



Efficacy of Cognitive Restructuring Techniques on Affluenza Syndrome of Nigerian Youths

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Abstract


Affluenza which is perceived as a culture that places a high value on and being addicted to wealth is a social condition that affects the cognitions, emotions and academic behavior of youths in our contemporary society. These youths are negatively influenced by the affluence and wealth of their parents to the detriment of their academic pursuit. This study is therefore carried out to ascertain the effects of cognitive restructuring (Rational Emotive Therapy (RET), confrontation (CON) and Thought Stopping (TS) in bringing sanity and discipline on Nigerian youths by curbing their affluenza syndrome. The study adopted quasi experimental design. Two research hypotheses guided the study. The sample is made up of 48 students from Imo State University Owerri, Nigeria 2014/2015 academic year struck by affluenza syndrome. Data were collected using researcher-made questionnaire titled "Affluenza Syndrome Identification Questionnaire" (ASIQ). Data collected were analyzed using Analysis of Covariance (ANCOVA). The result showed that the three techniques of Cognitive Restructuring Treatment Package-RET, CON and TS were very effective in lowering the level of affluenza syndrome in participants. The result also reveals that there is no gender effect on affluenza syndrome of participants. A finding that translates to the fact that both male and female participants benefited maximally from the three treatment approaches. Useful recommendations were made based on the findings from the study.

Keywords: Affluenza syndrome, Cognitive restructuring, Confrontation, Rational emotive therapy, Thought-stopping.

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1. Introduction

Unbridled penchant towards the acquisition of wealth is a topical issue in many countries of the world Nigeria inclusive. The thirst and consequent quest for affluence is fuelled mostly by the current societal perception and acceptance of wrongly acquired wealth (Chima, 2007). It is also influenced by societal unveiled acceptance of flauntable wealth as the sole yardstick by which an individual qualifies to mount the podium for recognition. Whereas affluenza is not categorized in the Diagnostic and Statistical Manual of Mental Disorder (Diagnostic & Statistical Manual of Mental Disorders, 2000) and DSMMD (2013) it has come to be accepted as a combination of affluence and influenza. It is a social condition that affects individuals in society as a result of privileged number of people striving to be wealthy (Graaf *et al.*, 2001) see affluenza as a painful, contagious, socially transmitted condition of overload, depth, anxiety, and waste resulting from the dogged pursuit of more wealth. For Oliver (2007) affluenza is seen as placing a high value on money, possessions, appearances (physical and social) and fame.

Affluenza sets in once an individual becomes addicted to wealth and acquisition of the culture that unabashedly places premium on financial success and achievement. According so much reverence on money and wealth inevitably leads to emotional distress and varied behavioral consequences such as over consumption, luxury fever, alienation and inappropriate self medication, using alcohol, drugs (Psychology Today, 2014). In the same vein, Oliver (2007) attributes affluenza to other problems such as anxiety, depression, eating disorder, emotional distress, family breakdown, and medication. A silent but highly causative agent of affluenza is the fact that modern-day capitalists make money by exploiting the citizenry. Workers are not paid what is commensurate to their suffering and efforts. Selfish capitalism creates inequality in society. Oliver (2007) affirms that there is a correlation between the increasing nature of affluenza and increase in material inequality. According to him the more unequal a society, the greater the unhappiness of its citizens. Affluenza is therefore seen as a show of power, affluence, and superiority. It is basically from this school of thought that affluenza has acquired the sobriquet of a rich person's disease.

The term affluenza is relatively new. According to Hurd (2010) a documentary with the title "Affluenza" first appeared on American television and was made popular by a book written on that by Graaf *et al.* (2001). Affluenza on the other hand can be explained as rich-kid syndrome. Breyer (2013) sees it as a condition of having wealthy parents who set no limits. This view point believes that parents in the higher or middle class brackets do not inculcate the culture of caution and discipline on their children and at the same time rise against those who try to enforce discipline on children. They may confront school authorities, law enforcement agents, and the court who try to regulate the excesses of their children. Children with affluenza thus grow up developing an entitlement mentality which is a situation where these children feel that they are entitled to things they have not worked for and consequently should not earn. This class of kids believes that their pleasure comes automatically as a result of their parent's wealth.

The prevalence of affluenza in Nigerian youths is not in doubt. Careful observation of society today will portray youths from wealthy homes having access to uninhibited flow of money for state of the art cars, good appearances, drugs, alcohol, extravagancy, unnecessary touring, to the detriment of their academic pursuit. Once the high standard of life is set by a child based on parenting lapses, it becomes difficult to drop. The consequences are very disastrous when these children cannot meet up with an already established ostentatious life style. Cases also abound of children of rich parents who cannot make good husbands and wives because they lack respect and discipline, their emotions, reasoning and thinking being controlled and influenced by wealth.

In 2013, America recorded an affluenza case of a sixteen year old Texan Ethan Couch who killed four people while driving drunken feeling that his parent's wealth and influence will offer him immunity from prosecution. Another affluenza related demeanor was recorded in connection with the aforementioned December 2015 when the mother Tonya Couch fled him to Texas to avoid arrest for violating his ten years probation deal of being alcohol free.

Affluenza affects the lives, academic performance and behavior of Nigerian youths. They are not usually serious with their studies owing to the fact that they can always get what they want in life. The luxury available to them serves as a distraction and makes it difficult to exhibit proper and effective academic behavior and commitment. Children struck with affluenza syndrome lack discipline. They are usually outlaws in school and hardly adhere to instructions, school rules and regulations. Teachers are looked down upon by this group of children because they are enjoying better cars, wears, cash, and luxury than the teachers. Gender is not an exception in affluenza syndrome. Observation will portray females as having been enslaved by extreme materialism, unnecessary expenditure and excessive purchase of expensive trinkets, dresses, shoes. Girls in this category are consumed in materialistic extravagancy to the detriment of their studies. Effort is needed to manage this distasteful wreckless and ostentatious lifestyle in youths. The only solution is a change in life style and social perception of wealth as ultimate goal in life. Progress can be made in this direction through strategic application of cognitive restructuring techniques.

Cognitive restructuring is a psychotherapeutic process of learning to identify and dispute irrational and maladaptive thoughts which serve as cognitive distortions. The client is helped through cognitive restructuring to recognize and modify his inner dialogue and develop coping self statements that would condition new behavioral tendencies. Cognitive restructuring is thus a procedure aimed at helping the client abandon unhelpful thinking patterns so as to begin to think more constructively about situations, behaviors or personal characteristics that have been the source of past difficulties.

Following cognitive restructuring steps, participants in this study who have affluenza syndrome are guided to:

- i. Identify the various thoughts, negative views and beliefs about wealth and affluence that have been affecting their lives and behaviors.
- ii. Identify, point out and interpret the various cognitive distortion and negative interpretations of wealth.
- iii. In rational disputation of the thought, the participants are guided to question, debate and challenge vigorously the negative interpretations of wealth and affluence.
- iv. They are further guided to explore more rational, better and different ways of interpreting and dealing with wealth acquisition.

The major components of cognitive restructuring applied in this study are confrontation, rational emotive therapy, and thought stopping. Confrontation according to [Nwankwo \(1995\)](#) is a form of cognitive procedures through which an individual is confronted and told every truth without fear or favour about his destructive and negative behaviors and the need for a change. Rational Emotional Therapy by Albert Ellis holds that human beings are inherently both rational and irrational in their belief system. Man is happy, effective and successful when he thinks rationally or unhappy, ineffective and creates problems for himself when he is irrational in thinking. Thought stopping according to [Chima \(2015\)](#) comes in the form of an interruption of an unpleasant train of thoughts rising in the mind. This is used in eliminating regulative ideas, self defeating or illogical thinking based on unrealistic fears and assumptions.

The thrust of this study therefore is to ascertain the efficacy of cognitive restructuring techniques in changing the mode of behavior and emotions and at the same time bringing sanity and discipline among Nigerian youths struck by affluenza syndrome.

1.1. Purpose of the Study

The objective of the study is to ascertain the efficacy of cognitive restructuring approaches (Rational Emotive Therapy (RET) Confrontation (CON) and Thought Stopping (TS) in effectively reducing Affluenza syndrome among Nigeria youths. It also seeks to determine the superiority of one approach over the other as well as treatment effect based on gender.

1.2. Research Hypotheses

- i. There are no significant effects of cognitive restructuring techniques (RET, CON and TS) in managing Affluenza syndrome among youths.
- ii. There is no treatment effect based on gender.

1.3. Research Design

The design of this study is quasi experimental and consequently adopts pretest, posttest, control group method. The male and female participants who were identified as having affluenza syndrome were randomly assigned into cognitive restructuring treatment groups of RET, CON, TS and the control.

1.4. Participants and Settings

The population of the study is made up of all undergraduate students of Imo state University Owerri, Nigeria 2014/2015 academic year. Participants for the study were identified using Affluenza Syndrome Identification Questionnaire (ASIQ). The researcher administered (ASIQ) to students in their various faculties with the help of Faculty Student Union Government Executives and course representatives. The faculty representatives were trained on how to administer the instrument. 180 students were identified as being struck by affluenza syndrome. Out of the 180 identified subjects, 48 were randomly selected based on their consent and willingness to participate in the treatment programme. Gender was considered in the selection. The 48 selected participants were randomly assigned to three groups of cognitive restructuring (RET, CON and TS) and the control. Participants in the RET, CON and TS groups were given intervening treatments while the control group received placebo.

1.5. Instrument for Data Collection

The only instrument used in data collection for this study was the Affluenza Syndrome Identification Questionnaire (ASIQ). The instrument has two sections A and B. Section A provided space for indication of names, sex, level, course of study, parental economic level (high and low), while section B has twenty items describing symptoms and characteristics of affluenza syndrome. The response pattern for the instrument is Strongly Agree, Agree, Disagree, and Strongly Disagree. The instrument was duly validated and yielded to a test retest reliability of 0.84 after two weeks interval and adequate content validity. The items were meticulously scrutinized by two experts in Psychology, Guidance and Counseling and one in Measurement and Evaluation.

1.6. Procedure for Data Collection

Data collection was done in three phases which are Pre treatment, Treatment and Post treatment. At the Pre treatment stage, participants were identified and selected by the use of ASIQ. Baseline data were established at this stage. Treatment was based on three approaches to cognitive restructuring-RET, CON, TS and the control group. The therapy lasted for six sessions of 85 minutes per session. The components of the treatment package include:

- General briefing on the purpose of the programme, creation of rapport. Explanation and discussion on the problems of affluenza syndrome.
- Teaching the procedure and the strategic steps of cognitive restructuring.
- Teaching the skills of rational emotion therapy, Teaching ABCD principles.
- Teaching the skill of thought stopping.
- Teaching the skills of confrontation-Socratic method.
- Group discussion and practical demonstrations on applications of Rational Emotive Therapy, Confrontation and Thought Stopping skills.
- Training in eliminating negative ideas, self defeating or illogical thinking.
- Progress verification through questioning, role playing, modeling.
- General rehearsals on the entire program and round off activities.

Subjects in the control group were given placebo treatment on effective study practice. Post test data were collected at the end of therapy using same instrument as at pretest. Data collected were analyzed using Analysis of covariance (ANCOVA) to ascertain the effectiveness of treatment.

2. Results

There are no significant effects of Cognitive Restructuring Techniques (RET, CON and TS) in managing affluenza syndrome among Nigerian youths.

Table-1. Summary of ANCOVA on treatment Effects

Sources of variations	of DF	Sum of squares	Mean squares	F. cal	F. tab	Significance p	Scheffe's
Error	32	124.3778	3.8868				
Trt +Error	35	1037.3460					
Trt. Diff.	3	912.9682	304.3227	78.2963	2.9011	7.94E-15	4.7489

P < 0.05

The result as presented in Table I above shows that there is significant treatment effect since the f- calculated of 78.2963 is greater than f- tabulated of 2.9011. In view of the significant difference in treatment effects, Scheffe's test is carried out to identify where the differences lie.

Table-2. Scheffe's test for adjusted Y

Treatments	CON	TS	RET
Control	10.8716*	5.9764*	11.5124*
RET		-4.8953*	0.6408 ns
CON			5.5361*

Source: Result of Data Analysis

Table-3. F- test on the effect of treatment and gender on subjects

Sources of variations	of df	Sum of squares	Mean square	f-cal	f-tab	Significance p
Error	34	141.8087	4.1708			
Trt – Error	37	1074.9365				
Trt difference	3	933.1278	311.0426	74.5755	2.8826	4.94 E-15
Gender+Error	35	184.8994				
Gender Difference	1	43.0907	43.0907	10.3314	4.1300	0.0029
Trt×sex×Error	37	144.3971				
Trt×sex×Diff	3	2.5884	0.8628	0.2069	2.8826	0.8909

Source: Result of Data Analysis

Table-4. Adjusted Means of Post test Scores

Gender	Adjusted-Y
Boy	8.2917
Girl	5.9167

Source: Result of Data Analysis

The scheffe's value is 4.7489. From the data as shown on Table 2 above, the observed treatment difference of 10.8716 for Control and Confrontation techniques, 5.9764 for Control and Thought Stopping and 11.5124 for Control and RET are greater than the scheffe's value of 4.7489. Scheffe's test therefore confirmed the result of ANCOVA analysis that significant differences exist. It shows that RET has the highest adjusted mean score followed by Confrontation and then Thought Stopping techniques. Table C reveals f-cal value of 10.3314 for gender difference being greater than the f-tab value of 4.1300. This shows significant difference in the affluenza syndrome of treated boys and girls.

3. Discussion of Findings

The result in Table A reveals that participants in this study benefited from the cognitive restructuring treatment package-Rational Emotive Therapy, Confrontation and Thought Stopping techniques. The rate of affluenza syndrome among the subjects in the treatment groups reduced significantly against the control group that received placebo treatment. The significant effect of treatment as shown on tables A and B testifies to the powerful effect of cognitive restructuring treatment package (RET, CON and TS). The findings corroborate that of Chima (2013) in the study on re-orientation of Igbo cultural belief using cognitive restructuring techniques. The findings demonstrated sufficiently the huge efforts of cognitive restructuring therapy in enhancing logical and rational reasoning among youths thereby reducing their level of irrational behaviors emanating from their archaic and primitive cultural beliefs.

Post-hoc analysis also revealed the superiority of RET over other cognitive restructuring therapies in this study. Confrontation technique was also significantly very powerful in reducing the affluenza syndrome of participants followed by Thought Stopping. The reason may be taken to be that cognitive restructuring approaches offer participants the opportunity to engage in a discussion session, talking freely about the psychological, social, economic and moral problems associated with affluenza syndrome. The interaction, with the assistance of a therapist guided the participants in identifying and interpreting their various negative views and thoughts; they thus find themselves in a position to rationally dispute, debate and challenge such views vigorously and explore more rational ways of interpreting these thoughts.

Treatment effect was not seen with the control group when compared with the other treatment groups. This can be explained to be as a result of the placebo treatment they received which is not an intervention measure towards reducing affluenza syndrome. This further confirms the results of previous studies Obi - Nwosu (2010); Chima

(2013) who found posttest performance of participants in the cognitive restructuring groups better than the control group.

Further analysis on this study also revealed no gender effect on the affluenza syndrome of participants, which means that affluenza syndrome is more on boys than on girls. Result also reveals that all the treatments on gender did not favour any group (table C). This implies that both male and female participants benefited from the treatment and that any of the treatments is as good as the other in managing affluenza syndrome of male and female participants.

4. Conclusion and Recommendations

This study has sufficiently looked into the management of affluenza syndrome among Nigeria youths using three Cognitive Restructuring strategies. Based on the findings of this study the following recommendations were made:

- a) Parents, teachers, psychologists, and counselors should be constantly observant in recognizing the manifestations of affluenza syndrome among Nigeria youths.
- b) There is need for seminars and workshops to create awareness on the parents, teachers, youths and the general public on the existence and the negative effects of affluenza on the social and academic lives of youths.
- c) There is urgent need for government to equip and make functional counseling units in the schools and ministries so as to attend to the needs of both in and out of school youths.
- d) The society should de-emphasize prestige and recognition accorded to wealth acquisition and work towards placing a higher premium on the cultivation of strong moral principles.

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