symptoms such as increased heart rate and difficulty breathing, which can make it difficult to concentrate on their studies (American Psychiatric Association, 2013). Additionally, panic attacks can lead to difficulty sleeping, which can further impair academic performance. Panic disorder can also interfere with students' social lives and relationships. These feelings of fear and anxiety can lead to avoidance of social situations, which can lead to isolation and loneliness (National Institute of Mental Health, 2020). This can further impact academic performance, as social connections can help increase motivation and build support networks to help cope with academic stress.

If left untreated, panic disorder can have a long-term impact on a student's academic performance. Symptoms of panic disorder can interfere with studying, test-taking, and classroom participation. This can lead to poor grades, missed assignments, and even dropping out of school. It can also lead to a decrease in self-esteem, feelings of hopelessness, and a lack of motivation. Additionally, the physical symptoms of panic disorder can increase the risk of physical health problems such as high blood pressure and heart attacks. However, with assessment and proper treatment, students can manage their symptoms and improve their academic performance, social relationships, and overall mental health.

Panic disorder treatments aim to reduce the number of panic attacks and alleviate the symptoms. Depending on the approach of the counsellor, a variety of psychotherapies are available. Of the psychosocial therapies used to treat anxiety-related disorders, cognitive-behavioural therapy (CBT), which embodies cognitive restructuring techniques (CRT), normalising, and others, has gained a lot of coverage. Frank-Briggs and Alikor (2020) stated that since cognitive restructuring techniques have been seen to be efficient and rapid in transforming multiple behavioural conditions, counsellors and psychologists have begun to entertain the possibility that they may be an effective treatment for panic disorder.

Cognitive restructuring technique (CRT) is a form of technique in cognitive behavioural therapy popularly used in the treatment of mental health conditions. The underlying concept of CRT is based on the notion that a person's thoughts, feelings, and perceptions influence their actions and behaviours (Fenn and Byrne, 2013). The tenets of CRT hold that a person may not always be able to change his or her life circumstances, but he or she can choose how they perceive and act upon life challenges. Thus, Fenn and Byrne asserts that CRT helps people recognise and correct misperceptions that contribute to anxiety. For example, CRT may assist individuals in recognising when they are

misinterpreting events, magnifying difficulties, and making pessimistic assumptions on little evidence.

Often, the first step in conducting CRT is to help the client become more aware of automatic thoughts and assumptions. The therapist then helps the client to make vague worries more specific, evaluate them, and determine whether they are unrealistic. After clients become more aware of their worries, the next step is for them to manage their symptoms and learn more adaptive coping skills (American Psychiatric Association, 2013). Therefore, the effect of cognitive restructuring among male and female students may be different due to the complexities of gender-based communication strategies and the potentially different approaches to solving problems that may be taken by men and women. Thus, it has been suggested that cognitive restructuring can be an effective intervention for both male and female individuals with panic disorder. Smith, Johnson, Brown and Lucy (2021) suggest that there may be differences in the efficacy of cognitive restructuring for male and female students with panic disorder. This could be based on the notion that men and women may have different experiences with anxiety and panic, which could lead to different coping strategies. For example, women are more likely to experience anticipatory anxiety, which may be more difficult to modify through cognitive restructuring than the irrational fears that men are more likely to experience. Additionally, women are more likely to experience social anxiety, which may lead to a greater focus on the negative evaluation of others. This could lead to more difficulty in challenging those irrational beliefs.

Studies such as Anyamene, et al. (2017); Egbunike and Nwankwo (2021); Nwankwo (2020); Wang, Tan, Xiao, and Deng (2017) have indicated that cognitive restructuring technique is effective technique in treating various behavioural disorders. The technique is an evidence-based treatment that has been proven to be effective in treating a variety of behavioural disorders. Thus, from the foregoing, evidence suggests that this technique may be effective in treating panic disorder among secondary school students. However, to the knowledge of this researchers, little is known about the effect of CRT on students' experiences of panic attack or disorder in secondary schools in Anambra State. Hence, the researchers are motivated to examine the effect of cognitive restructuring technique on panic disorder among secondary school students in Awka South local government area of Anambra State, Nigeria.

Panic attacks are sudden periods of intense fear or discomfort that can occur with physical symptoms such as palpitations, sweating, shaking, and shortness of breath. Secondary school students in the Awka South Local Government Area seem particularly susceptible to this condition due to the added pressures of hostile conditions and hardship in the society, examinations, social adjustment, and academic performance. This has been an issue of concern to parents, counsellors, teachers, school management, the government, and researchers. Although these concerned individuals and organisations have made efforts to address the issue, it has persisted. However, some scholars have suggested that the use of psychological techniques like cognitive restructuring.

Despite the potential of this technique to challenge and change negative thought patterns and behaviours that are associated with panic attacks in this population, knowledge and understanding

of its efficacy in addressing panic disorder among secondary school students in Awka South local government area is currently lacking due to dearth of research on efficacy of the technique in the current study area. Hence, to bridge the knowledge gap, there is need for this study.

Purpose of the Study

The main purpose of this study was to determine the effect of cognitive restructuring technique on panic disorder among secondary school students in Awka South local government areas. Specifically, the study sought to determine the:

1. Effect of cognitive restructuring technique on panic disorder among secondary school students when compared with those who received conventional counselling using their pre-test and post-test mean scores.
2. The differences in the effectiveness of cognitive restructuring technique on the male and female secondary school students' panic disorder using their pretest and posttest mean scores?

Research Questions

The following research questions guided the study.

1. What is the effect of cognitive restructuring technique on panic disorder among secondary school students when compared with those who received conventional counselling using their pre-test and post-test mean scores.
2. What is the difference in the effects of cognitive restructuring technique on the male and female secondary school students' panic disorder using their pretest and posttest mean scores?

Hypotheses

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

1. There is no significant differences in the effect of cognitive restructuring technique on panic disorder among secondary school students when compared with those who received conventional counselling using their posttest mean scores.
2. There is no significant difference in the effectiveness of cognitive restructuring technique on the panic disorder scores of male and female secondary school students when compared using their posttest mean scores.

Research Method

Research Design: The study was a quasi-experimental non-randomized pre-test, post-test control group design. A quasi experimental research according to Nworgu (2015) is a type of experimental study that determines the effect(s) of a treatment paradigm on a non-randomised sample.

Area of the Study: The study was conducted in Awka South local government area. Awka South Local Government Area is located in Anambra State, Nigeria. It is one of the 21 local government areas in the state and is made up of nine towns: Awka, Amawbia, Isiagu, Ndikpa, Ndiora, Nibo, Nise, Ntoko and Umuawulu. The area is home to a diverse population of over 680,000 people. The area is suitable for this study because it has a rich cultural heritage and traditional practices, which could provide a unique context for understanding

the causes and effects of panic disorder among secondary school students.

Population of the Study: The population of the study is 512 secondary students with severe panic disorder identified using their scores in the panic disorder inventory used for the study. These were gotten through the pretest administered to the students in their various schools. Only SS2 students were tested for this study. Those who scored 14.0 and above were chosen as the population.

Sample and Sampling Technique: The sample size for the study is 104 students with severe panic disorder symptoms. These are students with severe panic disorder symptoms scores in two schools with the highest number of students with severe panic disorder scores.

Instrument for Data Collection: The instrument for data collection of the study was titled "Panic Disorder Severity Scale (PDSS)" developed by Shear, et al. (1997). The instrument was adopted for this study. The PDSS is a self-report scale that measures the severity of panic attacks and panic disorder symptoms. The scale is a useful way of assessing overall panic disorder severity at baseline, and it provides a profile of severity of the different panic disorder symptoms. It is a good monitoring tool because it is brief and sensitive to change, and can be used to track symptoms over time. The scale consists of seven items, each rated on a 5-point scale. It is a standardized instrument with evaluation of internal consistency in 198 patients with Panic Disorder Severity Scale (PDSS) that yielded a Cronbach's alpha 0.88.

Training of Research Assistants: There are a total of six research assistants that took part in the study. These include four guidance counsellors and two teachers in the schools in the area of the study. These research assistants were briefed before the initial data collection process. The researchers did the treatments. The training provided to the research assistants guided them in understanding every step to be followed in carrying out the study.

Method of Data Collection: The data collection process was done in two phases. The first phase was initially done and it involved the establishment of target population for the study. The data that was collected in the phase was regarded as the pre-test. The second phase involves collection of data after treatment. The data that was collected in the phase was regarded as the post-test.

Experimental Procedures: The following procedures were adopted to ensure a successful implementation of the treatment programme. The researchers first sought to obtain the consent of the school principals granting permission for conducting the research. This was done through a consent letter that was sent to the principals for approval. The treatment programmes lasted for eight weeks. Each treatment session lasted for 45 minutes. The students who were identified with severe panic attack symptoms formed the groups (one experimental group and one control group) in their respective schools; each of the two schools represented a treatment group. The participants in the experimental groups received treatment on cognitive restructuring technique while those in the control group were treated with conventional counselling technique. After the treatment sessions, post treatment data were collected.

Control of Extraneous Variables: The following measures were used to control extraneous variables which might have negative effects on the variables under study: The treatment was scripted and the procedures clearly spelt out and strictly

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adhered to by the research assistants. To avoid interaction between students, two coeducational schools in different towns were used for the study.

Method of Data Analysis: Data were collected before the treatment sessions and after treatments. The scoring guide provided in the PDSS manual guided the scoring. The data collected were compiled and analysed, to answer the research questions and test the hypotheses. Research questions was answered using mean scores while the null hypotheses were tested at 0.05 level of significance using the Analysis of Co-variance (ANCOVA).

Presentation of Results

Research Question 1: What is the effect of cognitive restructuring technique on panic disorder of secondary school students when compared to those expose conventional counselling technique using their pre- test and post- test mean scores?

Table1: Pretest and Posttest panic disorder mean scores of secondary students treated with cognitive restructuring technique and those treated with conventional counselling (Norm = 14.00)

Source of Variation	N	Pretest Mean	Posttest Mean	Lost Mean	Remark
Cognitive Restru, techn.	34	22.85	11.38	11.47	Effective
Conventional Couns. Tech.	38	22.76	18.34	4.42	

In table 1, it was observed that the secondary students treated with cognitive restructuring technique had pretest mean score of 22.85 and posttest mean score of 11.38 with lost mean 11.47 in their panic disorder, while those in the control group who received conventional counselling had pretest mean score of 22.76 and posttest mean score of 18.34 with lost mean 4.42. With posttest mean scores of 11.38 which is below the norm of 14.00 cognitive restructuring technique is effective in reducing panic disorder among secondary school students.

Null hypothesis 1: The effect of cognitive restructuring technique on panic disorder of secondary school students will not be significant when compared with those treated with conventional counselling using their posttest mean scores.

Table 2: ANCOVA on the effect of cognitive restructuring technique on panic disorder of students when compared with those who received conventional counselling

Source of variation	SS	df	MS	Cal. F	Pvalue	P ≤ 0.05
Corrected Model	872.295 2	436.147	88.128	.000		
Intercept	146.095	1	146.095	29.52	.000	
PanicDisorder1	3.099	1	3.099	.626	.431	
Treatment models	866.221	1	866.221	175.029	.000*	S
Error	341.483	69	4.949			
Total	17534.000	72				
Corrected Total	1213.778	71				

Table 2 indicates that at 0.05 level of significance, 1df numerator and 71df denominator, the calculated F is 175.03 with P-value of 0.000 which is less than 0.05. Therefore, the first null hypothesis is not accepted. So, the effect of cognitive

restructuring technique on the panic disorder of secondary school students is significant.

Research Question 2

What are the differences in the effectiveness of cognitive restructuring technique on the male and female secondary school students' panic disorder using their pretest and posttest scores?

Table 3: Pretest and Posttest panic disorder mean scores of male and female secondary school students treated with cognitive restructuring technique

Source of Variation	N	Pretest Mean	Posttest Mean	Lost Mean	Remark
Male	24	23.33	11.63	11.70	More Effective
Female	10	21.70	10.80	10.9	

Table 3 indicates that the male secondary school students treated with cognitive restructuring technique had pretest mean score of 23.33 and posttest mean score of 11.63 with lost mean 11.70 in their panic disorder, while the female secondary school students treated with cognitive restructuring technique had pretest mean score of 21.70 and posttest mean score of 10.80 with lost mean 10.90. With lost mean score of 11.70 for male students which is greater than the lost mean score of 10.90 for female students, cognitive restructuring technique is more effective in reducing male secondary school students' panic disorder.

Null hypothesis 2: The effectiveness of cognitive restructuring technique on the panic disorder scores of male and female secondary school students will not differ significant using their posttest mean scores.

Table 4: ANCOVA on the effectiveness of cognitive restructuring technique on the panic disorder of male and female students

Source of variation	SS	df	MS	Cal. F	Pvalue	P ≤ 0.05
Corrected Model	7.397	2	3.699	.595	.558	
Intercept	53.704	1	53.704	8.642	.006	
PanicDisorder1	2.593	1	2.593	.417	.523	
GENDER	6.855	1	6.855	1.103	.302*	NS
Error	192.632	31	6.214			
Total	4605.000	34				
Corrected Total	200.029	33				

Table 4 reveals that at 0.05 level of significance, 1df numerator and 33df denominator, the calculated F is 1.103 with P-value of 0.302 which is greater than 0.05. Therefore, the fourth null hypothesis is accepted. So, the effectiveness of cognitive restructuring technique on the panic disorder of male and female secondary school students do not differ significantly.

Discussion of Findings

Findings of the study revealed that cognitive restructuring technique is effective in reducing panic disorder among secondary school students. The findings further showed that the effect of cognitive restructuring technique on the panic disorder of secondary school students is significant. The reason for this finding

could be attributed to the idea that cognitive restructuring is a technique used to help people identify and modify their thought patterns, allowing them to better manage their emotions and behaviours. It has been found to be an effective method of reducing panic disorder among secondary school students. This is likely because cognitive restructuring helps students learn how to identify and modify their thoughts and behaviours that can lead to panic attacks. By learning how to recognise and manage these thoughts and behaviours, students can become more aware of their triggers and find better ways to cope with them. Additionally, cognitive restructuring can help students develop more positive coping skills and strategies that can help them better manage their panic disorder.

The finding that cognitive restructuring is an effective technique for reducing panic disorder among secondary school students could also be because it helps them understand their thoughts and behaviours related to panic attacks, and provides them with the skills to better manage their emotions and reactions. By finding better ways to manage their panic disorder, students can become more resilient and better equipped to handle the challenges of daily life.

This finding is supported by previous empirical studies such as Michelle, Todd, Laura, and Velma (2017) which found a significant reduction in panic disorder severity and a decline in severity of comorbid diagnoses across both treatment conditions. Further, Anyamene, Nwokolo, and Nwosu (2017) found that there is a significant difference in the mean social adjustment scores of maladjusted adolescents exposed to cognitive restructuring compared to conventional counselling. In addition, Egbunike and Nwankwo (2021) found that cognitive restructuring technique was effective in reducing academic task procrastination among secondary school students, and Nwankwo (2020) found that cognitive restructuring significantly reduced positive attitudes towards lying among students.

The effect of cognitive restructuring in reducing the severity of panic disorder among secondary school students in Awka South Local Government Area is likely due to its ability to help individuals process and challenge their beliefs and modify their behaviour. Cognitive restructuring works to replace irrational and unhelpful thoughts with more adaptive ones, which can help reduce the severity of panic disorder. This is in line with the cognitive-behavioural therapy model, which suggests that thoughts, feelings, and behaviours are all interconnected and can be modified through cognitive restructuring. In this way, cognitive restructuring can help reduce the severity of panic disorder among secondary school students in Awka South Local Government Area.

The study revealed that cognitive restructuring technique is more effective in reducing male secondary school students' panic disorder than female secondary school students. This could be due to the fact that males tend to be more open to learning and trying new techniques, whereas females may be more reluctant to do so. Additionally, males may be more likely to take a proactive approach to dealing with their panic disorder, while females may be more likely to wait for help or support from others. Furthermore, males may be more accepting of cognitive restructuring techniques as a way of dealing with their panic disorder, whereas females may be more likely to rely on other coping strategies.

The findings further revealed that the effectiveness of cognitive restructuring technique on the panic disorder of male and female secondary school students does not differ significantly. This might be a result of the fact that panic disorder affects both men and women in similar ways and that both men and women can benefit from using the cognitive restructuring technique to address the same underlying issues. Additionally, the cognitive restructuring technique may be equally effective in both males and females due to the fact that both genders have similar coping strategies and abilities to learn and apply the technique. Thus, the findings suggest that cognitive restructuring technique is an effective way of reducing panic disorder in both male and female secondary school students, and that the effectiveness of the technique does not differ significantly between the two genders.

The findings of this study corroborate the results of previous empirical studies such as Oguzie, Ani, Obi and Onyegirim (2018). They found that cognitive restructuring techniques were more effective in reducing fear tendency among female participants than in male participants, though the difference was not significant based on gender. This is similar to the results of Anyamene, Nwokolo, and Okocha (2019), whose findings showed that cognitive restructuring was more effective for male students in reducing stealing tendencies. Furthermore, the findings of this study are consistent with those of Egbunike and Nwankwo (2021), who revealed that cognitive restructuring techniques were effective in reducing academic task procrastination among both male and female secondary school students.

The findings of the previous empirical studies suggest that gender may not be a major factor in determining the effectiveness of cognitive restructuring techniques. This could be because cognitive restructuring is a psychological technique that works by helping individuals identify and modify their irrational thoughts and beliefs. Therefore, regardless of gender, individuals can benefit from this technique if they are willing to challenge their irrational thoughts and beliefs and replace them with more positive and rational ones. Furthermore, it is possible that male and female participants may have different levels of fear and anxiety, which can influence the effectiveness of cognitive restructuring techniques. For instance, a male participant with a high level of fear may benefit more from cognitive restructuring than a female participant with a low level of fear.

Conclusion

Based on the findings of the study, cognitive restructuring techniques is significantly effective in reducing panic disorder among secondary school students. Additionally, cognitive restructuring was found to be more effective in reducing male secondary school students' panic disorder, but the effectiveness of cognitive restructuring technique on the panic disorder of male and female secondary school students did not differ significantly. Thus, these findings suggest that cognitive restructuring can be an effective intervention for reducing panic disorder among both male and female secondary school students.

Recommendations

Based on the findings of the study, the following recommendations were made for students, therapists and counsellors, educators, schools and future researchers:

1. Counsellors should utilise cognitive restructuring techniques to assist the

students identify and challenge irrational thoughts associated with panic attacks, develop positive self-talk. They should incorporate physical activity into daily routines to reduce stress and anxiety and seek professional counsellors' help if symptoms become too severe or unmanageable.

2. Counsellors and therapists should provide cognitive behavioural therapy (CBT) to identify and modify irrational thoughts associated with panic attacks, educate students about the causes of panic disorder and how to manage and prevent panic attacks and encourage students to practice relaxation techniques, journaling, and positive self-talk to reduce anxiety. The counsellor should form and facilitate group discussions to provide students with an opportunity to share their experiences and learn from each other, and help students incorporate physical activity into their daily routine to reduce stress and anxiety.

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