Remedial Effect of Cognitive Reframing and Self-Acceptance Therapy on Enhancement of Optimism among Students Diagnosed with Learned Helplessness in Ibadan Metropolis

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Abstract
Evidence suggests that learned helplessness impairs learning and contributes to poor academic performance. Regrettably, there is limited empirical literature on intervention to enhance optimism in this population. Therefore, this study examined the effectiveness of Cognitive Reframing (CR) and Self-Acceptance Therapy (SAT) on enhancing optimism among junior secondary school students in Ibadan, Oyo state. Pre-test-post-test control group, quasi experiment design with 3x2x2 factorial matrix was adopted. One hundred and fourteen diagnosed learned helplessness students (Male= 57; Female=57) with age range of 10 to 13 years were purposively drawn from three public secondary schools. The schools were randomly assigned to therapy conditions. Experimental groups were exposed to 10 sessions of therapies. Narvaez Positivity Scale (α =0.73) Quinless and Nelson Learned Helplessness Scale (α=0.77) were utilsed for data collection. Results showed that there was a significant main effect of treatment [$F_{(2,101)}$ =13.61; p=0.000<.05, n^2=0.21]. Participants treated with CR had superior mean gain ($\overline{\chi}$ =59.94) over SAT ($\overline{\chi}$ =51.54) and Control Group ($\overline{\chi}$ =46.65). There was interactive effect of treatment, gender and age on optimism of secondary school students ($F_{(2,101)}$ = 6.95, p=0.015< 0.05, η^2=0.53).This evidence suggests that optimism is amenable to treatment. The researchers recommended the use of the therapies for the remediation of learned helplessness in school settings.

Keywords: Cognitive reframing, Self-acceptance therapy, Optimism, Learned helplessness, Nigeria

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Introduction

Education is an indispensable part of both personal and social existence. This is because an educated person is said to have the ability to differentiate between right and wrong, good and evil. The individual is able to discover new things and play vital roles in leadership. Regrettably, students with learned helplessness may not acquire these vital skills necessary to be productive members of a society due to the fact that learned helplessness impairs learning. Conversely, optimistic students who are less likely to be influenced by negative information because they feel that future conditions will work out for the best, (Bates, 2015) students with learned helplessness are pessimistic and helpless in situations where there is aversive stimuli as a result of accepting the situation, losing control, and given up trying. Forgeard and Seligman (2012) and Begley (2011) averred that such

students see the worst in situations, expect unpleasant events and emphasize only bad or undesirable outcomes. According to Mohanty, Pradhan and Jena (2015), learned helplessness is an entrenched habit of the mind that has sweeping and disastrous consequences, including depressed mood, resignation, underachievement and poor physical health.

The effect of learned helplessness is often seen in the classroom. Students who repeatedly fail may conclude that they are incapable of improving their performance, and this keeps them from trying to succeed. On the contrary, optimistic students are higher achievers and happier than their pessimistic colleagues. They have better overall health. They bounce back from defeat, pick up and start again, whereas the pessimists give up and fall into depression (Beattie, 2013). While some students are born with a natural ability that lends itself to dealing with challenges and solving problems, others struggle to overcome difficulties, often expecting the worst to occur. Unfortunately there has been very little research enhancing learned optimism among the latter category of students. Mavioğlu, Boomsma and Bartels (2015) opined that optimism is not clean cut but it is possessed in varying degrees due to variation in genetic and environmental influences. Seligman (1991) proposed that anyone can learn optimism, whether they are currently optimists or pessimists, there is evidence that they can benefit from exposure to the process of learned optimism to improve this response to both big and small adversities. Regrettably, previous researches have been largely devoted to learned helplessness with little attention to optimism (Sullivan, Liu & Corwin, 2012; Gellman & Turner, 2013; Carey, 2014). It, therefore, becomes imperative to examine the remedial effects of Cognitive Reframing and Self-Acceptance Therapy on enhancement of optimism among students diagnosed of learned helplessness in Ibadan metropolis.

Growing bodies of research supports the efficacy of cognitive based therapies in altering students' distorted beliefs about their academic failure (Ofole, 2012; Kaczkurkin, Foa & Res,2015; Kodal, Fjermestad, Bjaastad, Gjestad, Öst, Bjaastad, Haugland, Havik, Heiervang, Heiervang & Wergeland, 2017). Through such therapies, students recognise negative automatic thoughts and seek alternative thoughts that are more consistent with reality. Cognitive reframing is from the cognitive based family based on a highly developed multifaceted theory of human development and interaction. Cognitive Reframing technique is all about changing own or others' perceptions. It was used to shift the students' view away from their helplessness on the assumption that when they are able to view their situation from a positive perspective, opportunities for finding alternative and acceptable solutions to their problems will increase. Cognitive reframing primarily involves asking the participants to identify and dispute irrational or maladaptive thoughts and replace it with more

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positive alternatives. Unlike cognitive restructuring, reframing requires change in a student's mindset; the change may be positive or negative. Restructuring is the act of therapeutically changing one's mindset to strengthen oneself-meaning that it always has a positive connotation. In this way, cognitive restructuring is a particular instance of cognitive reframing. The therapy was originally developed by Beck (1960s) to treat patients with depression and it assisted such patients to recognise the impact of their negative thoughts and shift their mindset to think more positively—eventually lessening or even getting rid of their depression.

The effectiveness of cognitive-based therapy is documented in both clinical outcomes and empirical research. For example, Adeyemi and Uwakwe (2014) investigated the effectiveness of Cognitive Restructuring and Social Decision-making techniques on truancy reduction among secondary school adolescents in Ibadan, Nigeria. The result showed that the techniques were effective in the reduction of truancy among secondary school adolescents. Ghamari, Kivi, Rafeie and Kiani (2015) also evaluated the efficacy of cognitive restructuring therapy in reducing test anxiety among third grade high school students in Khalkhal, Iran. The results showed that the impact of cognitive restructuring method was significant in reducing anxiety. Similarly, Omeje, Anyanwu and Oyibo (2016) investigated the effect of cognitive restructuring on school adjustment of maladjusted in-school adolescents in Onitsha, Anambra State, Nigeria. Results showed that there was a significant difference in the mean academic adjustment of maladjusted adolescent students exposed to cognitive restructuring. Recently, Anyamene, Nwokolo and Nwosu (2017) investigated the effects of cognitive restructuring technique on lateness among secondary school students in Gombe state, Nigeria. The findings of the study showed that cognitive restructuring was effective in modifying lateness behaviour and reducing the frequency of lateness among respondents. These evidence suggest that cognitive reframing may possibly enhance optimism of students diagnosed with learned helplessness.

Another therapy which holds promise for remediating learned helplessness is self-acceptance therapy. It is an individual's increased awareness and acceptance of his or her personal strengths and flaws. One major foundation of self-acceptance training is the belief that past experiences and beliefs about the self and others may create negative self-images which is capable of leading to destructive self-evaluations. For example, old traumas, adverse experiences, and troublesome memories have the potential to impact on an individual's present thoughts, feelings, and behaviours. Therefore, developing techniques to heal these problems may assist students come to experience relief from such psychological disturbances. Proponents of self-acceptance therapy

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believe that if students can connect with and understand how negative self-evaluations developed, they may be able to make positive changes in their thinking and become more connected to their present experiences. Self-acceptance training was developed by Olney (1972) who during his teenage years, experienced several transient, psychedelic states of mind that involved visual hallucinations and feelings of disassociation. The therapy is based on series of psycho-education training in shame regulation and supports building skills in order to promote self-acceptance. Many researchers considered it a most appropriate therapy to assist students come to the realization that their current life is being negatively impacted by past experiences or traumas (Erfani, Zarebahramabadi & Mashayekhi, 2013; Yogev, Tamir & Hupper, 2016). With self-acceptance training, students will become more self-aware, less susceptible to unhelpful or unwarranted criticism and experience an increase in vitality. The self acceptance therapy has been scientifically proven to be effective in diverse settings if offered in an environment free from criticism, judgment, and evaluation. For instance, Erfani et al. (2013) examined the effectiveness of self-acceptance therapy in treating drug addicts sampled from Hamedan province. The result showed that Self-Acceptance Therapy decreased anxiety and depression symptoms among the participants. Similarly, Yogev et al. (2016) examined the extent to which self-acceptance is associated with emotion regulation and affect. The result suggested that self-acceptance may improve outcomes when integrated into CBT. Soltaninejad Barshan, Dortaj sani, Anaraki and Saberi (2017) compared the effectiveness of self-acceptance therapy using a semi-experimental research design with unequal groups and reported that self acceptance therapy is more effective in addicts' mental health than other treatments. These studies suggest that self acceptance therapy has the potential to improve optimism among adolescents.

Studies have shown that there are many personal, family and environmental factors such as self-presentation, personal or perceived control, optimistic bias and gender that can moderate the efficacy of treatment using cognitive reframing and self acceptance (Shepperd, Carroll, Jodi & Meredith, 2002; Kvrgic, Cavelti, Beck, Raüsch & Vauth, 2013; Owen, Sellwood, Kan, Murray, & Sarsam, 2015). In this study, the moderating effects of gender and age on enhancing optimism were examined. Both Bandura's Social learning theory and Lazarus' (1991) cognitive-motivational-relational (CMR) theory recognize the importance of individual differences such as biological make-up in optimism. Gwatney-Gibss, Denise and Lach (1991) reported that women are significantly and substantially more pessimistic than men. This may seem to confirm the stereotypes that women are more socially oriented (selfless) and men are more individually focused

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(selfish). A study by Shallcross, Ford, Floerke, and Maus (2014) also shows that with age, people become less optimistic about their future, and tend to believe that their lives are in a gradual decline. The researchers also found an important pathway in the link between age and lower negative affect. The author studied 11,131 Germans across the age spectrum for eleven years. The results showed that on a 10-point scale, young adults rated their future life satisfaction ("How do you think you will feel in 5 years?") at 7.27, whereas middle-aged adults only gave 6.45, and older adults provided a rating of just 6.14, more than one whole point lower than the young adults. He concluded that from early to late adulthood, individuals change their anticipations of future life satisfaction from optimistic to accurate and from accurate to pessimistic." (p.258).

Purpose of the Study

This study investigated the effectiveness of cognitive reframing technique and self-acceptance therapy in enhancing learned optimism among junior secondary school students in Oyo-state, Nigeria. The study investigated;

1. Main effect of therapy in enhancing optimism among students diagnosed of learned helplessness in Ibadan Metropolis.
2. Main effect of gender on enhancing optimism among students diagnosed of learned helplessness in Ibadan Metropolis.
3. Main effect of age on enhancing optimism among students diagnosed of learned helplessness in Ibadan Metropolis.
4. Interactive effects of therapy age and gender on enhancing optimism among students diagnosed of learned helplessness in Ibadan Metropolis.

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Hypotheses

The following generated hypotheses were tested at 0.05 level of significance.

1. There will be no significant main effect of therapy on enhancing optimism among students diagnosed of learned helplessness in Ibadan Metropolis.
2. There will be no significant main effect of gender on enhancing optimism among students diagnosed of learned helplessness in Ibadan Metropolis.
3. There will be no significant main effect of age on enhancing optimism among students diagnosed of learned helplessness in Ibadan Metropolis.

4. There will be no interactive effects of therapy, age and gender on enhancing optimism among students diagnosed of learned helplessness in Ibadan Metropolis.

Materials and Methods

i. Research Design

This study adopted a pre-test, post-test control group, quasi experiment design with a 3x2x2 factorial matrix. Some of the measures adopted to control extraneous variables that could confound the results were: proper randomization, adhering to treatment module, ensuring that conditions were the same for all participants (McLeod, 2008). Schematical representation of enhancement of optimism among students diagnosed of learned helplessness;

0_1 XA_1 0_4

0_2 XA_2 0_5

0_3 0_6

Where 0_1, 0_2 and 0_3 are pre-tests

0_4, 0_5 and 0_6 are post-tests

XA_1 = Treatment on Cognitive Reframing Technique

XA_2 = Treatment on Self-acceptance Therapy

Control group= Lecture

ii. Sampling Technique and sample

A combination of simple and purposive sampling techniques were used to draw 114 students (Male=57; Female=57) with age a range of 10 to 13 years ($\bar{\chi}$ =12.3 SD=8.9) from an approximated population of 980 junior secondary students in three public secondary schools located in Ibadan. At the first stage, three LGAs were drawn from the five local government areas in Ibadan; Ibadan North-West, Ibadan North, and Ibadan South-East. Three co-educational secondary schools were chosen using the simple random sampling technique. It was used also used to select students who were repeating junior secondary classes in the 2016/2017 academic session. Finally, purposive sampling was employed to pick junior secondary school students who scored between 60-100 using Quinless and Nelson (1988) learned helplessness scale.

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iii. Instrumentation

Two instruments were adapted for data collection. Learned Helplessness Scale (LHS) developed by Quinless and Nelson (1988) was adapted to screen students who had learned helplessness. It was twenty- item self report questionnaire anchored on the 5-point Likert scale ranging from strongly agree (5) to strongly disagree (1). Samples of the items were; *'I do not try a new task if I have failed similar tasks in the past''. I do not accept a task that I do not think I will succeed in''.* The twenty-item were negatively worded and the higher the score, the higher the level of learned helplessness. The highest obtainable mark was 100. Students who scored between 60 and 100 were eligible to participate in the study because they were considered to have learned helplessness. The authors reported a high reliability coefficient using 241 adolescents. They documented positive correlation between the LHS and the hopelessness scale and a negative correlation between the LHS and Rosenberg self-esteem scale. The resulting reliability coefficients (r=0.73) showed that the scale was stable enough to measure learned helplessness.

The Positivity Scale (PS) developed by Narvaez (2006) was adaptad to measure optimism. The scale (PS) is a 15-item, 2-factor scale measuring optimistic attitude towards the future. The items reflected a sense of physical security and safety net now and in the future, and self-efficacy in being able to succeed in life. Sample items on the scale included; ''*I believe I have what it takes to succeed in my life'', 'I believe that my future will work out''*. It was anchored on a 5-point Likert-type scale that ranged from agree to never agree. A short form of the Positivity Scale (PSSF) was created with five items (alpha = 0.79). It was pilot tested on a sample of students repeating classes in junior secondary schools in Oluyole Local Government Area, Ibadan. Reliability index of α=0.71 was obtained and was considered satisfactory for the study.

iv. Treatment Procedures

There were three phases in the study, pre-therapy, therapy and evaluation. At the pretreatment stage, the post graduate student obtained introduction letter from the Head of Department of Guidance and Human Developmental Studies, University of Ibadan. With that letter the researcher sought the approval of the school principals of the randomly selected public secondary schools. Masters degree students doing their practicum in each school were recruited and trained as research assistants. The three schools were randomly assigned to treatment conditions as follows; Cognitive Reframing Group 1, Self Acceptance Therapy group 11 and Control group 111. The cognitive reframing treatment package was designed along Beck's (1967) theory while the self acceptance therapy was based on Olney's (1972) conceptualization. The experimental groups were treated for ten sessions

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within ten weeks with either cognitive reframing or self acceptance therapy. Each session lasted one hour. The sessions have specific treatment objectives and were facilitated with participatory methodologies (role plays, drama, music, film shows etc). The control group served as comparison group and was not exposed to therapy. However, they were given a lecture on 'setting your priorities right''. The topic was considered different from the packages of the experimental groups. This was done to prevent contamination of results. The summary of the treatment sessions is outlined below;

a) Summary of Sessions for Experimental Group 1: Cognitive Reframing (CR)

Session One: General introduction and collection of Baseline data.

Session Two: Active teaching on the meaning and physical, psychological and emotional effects of learned helplessness on individual.

Session Three: Identification of students "automatic thoughts and attributional style

Session Four**:** Mapping students distorted and exaggerated thoughts using meditational technique.

Session Five: Moving the students from an individual to a systemic framework using bilateral reframes.

Session Six: Explaining the benefits of and barriers to optimism using the brain storming method.

Session Seven: Demonstration of the role of cognitive reframing in overcoming learned helplessness using meditation or deep breathing to calm participants down

Session Eight: Role plays on assertiveness and positive statement as tools for to improving self –esteem.

Session Nine Film shows on physical, psychological and emotional effects of learned helplessness to enable participants to consciously shift their frames of reference to more 'positive' ones

Session Ten: Appreciation of participants, collection of post intervention data and termination of therapy.

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b) Summary of Sessions for Experimental Group 2: Self-Acceptance Therapy (SAT)

Session One:	Introduction, general orientation and administration of baseline questionnaire
Session Two:	Direct instruction on the concept of learned helplessness and its effect on health.
Session Three:	Group work on possible benefits of optimism for students and factors that could hinder optimism
Session Four:	Demonstration of how to practice relaxed awareness (a soft consciousness of their thoughts, feelings, pains, self-rating and judgment).
Session Five:	Role play on self revalidation (how to accept ones and others feelings as valid, legitimate, and real
Session Six:	Identification of participants ‘’self downing beliefs, irrational ego disturbing beliefs, anxiety, guilt, shame and anger.
Session Seven:	Teaching the participants the skills of unconditional self- acceptance (USA) which avoids errors of generalization and promotes constructive actions that are not based on resignation
Session Eight:	Group work on individual portfolios such as development of personal arguments in favour of rational ego beliefs.
Session Nine:	Exercises on zigzag method, development of maintenance plan and relapse prevention techniques.
Session Ten:	Direct teaching on the importance of self esteem, summary of sessions, appreciation of participants, collection of Post- test intervention data and termination of therapy.

c) Summary of Session for Control Group

Session One:	General orientation and administration of pre intervention questionnaire
Session Two:	Direct teaching on ‘setting your priorities right’’
Session Three:	Appreciation of participants**,** administration of post-therapy questionnaire and termination of therapy.

v. Analysis of Data

ANCOVA was adopted to analyse data. ANCOVA tested whether the independent variable still affected the dependent variable after the influence of the covariate(s) had been removed.

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Results

Hypothesis One: The results of the first hypothesis which stated that there will be no significant main effect of therapy on enhancement of optimism among students diagnosed of learned helplessness in Ibadan Metropolis is presented on Tables 1 and 2.

Table 1: Univariate ANCOVA Summary of Between-Subjects Effects

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	7560.445[a]	12	630.037	6.632	0.000	0.441
Intercept	5576.135	1	5576.135	58.696	0.000	0.368
treatment	2586.721	2	1293.361	13.614	0.000	0.212
gender	68.491	1	68.491	4.721	0.040	0.371
Age	7.517	1	7.517	3.079	0.038	0.278
Pre_test	30.667	1	30.667	11.323	0.000	0.319
treatment * gender	737.329	2	368.664	3.881	0.024	0.071
treatment * age	8.677	2	4.339	4.046	0.030	0.304
gender * age	29.454	1	29.454	3.310	0.049	0.306
treatment * gender * age	369.905	2	184.952	6.947	0.015	0.537
Error	9595.073	101	95.001			
Total	384697.000	114				
Corrected Total	17155.518	113				

* Significant at 0.05 significant level R Squared = 0.641 (Adjusted R Squared =0 .741

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The results of hypothesis one presented on Table 1, shows that there was a significant main effect of therapies on test scores on optimism behaviour of junior secondary school students with learned helplessness ($F_{(2,101)}$= 13.61, p= 0.000 < 0.05, η^2=0 .21). The table also shows the contributing effect of size of treatments on optimism to be 21%. Premised on this, the null

hypothesis was rejected. The coefficient of determination (Adjusted R^{2}=07.41) indicates that the difference that exists in the group accounts for 74 % variation in the students' optimism.

Table 2: Estimated Marginal Mean for Cognitive Reframing, Self-acceptance Therapy and Control Group

Treatment	Mean	Std. Error	95% Confidence Lower Bound	Interval Upper Bound
Reframing technique	59.945[a]	2.793	46.404	57.485
Self acceptance Therapy	51.546[a]	1.939	47.699	55.393
Control Group	46.652[a]	1.383	31.925	41.379

a. Covariates appearing in the model are evaluated at the following values: Pre Test = 47.5789.

Bronfrener post hoc analysis was carried on the post test mean scores of the three groups and the result presented on Table 2, shows that there is a statistically significance between therapy 1 and therapy 11 (as well as between therapy 11 and control group at .05 level of significance. Results on table 2 show that the experimental group I (cognitive reframing) has higher mean score ($\bar{\chi}$ =59.94) than experimental II ($\bar{\chi}$=51.54) and the control group of mean score ($\bar{\chi}$= 46.65). This implies that cognitive reframing therapy was more potent in enhancing optimism in the participants than the self acceptance therapy.

Hypothesis Two: The result of the second hypothesis as presented on Table I shows that there is a significant main effect of gender on enhancement of optimism among students diagnosed with learned helplessness in Ibadan metropolis ($F_{(2, 102)}$; 3.88, p=0.000 < 0.05, η^2=.071). Premised on this, the null hypothesis is rejected. This implies that the students' gender is a factor in determining achievement in optimism. The estimated marginal means presented in Table 3 shows that the male benefitted more from the therapy than their female counterpart.

Table 3: Estimated Marginal Means for Therapy and Gender

Gender	Mean	Std. Error	95% Confidence Interval Lower Bound	Upper Bound
Male	57.886[a]	1.719	54.477	61.296
Female	55.542[a]	2.163	51.251	59.833

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a. Covariates appearing in the model are evaluated at the following values: Pre Test = 47.5789.

The results show that male students have a higher mean score ($\overline{\chi}$ =57.88) than female students ($\overline{\chi}$ = 55.54). This implies that the male students exposed to therapy gained more than their female counterpart.

Hypothesis Three : This hypothesis which stated that there will be no significant main effect of age on enhancement of optimism among students diagnosed with learned helplessness in Ibadan metropolis, the results presented in Table 1 shows that there is a significant main effect of age on optimism of junior secondary school students ($F_{(1,101)} = 4.05$, $p= 0.30 < 0.05$, $\eta^2=0.304$). Premised on this, the null hypothesis is rejected. There is therefore, a significant main effect of age on optimism in the junior secondary school students.

Table 4: Estimated Marginal Means for Therapy Groups and Age

Age	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
10 to 12 yrs	57.103[a]	2.573	51.998	62.208
13 to 15 yrs	56.325[a]	1.011	54.320	58.330

a. Covariates appearing in the model are evaluated at the following values: Pre Test = 47.5789.

Results on Table 4 showed that the age group of 10 to 12 years has the highest mean score ($\overline{\chi}$ =57.10) than age group of 13 to 15 years ($\overline{\chi}$ = 56.32). This implies that student of age group of 10 to 12 years have superior treatment gains on learned optimism than their counterpart.

Hypothesis Four: Hypothesis four predicted no interactive effects of treatments, age and gender on enhancement of optimism among students diagnosed of learned helplessness in Ibadan Metropolis.

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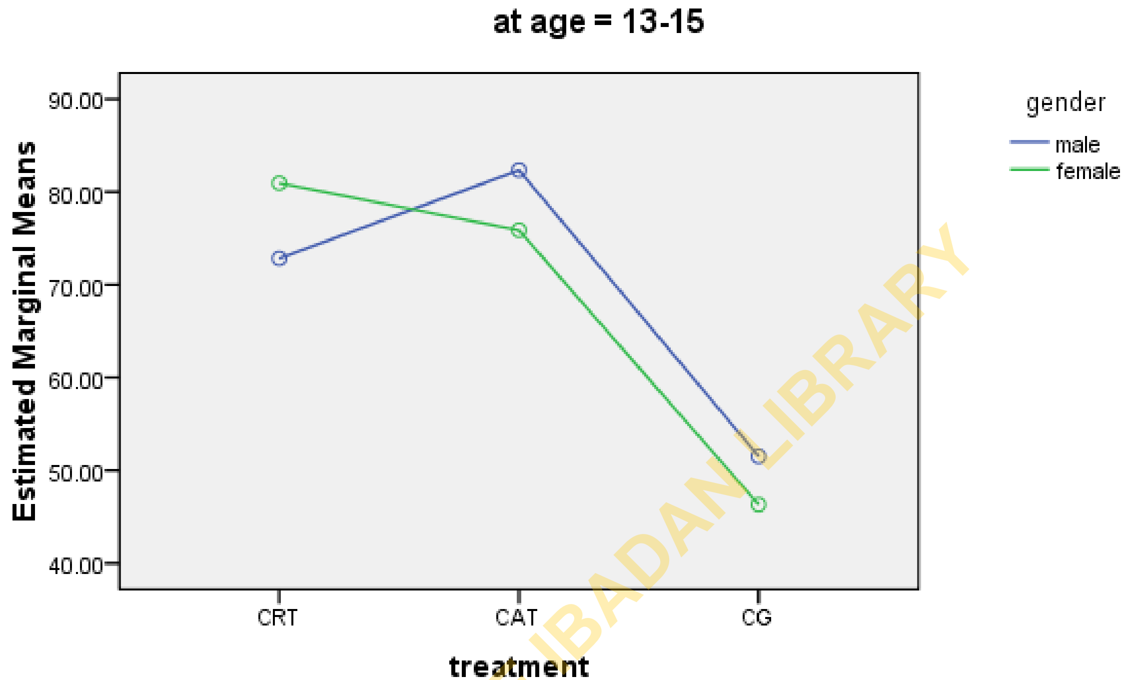

The ANCOVA result presented in Table 1 shows that there is a significant interactive effect of treatment, gender and age on optimism of secondary school students ($F_{(2,101)}$= 6.95,p=0.015< 0.05, η^2=0.53). Premised on this, the null hypothesis is rejected. This implies that the result of the study was influenced by the interplay of treatments, gender and age. The line graph on Figure 1 shows the pattern of the three-ways interaction of treatment, age and gender. There is evidence of interaction across the experimental groups, but not at the control group. The implication of this that age and gender interacted significantly in influencing the effect of treatments on optimism among students diagnosed of learned helplessness.

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Discussion

The findings that emerged from this study shows that there is a significant main effect of treatments in the students post-test scores on optimism. The null hypothesis was therefore, rejected. This shows that there was a significant difference among the three groups; cognitive reframing, self Acceptance therapy and the control group. It therefore, suggests that students with learned helplessness benefitted from the treatment packages more than those in the control group. This outcome corroborates the findings of previous studies which bolstered the argument that cognitive -based therapies have clinical evidence for treating diverse psychological problems (Anyamene, Nwokolo & Nwosu, 2017; Ofole, 2017a & b; Moody *et al,* 2017; Omeje, Anyanwu & Oyibo,2016; Adeyemi & Uwakwe, 2014; Ofole, & Okopi, 2012).

This outcome could be as a result of the fact that cognitive reframing focused on how the participants' thoughts, beliefs and attitudes could affect their feelings and behaviours and make them develop learned helplessness. Through the therapy, the participants were taught to develop coping skills necessary to successfully deal with the issues they were facing in their studies. The therapy dealt directly with their current state of helplessness rather than focusing on issues from the past such as family and childhood experiences. This therapy broke vicious circle of negative thoughts and feelings unlike their counterparts in the control group who were not taught to challenge and unlearn their negative ego-disturbing beliefs and behaviours patterns that caused them anxiety, shame and guilt. Self acceptance therapy also proved effective because it assisted participants to disconnect from negative emotions by reversing critical, negative, or pessimistic internal dialogues that led to their development of helplessness and low self esteem.

Findings from the study also reveal that there is a differential treatment effect on the participants. The result showed that participants exposed to cognitive reframing therapy has a higher mean score than the group treated with self-acceptance therapy while the control group has the least mean score. This implies that cognitive reframing therapy was more potent in enhancing optimism in the participants than the self-acceptance treatment. This outcome could be partly because cognitive reframing has commonsense and clear principles and it is fast becoming what people mean when they say that they are 'getting therapy'' (Simon, 2002). Secondly, it could be a result of the short-term and structured nature of the treatment which made it particularly amenable to empirical investigation. Scholars also were of the opinion that CBT can be more easily implemented

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than other approaches because of its highly specified, manual treatment protocols delivered over shorter-term durations (Sudak, Beck & Wright, 2003).

In addition, this study reveals that there was significant main effect of gender on the therapy outcome. This implies that the students' gender is a factor in determining the participants' scores in optimism. This finding agrees with Brabban, Tai and Turkington (2009); Felmingham and Bryant (2012) who reported significant differences between men and women in treatment response. Felmingham and Bryant (2012) reported that men displayed more significant treatment gains compared with women, while Brabban, Tai and Turkington (2009) found that females benefitted more in therapy. The outcome of the present study therefore supported Felmingham and Bryant (2012) who reported that males gained more. This finding is not surprising because of differences between women and men's socialisation process.

Moreover, there was also a significant main effect of age on optimism of junior secondary school students exposed to therapy. On the basis of this finding, the null hypothesis was rejected. Findings indicate that younger participants (10 to 12 years) had superior treatment gains over their older counterparts. This finding corroborates Chowdhury, Sharot, Wolfe, Duzel and Dolan (2013) findings which shows a significant difference in treatment gains based on age. Their finding further revealed that level of optimism varied across four age groups. The 45-50 year group displayed the highest optimism while 25-30 year group displayed the lowest level of optimism. This outcome is plausible due to the well documented evidence that cognitive based therapy can effectively deal with stereotypical distorted thinking patterns of older people who perceive themselves and their situation more negatively than the younger people (Ruiz, Diaz & Villalobos, 2012; Subramaniam, Chong, Browning & Thomas, 2017).

There was statistical significant interaction effect of treatments, age and gender on learned optimism of the participants. Based on this result, the null hypothesis was therefore, rejected. This implies that the outcome of this study was influenced by interplay of treatments, gender and age. This outcome contradicted Okoiye and Anusiem (2013) who reported no significant interaction effect of cognitive therapies on managing anxiety and depression concept among adolescents in Nigeria. It can be inferred that when designing treatment to enhance optimism, the gender and age of the participants should be taken into cognisance.

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Counselling Implications of the Study

i. The finding of this study has contributed to the understanding of cognitive reframing and self –acceptance therapy
ii. The outcome shows that learned helplessness is amenable to treatments.
iii. It provided empirical evidence to recommend the two therapies to counselling psychologists for enhancing optimism among in -school adolescents
iv. Though both therapies were effective in achieving the study purpose, prominence should be given to cognitive reframing in resource constrained environment since it proved more effective when compared with self acceptance therapy.
v. The study outcomes have facilitated a clearer understanding of the relationship between gender and age in relation to remediating learned helplessness.
vi. Counselling psychologist using these therapies should take into cognizance the gender and age of the participants.
vii. Future researches could examine if these two therapies will be effective with out-of-school adolescents.

Conclusion

In conclusion, the outcome of this study suggest that non-pharmacological therapies (Cognitive reframing and Self-acceptance) tailored specifically to a target population are effective in enhancing optimisms. It therefore behooves counselling psychologists to integrate the two therapies that are evidence based to treat students with learned helplessness especially in school settings. It is suggested that further studies can utilise quantitative methodology in order to fully explore issues that lead to the development of learned helplessness.

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