Rational Emotive Behavioural Therapy, Fear of Failure and Examination Malpractice Behaviour among Secondary School Students in Calabar Municipality

Blessing Agbo Ntamu (PhD)
Department of Educational Foundations, University of Calabar, Nigeria

Abstract
Examination malpractice is a behavior in the educational system that is destructive and needs modification in order for the gains of education to be maximized. Fear of failure has been identified as one of the key causes of examination malpractice. This study investigated the effect of Rational Emotive Behavioural Therapy (REBT) on fear of failure among Public Secondary School Students in Calabar, Cross River State. A total of 80 students were selected for the study after the administration of a pretest to 200 students selected by means of a table of random numbers from public secondary schools in Calabar Municipal Educational zone in Calabar Municipal Area. The instrument used for data collection was the Students' Fear of Failure Questionnaire (SFFQ) designed by the researcher. The face validity of the questionnaire was ascertained by experts in the field of Educational Psychology and Measurement and Evaluation in the department of Educational foundations of Nasarawa State University and given a 73.6% rating. The reliability of the instrument was ascertained after a pilot study, using the Cronbach Alpha and found to be .83. One research questions was asked and answered and one hypothesis formulated and tested at 0.05 alpha level. The hypothesis was tested using the Independent t-test of difference test statistics. The result of the analysis showed that there is a positive effect of REBT on fear of failure and hence on examination malpractice. The null hypothesis was rejected and the alternative hypothesis upheld. The conclusion that REBT has a positive effect on examination malpractice was reached based on the above finding. Some recommendations were made.
Keywords: Rational Emotive Behavioural Therapy, Examination Malpractice, Fear of Failure, Wrong value Orientation and Socialization.

1. Introduction

Examination malpractice is a phenomenon of great concern to stakeholders in the educational sector globally. In recent years there has been a surge in the practice of examination malpractice with debilitating effects on the educational sector and this has stimulated a search for a solution. The concern about the issue of examination malpractice is based on the fact that it has contributed in no small measure to the fallen standard of education; to economic losses directly and indirectly, to under development of nations in which it is endemic amongst other dire consequences. Hence there is a need to eliminate examination malpractice from the educational system. This study seeks to tackle the issue of examination malpractice by application of Rational Emotive Behavioural Therapy in addressing one of the major causes of examination malpractice among secondary school students as identified from research; Fear of failure. Fear is a negative emotional response to a stimulus that is perceived as a threat to an individual. Fear of failure has multiple dimensions in causing examination malpractice. It blocks comprehension during study and sometimes prevents individuals from studying. Fear of failure may also lead to willingness to employ drastic and illegal means in a bid to excel in examinations.

Examination malpractice refers to actions carried out by persons involved in setting examinations, typing examination questions, storing examination papers, administering examinations, taking examinations, grading examinations and recording the examination scores; before, during or after the examinations, that leads to falsification of scores derived from the examination or grants undue advantage to one or some examinees over others. It constitutes flaunting the rules and regulations guiding the examination. There are several dimensions of examination malpractice carried out in different phases of the examination process, and a lot of ingenuity on the part of the assailants as regards the methods employed across the globe. In Britain radio transmitters concealed in pens, personal stereos loaded with pre – recorded tapes and programmable calculators packed with data have been smuggled into the examination hall (Fagbemi in Olatoye 2004). In India, it was reported that two first year medical students sewed a tiny microphone and speaker inside their shirt cuff; activated it on a concealed phone and had their friends scan a text for answers for them, but they were caught. Similar methods were also utilized in Seol, South Korea (Ogunji, 2011). Ogunji (2011) also reported that over 1,000 students were found cheating during the annual civil service exams in China. As worrisome as these events in the international scene are, it is shocking to note that the problem of examination malpractice is most pervasive in Nigeria; as Nigeria was rated

1st in 2012 for examination malpractice in the World Examination malpractice index, (Voice of Nigeria Tertiary Institution news - VNTI, 2012). Dimensions of exam malpractice in Nigeria are also numerous ranging from crude to very sophisticated methods.

Nigerian government and other stakeholders have made several efforts at curbing the problem of examination malpractice; examples include the Federal Court Decree 21 (that is 21 year jail penalty for culprits) in the miscellaneous offences decree of 1987, which was later revised under decree Number 33 of 1999 to 3 to 4 years jail term with or without a fine of 50,000 to 100,000 Naira. Efforts by examination bodies such as WAEC have included public enlightenment campaigns, punitive actions on culprits, creation of a department to handle cases of examination malpractice amongst others, (Fagbemi cited in Olatoye, 2004). Research efforts on the subject have also been numerous but centered on identifying causes and possible solutions and not experimenting with the proffered solutions. Consequently the rate of examination malpractice have continued to increase with time (Abdullahi, 2009). The researcher is of the position that preventive measures such as counselling with REBT will yield better results.

The pervasiveness of examination malpractice in Nigeria could be linked to the attitude of the people towards examination malpractice. It seems that individuals born in the last few decades have imbibed a rather positive attitude to exam malpractice; that is to say, they are in favour of examination malpractice. The researcher is of the opinion any solution to examination malpractice that will succeed must address students factors that contribute to examination malpractice as a major part of its strategy. This is due to the fact that students are central to the practice of examination malpractice and examination malpractice cannot thrive without them. Secondary school students were chosen for this study because they are adolescents and are in the process of value and identity formation, it is therefore a good time to help them imbibe the right values. Dale (2008) asserts that the values which adolescents affirm in the cause of their development are fundamental to their eventual academic adjustment. Tackling the problem at the secondary school level will ensure an eventual reduction at higher levels.

Studies have identified the following factors as causes of examination malpractice among students; fear of failure, wrong value orientation, ill preparedness of students and wrong study habits, wrong choice of subjects of study, wrong career choice, low morality, undue emphasis on paper qualifications, value for grades and certificates other that knowledge and learning (Olatoye 2004; Joshua et al., 2010; Gbenda, 2005; Abdullahi, 2009; & Asinya , 2012). The current study focuses on the treatment of fear of failure in students because of its multidimensional effect on examination malpractice.

Fear of failure as a cause of examination malpractice here refers to an irrational fear or anxiety about the outcome of a test or an exam that cripples rational responses required to avoid failure. This fear is debilitating and is based on a perceived threat to the individual's self – esteem as he considers consequences of failure some of which include negative evaluations by significant others, a block to achievement of life goals etc. At this stage fear of failure could even include a threat to life as we often hear secondary school students make statements like 'My mother will kill me if I failed' etc. REBT is designed to treat irrational fears by helping the client see the irrationality of their fears through confronting their irrational beliefs and replacing them with facts. REBT has proven to be successful in curbing irrational fears of different magnitudes and is believed to be suitable for curbing fear of failure. Fear of failure in this study could be considered as a future oriented emotional state (anxiety over anticipated failure) and not just a reaction in the face of failure.

Rational Emotive Behavioural Therapy was propounded by Albert Ellis. It is a technique that attempts to change individual's behaviours by confronting their irrational fears, beliefs, values and attitudes which they have imbibed from the processes of socialization and persuade them to adopt a rational thought process (Hansen, Stevic and Warner, 1977). One of the assumptions of the therapy is that our attitudes, our beliefs; the way we think about events and the meanings we give to them directly affect how we feel and behave, Michler (2004).

Ross (2006, para. 1) gives the following introduction to REBT;

> We want to be well informed and educated; we want a good job with good pay; and we want to enjoy our leisure time. Of course life doesn't always allow us to have what we want; our goal of being happy is often thwarted by the "slings and arrows of outrageous fortune". When our goals are blocked, we can respond in ways that are healthy and helpful, or we can react in ways that are unhealthy and unhelpful…….. Our reaction to having our goals blocked (or even the possibility of having them blocked) is determined by our beliefs.

If our beliefs are rational our actions and reactions will be rational, hence the need to tackle irrational fears which result from irrational beliefs of students that underlie examination malpractice.

REBT is a therapy of choice because it deals with changing the causes of maladjusted behaviours and not just the behaviours. This theory is suitable for addressing examination malpractice because the behaviour of examination malpractice among Nigerian students is linked to irrational beliefs they have imbibed through the processes of socialization, (Gbenda, 2008). If the students can be made to change their irrational beliefs they could abandon their irrational fear of failure and the behaviour of examination malpractice in favour of attending

classes, carrying out assignments and homework, studying hard in order to excel in their academics, etc.

REBT is preferred for dealing with irrational beliefs that underlie examination malpractice because it is applicable to a group, it is eclectic in techniques use and it is time limited (does not require a lot of time).

1.1 Statement of the Problem

Examination malpractice is a highly prevalent phenomenon in the educational system of Nigeria as evidenced by the World Examination Malpractice Index ranking of countries on examination malpractice in 2012, where Nigeria ranked number one (VNTI (2012). This situation is disturbing to stakeholders because examination malpractice seems to devalue the examination process which produces the feedback on which curriculum development, reviews and systematic implementation, selection for school programmes, vacant job positions, scholarship awards and promotions are based, thereby leading to underdevelopment of the educational system and the economy.

Efforts by the government in criminalizing examination malpractice has not solved the problem of examination malpractice neither has efforts by external examination bodies in their campaigns against examination malpractice and the use of multiple supervisors, invigilators and even security agents during the examination process. In fact some examiners and security agents compromise and partake in examination malpractice.

Research efforts have concentrated majorly on identifying the causes, forms and possible solutions to examination malpractice. The fact that causes and dimensions have been repeatedly identified and solutions suggested without much effort at experimenting with the suggested solutions, prompted the researcher to attempt to experiment with one of the suggested solution which is tackling students' fear of failure.

1.2 Purpose of the Study

The purpose of the study is to determine the effect of REBT on examination malpractice behaviour. Specifically, the study seeks to determine the effect of REBT on students' fear of failure.

1.3 Research Questions

The following research question is raised to address the problem:
1.   What is the effect of REBT on fear of failure scores of students.

1.4 Statement of Hypotheses

The following null hypothesis will be tested at 0.05 level of significance.
1.   There is no significant difference between the experimental and the control group in the effect of REBT on scores of fear of failure.

1.5 Scope of the Study

The research focuses on Senior Secondary School Students in Public schools in Calabar Municipal Area of Cross River State Nigeria. The study is focused on tackling one cause of examination malpractice which is Fear of failure.

2. Review of related Literature

2.1 REBT and Fear of Failure (Conceptual Review)

The Psychology Dictionary defines fear of failure as a relatively normal and actually well documented persistent and irrational anxiety of failing to complete a certain tax or meet a specific standard. A typical example here is the fear of failing an examination. Fear of failure has been characterized under specific phobias and is referred to as Atychiphobia. Fear of failure refers doubts a person may have regarding his ability to perform and succeed on a task. This doubt about success is classified as fear of failure if the doubt has no sufficient basis, is irrational and has the capacity to inhibit success. Fear of failure is sometimes used synonymously with test anxiety.

Test anxiety refers to anxious feelings as a result of an impending test or during the test that either increases or decreases performance. Every individual experiences a certain degree of anxiety before a test or an examination. If the anxiety is within reasonable limits it will motivate the individual to study and will increase performance. Alternatively when test anxiety is at an unreasonable level it inhibits performance in the test.

Some psychologists have however limited the definition of test anxiety to include only debilitating test anxiety that is test anxiety that has negative impact on performance. Cizek and Burg (2006) define test anxiety as experiencing high levels of stress, nervousness and apprehension during testing and evaluative situations that significantly interfere with performance, emotional and behavioural wellbeing and attitudes towards school. While Zeidner, (1998) defines test anxiety as the phenomenological, physiological and behavioural responses that accompany concern about possible negative consequences or failure in an exam.

Spielberger and Vagg cited in Putwain (2008) define test anxiety as a situation specific threat accounting for

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individual differences in the extent to which people find examinations threatening. Within this definition Putwain identified two narrow definitions test anxiety as fear of failure and test anxiety as evaluation anxiety which is similar to the anxiety related to sport performance

From the foregoing it is apparent that fear of failure is an integral part of test anxiety and in some instances test anxiety could be synonymous with fear of failure. Of concern here is that this anxiety over the possibility of failing an examination and the resultant consequences has an implication in examination malpractice behaviour.

Zeidner in Putwain (2008) identifies three dimensions of test anxiety:
1. Cognitive – the negative thoughts and depreciating self-statements that occur during examination example 'if I fail this exam my whole life is a failure and performance inhibiting difficulties that may arise as a result of anxiety like difficulty in recalling facts and reading and understanding questions. This aspect of test anxiety stems from fear of failure and can be dealt with using REBT.
2. Affective – the personal appraisal of the testee's physiological state such as tension tight muscles and trembling.
3. Behavioural - poor study skills, avoidance and procrastination of work.

This model on the components of test anxiety is of great interest because it centers on two factors of interest in this work (fear of failure and poor study habits) as components of test anxiety. The treatment to be applied in this work is designed to deal with both fear of failure and poor study habits. This suggests that based on this model the REBT treatment to be used in this study will to a great extent deal with fear of failure.

More recent models of test anxiety emphasize the fact that a number of variables interact in examination appraisal and test anxiety. Of interest is the model by Zeidner and Mathews in Putwain (2008), they state that self-regulatory short term distress during examinations is primarily due to negative self-beliefs maintained by metacognitive strategies such as heightened attention. While long term distress is as a result of maladaptive person – situation interactions. Repeatedly the issue of negative self-beliefs pops up as a factor in poor examination behaviour. REBT is a theory that focuses on changing negative self-beliefs hence it has been chosen for this work to deal with fear of failure.

REBT has been implicated in the treatment of specific phobias including fear of failure. Froggart (2005) listed specific phobias (Atychiphobia) on the list of clinical applications of REBT. Fear of failure is linked to one of the universal believes which Ellis (n.d.) listed, and which is considered to be behind all irrational behaviours. It is linked to the belief that 'one should be thoroughly competent, adequate and achieving in all possible respects if one is to consider one's self-worthwhile'. Hence failure is a no option for individuals who hold this believe. Ellis (n.d.) believes that this irrational belief can be disputed in therapy and hence fear of failure can be treated by the application of REBT.

Research has shown that REBT is suitable for the treatment of anxiety including fear of failure. Zionts and Zionts (1997) stated that there is numerous research evidence for the effectiveness of REBT in reducing self-defeating emotions and constructs such as anger, anxiety, poor self-esteem and locus of control, in varied populations including children and adolescent populations with conduct disorder, emotional disorder and learning disabilities. A Meta - Analysis by Gonzalez, Nelson, Gutkin, Saunders, Galloway and Craig (2004) revealed a very wide applicability of REBT with high rates of effectiveness. REBT was found to be positive and significant for five outcome categories, anxiety, disruptive behaviour, irrationality, self-concept and grade point average. REBT was also found to be equally effective for children and adolescents presenting with or without identified problem, It was found to be the most effective therapy in the analysis, more effective than systematic desensitization etc.

2.2 Effect of REBT on Fear of Failure (Empirical Review)
Fear of failure has been identified through research as one of the factors that make students favour examination malpractice (Emaikwu 2012, Asinya 2012). REBT if properly applied on students experiencing fear of failure should be effective in curbing the fear.

In a study by Yoosefi, Fatehzade, Etmadi, Ahmadi and Isanazhad (n. d.) on Comparing the effectiveness of REBT and PCT in improving the symptoms of aggression, depression, and anxiety among students of Saghez City, using 205 randomly selected students with symptoms of anxiety, REBT and PCT were found to be effective in the reduction of anxiety, depression and aggression. Psychologists have attempted a distinction between fear and anxiety by saying that fear occurs when there is an immediate threat, while anxiety occurs in the face of imagined threats. Going by this definition fear of failure will more appropriately be failure anxiety. From the researcher's experience fear of failure is not an emotion that occurs on the examination day. It is an emotion experienced by affected students throughout the school term. There are continuously worried about the fact that they may fail and this further stifles their reading responses and increases the probability of failure.

In another study on the Impact of Rational Emotive Behavioural Education(REE) on Anxiety in teachers by Lupu and Itene (2009) based on the assumption that students experiencing higher levels of irrational thoughts were prone to higher levels of anxiety that can be reduced through REE. A group of 88 10th to 12th grade students

from a high School in Cluj Napoca were exposed to The Attitude and Belief Scale (ABS 11, irrationality) scores, The State Trait Anxiety Inventory (STAI) and The Hospital Anxiety and Depression Scale (HAD, anxiety) scores. After which they were divided to intervention and non-intervention groups. The intervention consisted of an hour REE lessons followed by 14 days of the students having to read the Rationality Vs Irrationality Decalogue by David (2007) daily, after which the students were assessed again. Results showed that REE resulted in significant reduction in anxiety levels and a decrease in irrational thinking. When an individual who has been thinking irrationally and suffering consequences of his irrational thoughts is exposed to a more rational philosophy of life it takes just an encounter with the truth for a change to be experienced. Note that REE is based on the principles and techniques of REBT.

In a study by Simpson and Dryden (2011) comparing REBT and Visual/Kinaesthetic Dissociations (VKD) in the treatment of panic disorder; using Two- way between group pretest/posttest with baseline and follow up measures and a four session treatment for each method. There was a record of statistically significant improvement on all the measures used to measure panic rating for both groups and the improvement was maintained after a one month follow up study. The study used 18 participants who met the diagnostic and statistical manual for mental disorder criteria for panic disorder. If REBT is effective in the treatment of panic (severe bouts of fear and anxiety) then it should of course be effective for the treatment of irrational fears like fear of failure. Fear of failure is among the 13 universal irrational beliefs outlined by Ellis, hence REBT was designed to address fear of failure.

3. Methodology

The research design employed in this study is the pretest/posttest control group experimental design. Two groups were used for this study, one experimental group and one control group. The experimental group was pretested, treated and then post tested. The control group was pretested, post tested and given a placebo treatment consisting of a summary of the treatment after the post test.

Table 1: 2x3 Factorial Matrix

S/NO	Group	Pretest	Treatment	Posttest
1	Experimental Group	0_1	X	0_3
2	Control Group	0_2	_	0_4

Key

0_1= Pretest of Experimental Group

0_2 = Pretest of the Control Group

0_3 = Posttest of Experimental Group

0_4 = Posttest of the Control Group

X = REBT Treatment

_ = No treatment

The above table represents the research design for this study. 0_1 represents a pretest for the experimental group, while 0_2 represents a pretest for the control group. The REBT and Students Attitude towards Examination Malpractice Questionnaire (RSATEMQ) was administered as a pretest to both the experimental and the control groups. 0_3 represents a posttest of the experimental group, while 0_4 represents a post test for the control group. X represents the treatment based on REBT administered to the experimental group. While _ represents the fact that the control group did not receive a treatment based on REBT before the administration of the posttest.

The population for this study includes 14,055 secondary school students in 24 public secondary schools in Calabar Municipal Area of Cross River State. This population statistics was obtained from Planning, Research and Statistics (PRS) Department of the Ministry of Education of Cross River State and it represents the Statistics as at the year ending 2012. Statistics for the year 2013 are not yet available.

The sample size for the study includes 80 Secondary school students chosen from 2 secondary schools in Calabar Municipal area through a purposive sampling technique. The students were sampled from senior secondary 1(SS1) classes. This was in order to ensure that if for any reason the subjects were needed, they would still be available in the school and would not have graduated.

Calabar Municipality contains 16 Secondary Schools, while Calabar South contains 8 Secondary Schools (Information obtained from the PRS department of the Ministry of Education Calabar). 2 Secondary schools poles apart from each other were purposively selected from Calabar Municipality area in order to ensure that the students from the experimental and control group do not interact. 100 participants were randomly selected from the two schools selected for the study, giving a total of 200 students. The pretest was then administered to the 200 students selected for the study. After the pretest was scored, a purposive sampling of 80 students with the highest pretest scores was done, 40 students were selected from each school. Higher pretest score is an indication of a higher fear of failure and a positive disposition towards examination malpractice.

The treatment sessions for the experimental group held at Government Secondary School, Akim Qua Town,

while the control group received a placebo treatment at Government Secondary School State Housing Estate Calabar. The experimental group received a post test at the end of the treatment which lasted for 6 weeks. While the control group received treatment after writing the posttest. The REBT and Students' Fear of Failure Questionnaire (SFFQ) was administered as a pretest and a posttest. The treatment applied on the research subjects was designed by the researcher based on REBT. It consists of 12 sessions. Each session lasted for one (1) hour. The entire treatment lasted for a period of 6 weeks, one session per day.

Session 1 – Establishing Rapport

Step 1: It entails introduction of the researcher to the subject and vice versa (The researcher also serves as the therapist).Step

2: Demonstration to the group that change is possible and necessary and REBT is poised to produce change.

Step 3: Assessing the problem

Step 4: Goals clarification

Session 2: Fear of Failure

Step 1: Defining fear

Step 2: Identifying irrational beliefs

Step 3: Disputing irrational beliefs

Step 4: Cognitive therapy – Exposing the students, giving them fear of failure quotes and explaining the quotes

Step 5: The blow up technique

Step 6: Reframing Failure

Step 7: Modelling – Role modeling

Step 8: rational self-talk/verbalizations

Treatment of Fear of failure stretched through two sessions.

Wrong Value Orientation

Three major values were thought to be necessary for the students to change their attitudes towards examination malpractice and hence their examination behaviours, they are;

1. Dignity in hard work
2. Integrity and honesty
3. Internal locus of control.

The treatment involved inculcation of these values to the research subjects. Each of these values was treated in separate sessions.

Session 4: Dignity in Hard work

Step 1: Identifying irrational beliefs

Step 2: Disputing irrational beliefs

Step 3: Stating the relationship between irrational belief and behavioural consequence

Step 4: Stating and explaining hard work quotes

Step 5: Teaching and singing hard work motivational and inspirational songs.

Step 6: Rational self-talk/verbalizations

Treatment of dignity and hard work also spanned through two sessions because of teaching and singing hard work motivational and inspirational songs.

Session 6: Integrity and Honesty

Step 1: Definition of integrity and honesty

Step 2: Identifying irrational beliefs

Step 3: disputing irrational beliefs

Step 4: Relationship between irrational beliefs and behaviour

Step 5: Stating and explaining Integrity and honesty quotes

Step 6: Role modeling

Step 7: Rational self-talk/verbalizations

Session 7: Locus of Control

Step 1: Ask the students to write down the answer to questions that reveal their locus of control in their worksheets. Ask about three students to read out their answers

Step 2: Using their answers as a reference point define locus of control and the types of loci of control

Step 3: Identify irrational beliefs

Step 4: Dispute irrational beliefs

Step 5: Define the relationship between irrational beliefs and behavioural consequence

Step 6: State and explain Quotable Quotes

Step 7: Role play

Step 8: Class exercise

Step 9: Rational self-talk/verbalizations

Session five was also stretched through two sessions because of its length.

Session 8, 9, 10 and 11: Poor Study Habit
Step 1: Identify irrational beliefs
Step 2: Dispute irrational belief
Step 3: Establish relationship between irrational belief and behavioural consequence
Step 4: Teach different types of reading
Step 5: Teach library use skills
Step 6: Teach study habit skills including the SQ3R study method
Step 7: How to take examinations; correct steps in taking examination, time management during examination etc.
Step 8: How to respond to essay type and German type (objective type) questions
Step 9: rational self-talk/verbalizations.
Step 10: Assignment to study for a test on Citizenship education using SQ3R
Step 11: Administration of the test by the researcher.
Poor Study Habit treatment spanned through 4 sessions in other to ensure mastery of the study Habit skills.
Session 12: Desire for Grades and Certificates other than Knowledge and Learning
Step 1: Identifying irrational beliefs
Step 2: Dispute irrational beliefs
Step 3: relationship between irrational beliefs and problem behaviour
Step 4: Stating and explaining knowledge quotes
Step 5: Role modeling
Step 6: Rational self-talk
Step 7: Information about post test

The control group had three encounters with the researcher after the pretest for both groups had been completed. They were given summarized lessons on the consequences of examination malpractice to the students, the school, the educational system and the society as a whole.

The content validity of the research instrument was obtained by subjecting the instrument to the scrutiny of the researcher's supervisors. The instrument was also subjected to the scrutiny of an expert in the field of Measurement and Evaluation with Nasarawa State University keffi, their ratings was used to calculate the logical validity index of the instrument and the value was 73.6%. Thereafter, the recommended adjustments were made.

A Pilot study was carried out by the researcher in West African People's Institute (WAPI) Secondary School, Calabar – Cross River State, Nigeria in order to determine the reliability of the instrument. The researcher approached the School Principal for an opportunity to interact with the students. The request was granted and a member of the teaching staff in the school was attached to the researcher to facilitate the process. 60 questionnaires (pretest) were administered to students in the senior secondary arm of the school randomly by the researcher and the school representative. Data from 20 participants in the pretest were used to test reliability Using the Cronbach alpha the test reliability coefficient for fear of failure was 0.86.

The researcher seeking to find out how the experiment will play out with a larger group, went ahead to select 30 students with the highest score and randomly assigned them to experimental and control groups. The treatment was administered to the experimental group; with the permission of the School Principal between the hours of 3.00pm – 4.00pm (representing a compulsory prep period for students in all public secondary schools in Cross River State) daily for 9 days and a post test administered at the end of the period. Lessons learnt from this exercise helped the researcher to make some adjustments in the treatment package.

A pretest was administered to 200 students selected from 2 secondary schools purposefully selected for the study. Two research assistants were recruited among the teachers in the schools concerned. Two venues were selected for the pretest. After which the pretest was graded and 80 students selected for the study. The experimental group was camped at Government Secondary School Akim, Calabar. They were treated to 6 weeks of a treatment package designed in line with REBT principles by the researcher. There were 2 sessions of the treatment in each week, making 12 sessions in all. Each session of the treatment lasted for one hour. Considering the fact that the treatment is designed to deal with one of the most pervasive problems in the educational system of the country, and the treatment was likely to be of benefit to the students one way or another, the researcher bargained with the school authorities of concerned schools for one hour of the students' time twice in a week. This was not too difficult due to a compulsory evening study period of 3pm to 5pm imposed on all students in Public secondary Schools in cross River State. The control group received a placebo treatment after the post test.

The researcher started the study with the administration of the pretest at the end of the third term of the 2013/2014 academic session. The pretest was graded and participants selected. At the commencement of the first term 2014/2015 session the treatment and the posttest was carried out.

The research suffered attrition as many of the students who failed ended up leaving their schools to other schools in another zone, while some of them were driven home for non-payment of school fees and could not be assessed.

At the end of the treatment there were 25 participants in the control group and 23 in the experimental group.

These participants were post tested to determine the effect of the treatment. The researcher decided to use data from 20 participants in the experimental group and twenty participants in the control group for analysis in order to ensure uniformity of the two groups. These 40 participants were randomly selected.

4. Presentation of Results
4.1 Research Question 1
What is the effect of REBT on fear of failure scores of students?

Table 2

Descriptive statistics of fear of failure scores of students

Group	Pretest			Posttest		
	Total Scores	Mean	Standard Deviation	Total scores	Mean	Standard Deviation
Experimental	343	17.15	2.57	229	11.45	3.47
Control	304	15.2	2.79	285	14.25	

REBT has a positive effect on fear of failure as can be gleaned from table 1. At pretest students in the experimental group had a more intense fear of failure. This more intense fear of failure before treatment is indicated by higher pretest scores of 343 as compared to 229 in the posttest, and a mean of 17.15 at pretest and 11.45 at posttest.

Though there is a reduction in fear of failure by the students in the control group, it can be seen to be quite small; 304 and 15.2 pretest score and mean respectively and 285, 14.5 posttest scores and mean respectively. The difference between pretest and posttest scores of the experimental group is 114, while the difference for the control group is 19. The mean difference between pretest and posttest scores for the experimental group is 5.7 while for the control it is 0.7. This difference between the experimental group and the control group is as a result of the Experiment. Hence REBT has a positive effect on fear of failure.

4.2 Null Hypothesis 1
There is no significant difference between the experimental and the control group on the effect of REBT on scores of fear of failure.

This hypothesis is being tested at the .05 significant level with the degree of freedom (df) being 2, 38.

Table 2

Descriptive Statistics of the effect of REBT on fear of failure scores

Group	Mean	Std. Dev.	N
Experimental	11.450	3.561	20
Control	14.250	2.826	20
Total	12.850	3.476	40

Source: Researcher's field work.

Table 2 shows the descriptive statistics of the experimental and control group on fear of failure scores. The experimental group has a mean of 11.450 and a Standard deviation of 3.6 while the control group has a mean of 14.250 and a standard deviation of 2.8. There exist a mean difference of 2.8 between the experimental and the control group at the posttest.

Table 3

ANCOVA Result for the effect of REBT on fear of failure

Source	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	106.176	2	53.088	5.381	.009	.225
Intercept	75.965	1	75.965	7.702	.009	.172
Pretest	27.776	1	27.776	2.816	.102	.071
Group	101.866	1	101.866	10.328	.003*	.218
Error	364.924	37	9.863			
Total	7076	40				
Corrected Total	471.100	39				

df =39, Sig. at 0.05 level, P value =0.003

The assumptions for Analysis of Co-Variance (ANCOVA) were met, particularly the homogeneity for regression effects was evident for the covariate. A one - way ANCOVA was carried out to test for a significant mean difference between the experimental and the control group for fear of failure scores at the posttest. Holm's sequential Bonferroni procedure was used to control for type 1 error across the pairwise comparisons.

The ANCOVA was significant at $F_{(2, 38)}$ = 10.328, p = .003. P is less than .05. Hence we reject the null hypothesis. There is a significant mean difference between the experimental and the control group at the end of

treatment. Hence there is a significant effect of REBT on fear of failure of students. Students in the experimental group who underwent treatment with REBT had a significantly higher reduction in their fear of failure than the students in the control group.

4.3 Summary of Findings
At the end of the hypothesis testing procedure, the following findings were made:
1. There is a significant effect of REBT on fear of failure.

5.1 Discussion
Research Question 1 and Hypotheses 1 found out that there is a significant effect of REBT on fear of failure. This finding was expected and is in line with the findings by Lupu and Itene (2009) that REBT resulted in a significant reduction in anxiety levels and a decrease in irrational thinking. It is also in line with the findings by Simpson and Dryden (2011) that REBT was effective in treatment of panic disorder, which is a display of severe bouts of fear and anxiety. The finding in this study is also consistent with finding of Yoosefi et al. (n.d.) they found REBT to be effective in reducing anxiety, depression and aggression. Fear of failure was outlined among the universal irrational beliefs thought to be the source of maladjusted behaviours by Ellis. Therapy was designed to combat these irrational beliefs. REBT has once again been proven effective in reducing irrational fears.

The students were made to understand that their fear of failure was irrational and counterproductive because fear stifles responses that would prevent failure. This change of irrational thinking has proven effective in reducing fear of failure. Without the irrational fear of failure it is the believe of the researcher that students will no longer give in to extreme measures of exchange for grades, such as offering sex for grades or huge amounts of money for grades. Hence REBT can be applied to change fear of failure in secondary school students and this will lead to a change in examination malpractice behavior in students whose cause for examination malpractice is fear of failure.

5.2 Conclusion
Based on the research carried out and the analysis of the data generated from the research, the following conclusion was reached: there is a significant effect of REBT on fear of failure. Since REBT has a significant effect on fear of failure which is one of the core causes of examination malpractice in students, therefore REBT has a significant effect on examination malpractice behaviour in students whose examination malpractice is caused by a fear of failure.

5.3 Limitations
Because of the experimental nature of this research a larger sample could not be used. This is because a larger sample size would have undermined the quality of the research. The small sample size is considered a limitation.

The absence of non-pretested groups in this research is also considered a compromise on the effects of pretesting. In spite of the desire of the researcher to control for pre – testing effects, the nature of the research made it impossible. Because a pretest was required in selecting participants who are likely to engage in exam malpractice. Solomon four group design would have been more appropriate for the study but for the above stated reason.

5.4 Recommendation
The following recommendations are being made based on literature review and findings from this study:
1. In line with the finding from research question 1 and hypothesis 1, the researcher recommends that REBT be applied in the treatment of fear of failure and other irrational fears responsible for examination malpractice and problem behaviours among students.

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