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Cognitive Behaviour and Mindfulness Based Cognitive Therapies in the Reduction of Scarcity Mentality among In-School Adolescents in Oke-Ogun Geopolitical Zone, Oyo State, Nigeria

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Abstract
The study determined the effectiveness of Cognitive Behaviour and MindfulnessBased Cognitive Therapies in the Reduction of Scarcity Mentality among In-School Adolescents in the Ibadan Metropolis. To ascertain the degree of therapeutic efficacy, a randomized sample of 60 senior secondary school students with 26, 15 and 19 participants respectively from three different secondary schools and in three different Local Government Area in Oke-Ogun geopolitical zone of Oyo state were chosen for the purpose. The quasi-experimental study employed a randomized sample that undertook training in Cognitive Behaviour and Mindfulness-Base Cognitive Therapies and with a control group were used. The instruments used for data collection are Perceived Scarcity Mentality scale, Scarcity Mentality Scale and Socio-economic status scale. Three instruments used have reliability coefficients of 0.80, 0.93 and 0.859 respectively. A pair of pretest-posttest data was obtained from each participant who formed the basis of the findings using ANCOVA for data analyses. Three hypotheses were formulated and tested at $\alpha = 0.05$ level of significance. Results showed that there were significant differences in the main effect of treatment with Cognitive Behavioural Therapy being more significant in reducing Scarcity Mentality among In-school adolescents in Secondary school in Oke-Ogun. Also, the results showed that gender and socio-economic status have no significant main effect effects on scarcity mentality among in-school adolescents in secondary school in Oke-Ogun geopolitical zone of Oyo state. It was therefore concluded that Cognitive Behaviour and Mindfulness-based cognitive Therapies can be used to reduce scarcity mentality among school students and recommendations are also offered.

Keywords: Cognitive behaviour therapy, Mindfulnessbase cognitive therapy, Scarcity mentality

Introduction

The scarcity mentality is a cognitive framework in which individuals perceive the world through the lens of limited resources. It is a mindset that is rooted in the belief that there is never enough–not enough money, time, opportunities, or even love. This perspective creates a constant sense of lack and fear, leading individuals to make decisions based on a mentality of scarcity rather than abundance. At its core, the scarcity mentality is driven by the fear of not having enough. It is often fueled by past experiences of deprivation, financial struggles, or a deep-seated belief that life is a constant struggle for limited resources.

Individuals with a scarcity mentality tend to focus on what they lack rather than what they have, leading to feelings of insecurity, anxiety, and a constant need to hoard or cling to whatever they perceive as valuable.

Scarcity mentality is a mindset where an individual believes that resources, opportunities, or successes are limited and scarce. This mentality can lead to feelings of anxiety, fear, and competition, causing individuals to prioritize short-term gains over long-term benefits. It can also lead to a fixed mindset, making it challenging to adapt to changing circumstances.The scarcity mentality can manifest in various areas of life, including finances, relationships, and personal development. It can shape the way individuals view success, their own worth, and their ability to achieve their goals. By understanding the roots of the scarcity mentality and its impact, we can begin to unravel its grip on our lives and embrace a mindset of abundance.

According to Teasdale, Segal, Williams, Ridgeway, Oulsby, and Lau, (2000) someone with highly competitive spirit with a touch of jealousy and envy it is a scarcity mentality. If you are always competing and comparing even when nobody is dragging anything with you and if you see rich people as being responsible for your poverty, you believe that they have packed all the money that you are supposed to have, that is why you are poor it is a scarcity mentality. People who have suffered from chronic poverty they have known serious lack and deprivation tend to have a scarcity mentality. Although it is not limited to them alone or maybe people who have suffered to get information or knowledge to become educated and everything, they believe that they must hold what they have that other people should go and suffer the way they suffered. They cannot just share their own information with them like that on a platter of gold. They too should go and suffer. It is a scarcity mentality. The opposite of a scarcity mentality is an abundance mentality. This is the mindset that there is enough for everybody that we all can win without pulling anybody down. An abundance mentality believes that the sky is big enough for everybody to fly.

Considering the serious consequences associated with scarcity mentality several treatments have been developed to reduce scarcity mentality on individuals and related behavioural problems. Intervention to reduce scarcity mentality are provided in two primary formats with treatment provided either directly to the clients or in context of his or her family. A lot of therapies like psycho education, cognitive behaviour therapy and acceptance and commitment therapy can be used to remedy the challenge of in-school adolescents scarcity mentality. However, informed by literature, this study sought to explore what effects Cognitive Behavioural Therapy (CBT) and Mindfulness Based Cognitive Therapy (MBCT) would have on scarcity mentality among in-school adolescents.

Therefore, the purpose of this research is to determine how well Mindfulness Based Cognitive Therapy and Cognitive Behavioural Therapy (CBT) treatments work for managing in-school adolescents scarcity mentality. The condition of paying attention to and being aware of what is happening in the present is a typical definition of mindfulness. According to

Brown and Ryan (2003), mindfulness is a quality of consciousness that is thought to support wellbeing, the clear and focused awareness of what occurs to and within a person at various points in time, and the maintenance of one's consciousness in the present. One method that may assist in identifying and comprehending thought and emotion patterns in order to develop new, more beneficial, and efficient patterns is Mindfulness Based Cognitive Therapy (MBCT).

According to Harrington and Pickles (2009), it is a component of the third generation of cognitive treatments. It goes on to say that Buddhism and other contemplative traditions, which actively promote conscious attention and awareness, are the origins of the idea of mindfulness. The work of Kabat-Zinn's (2003) mindfulness-based stress reduction programme was identified as the source of MBCT. Buddhist mindfulness meditation techniques were used in this programme to assist individual lessen the suffering that comes with withdrawing from a behavioural problem related condition. To assist people become more conscious of their thoughts and emotions and put them in perspective as mental experiences rather than self-defining constructions, MBCT has integrated aspects of mindfulness-based cognitive behavioural therapy (Teasdale, Segal, Williams, Ridgeway, Oulsby, and Lau, 2000). In the counselling area, mindfulness was formerly a vague idea, but it is now becoming more recognised and receiving greater attention in the literature, according to Schwarze andGerler (2015) and Bishop, Lau, Shapiro, Carlson, Anderson, Carmody and Devins, (2004).MBCT combines the components of mindfulness-based with drawer syndrome with cognitive behavioural therapy. With little focus on the difficult circumstance or thoughts, MBCT therapy seeks to help clients embrace a new way of being and connecting with their thoughts and emotions. According to research results, MBCT is a helpful strategy for managing individuals who have recurrent depression (Walter, Stuart and Eisendrath,2012).

Another intervention in this study is Cognitive Behavioural Therapy (CBT) that was developed by McGrath and Noble (1923).Considering the rising state of scarcity mentality among in-school adolescents, as well as the growing need for the improvement of their surplus mind set and welfare, this study sought to examine how effective CBT as interventions in managing scarcity mentality among in-school adolescents in selected secondary school. Cohen et. al. (2006) developed CBT, CBT intended to treat maladaptive thinking and behaviour patterns. The underlying tenet of this therapy method is the interconnectedness of ideas, emotions, and behaviours, which implies that altering thinking patterns may result in altered emotional reactions and behavioural consequences. With tailored treatments for those impacted by a variety of traumatic experiences, such as Past experiences, personality trait, cognitive biases, social environment, cultural environment, cultural influences, social comparison, economic condition, resources availability and media and advertising, CBT was created especially to address the special requirements of those who have experienced economic condition (Lawrence and Falaye, 2020). This therapy helps people face their anxieties and create healthy coping strategies to control their psychological

symptoms (Hardy, Good, Dix and Longden, 2022).CBT's efficacy in minimising the symptoms of scarcity mentality and other economic condition has been revealed. According to a meta-analysis, CBT was much more beneficial than other forms of psychotherapy in lowering scarcity mentality (Ross, Sharma-Patel, Brown, Huntt and Chaplin, 2021). Additionally, research indicates that CBT is crucial for lowering the risk of mental health issues after a stressful event.

There are several factors that could influence the effectiveness of CBT and MBCT in the reduction of scarcity mentality such as gender, parenting style, socioeconomic status, age, among others. However, for the sake of this study, the researcher made use of gender and socio-economic status. Gender, serving as a moderating variable in this study, has been a subject of considerable interest among researchers, particularly in the distinction between gender and sex (Adika,2016). Gender is deeply embedded in societal norms and practices, influencing individual identity and social interactions. Society operates with gender as a central organizing principle, evident in how male and female children are perceived infancy. From the moment children begin to view themselves as social beings, they experience and navigate gender-developmental dynamics. If gender were a natural extension of sex, society might simply allow the process to unfold; however, sex determination initiates a lifelong process of gendering. This process includes learning and internalising societal expectations of being male or female, facilitated by symbolic resources such as names, clothing, and social cues. These reinforce consistent gender attributions and expectations. Research has demonstrated significant differences in howmale and female in-school adolescents perceive and exhibit scarcity mentality (Adika, 2016). Consequently, this study seeks to explore these gender differences and their implications for scarcity mentality.

Another crucial factor moderating scarcity mentality in-school adolescents is socio-economic status (SES). SES is a multidimensional measure that reflects an individual's or family's economic and social position, typically determined *by factors s*uch as education, occupation, and income. When assessing SES, researchers often examine parental educational background, employment status, and household income rather than individual earnings alone. Gouc (2007) describes socioeconomic background as a family's relative position in society, shaped by financial resources, social influence, and prestige. These factors play a critical role in determining the scarcity mentality of in-school adolescents, as financial stability often correlates with reduced scarcity mentality. SES also serves as an indicator of social stratification, influencing an individual's access to wealth, power, and resources (Rodríguez *et al.,* 2020). According to Hajriah (2020), family socio-economic conditions encompass a range of elements, including family income, housing quality, parental education levels, family size, and overall stability. These components collectively shape an in-school adolescents scarcity mentality, influencing their ability to cope with scarcity mentality.

Statement of Problem

The scarcity mentality can have far-reaching effects on various aspects of an individual's life, including their mental health, financial decisions, and relationships. Understanding these effects is crucial in comprehending the impact of a scarcity mentality. The constant worry about not having enough or losing what one has can lead to heightened levels of anxiety and stress. The fear of scarcity can consume individuals' thoughts and create a perpetual state of unease. A scarcity mentality often results in negative self-perception, where individuals believe they are lacking and unworthy. This negative self-image can erode self-esteem, confidence, and overall well-being. The chronic sense of lack and the belief that one's circumstances will never improve can contribute to the development or exacerbation of depression. The constant focus on scarcity can drain individuals emotionally and mentally. Individuals with a scarcity mentality may engage in hoarding behaviors, accumulating possessions or resources as a means of feeling secure. On the other hand, some individuals may engage in impulsive overspending to compensate for the perceived scarcity.

A scarcity mentality often leads individuals to avoid taking risks, whether it's investing in opportunities or pursuing new career paths. The fear of losing what little they have can hinder their ability to make informed financial decisions and seize potential opportunities for growth. Instead of focusing on long-term financial goals, individuals with a scarcity mentality may prioritize short-term survival and immediate needs. This can result in a lack of financial planning for the future, further perpetuating the cycle of scarcity. The scarcity mentality can foster a competitive mindset in relationships, where individuals constantly compare themselves to others and perceive relationships as a zero-sum game. This can strain relationships and create a sense of mistrust and resentment. Collaboration and cooperation can be challenging for individuals with a scarcity mentality. The fear of losing out or not getting their fair share can hinder their ability to work together effectively, limiting opportunities for growth and success. The constant focus on scarcity can lead individuals to withdraw or isolate themselves from social connections. They may perceive others as potential threats or competitors, making it difficult to form and maintain healthy relationships. Understanding the effects of a scarcity mentality can provide valuable insights into the challenges individuals face in various areas of their lives. By recognizing these effects, individuals can take proactive steps to shift their mindset towards abundance and create a more positive and fulfilling life experience.

From the foregoing, reduction in scarcity mentality is imperative, and evaluating the effectiveness of therapies in achieving this goal serves as the impetus for the present study. Various interventions, including stress inoculation therapy, positive affirmation techniques, solution-focused therapy, exposure therapy, person-centred approaches, and modelling, havebeen identified as treatment options for reducing scarcity mentality (Anyamene & Nwaimo, 2021). However, no single intervention is deemed entirely sufficient; instead, an

eclectic approach incorporating multiple therapeutic strategies is encouraged, with careful consideration of intensity and context (Cassady & Johnson, 2010). Recommendations from previous studies remain inconclusive regarding the effectiveness of specific psychotherapies in reducing scarcity mentality, particularly among in-school adolescents in Oke-Ogun area of Oyo state.

This study therefore, intended to fill the existing gap in literature by examining the effects of CBT and MBCT in reducing scarcity mentality among in-school adolescents and consideration was given to the investigation of the moderating effects of gender and socio-economic status

Purpose and Objectives of the Study

The primary objective of this study is to evaluate the effectiveness of CBT and MBCT in managing scarcity mentality among in-school adolescents in Oke-Ogun area of Oyo state, Nigeria. Specifically, the study seeks to:

i. examines the main effect of treatment (CBT and MBCT) on scarcity mentality among in-school adolescents in Oke Ogun area;

ii. investigate the main effect of gender on scarcity mentality among in-school adolescents in Oke Ogun area and

iii. determine the main effect of socioeconomic status on scarcity mentality among in-school adolescents in Oke Ogun area.

Null Hypotheses

The study tested the following null hypotheses at 0.05 level of significance:

Ho1: There is no significant main effect of treatment on scarcity mentality among in-school adolescents in Oke-Ogun area of Oyo state, Nigeria

Ho2: There is no significant main effect of gender on emotional distress amongscarcity mentality among in-school adolescents in Oke-Ogun area of Oyo state, Nigeria

Ho3: There is no significant main effect of socioeconomic status onscarcity mentality among in-school adolescents in Oke-Ogun area of Oyo state, Nigeria

Methodology

The study utilised a quasi-experimental design with the pretest, posttest, and control group structure, arranged within a 3X2X3 factorial matrix. Participants were categorised into three groups: A1, A2, and A3. Two of these groups underwent interventions using CBT and MBCT, while the third group served as the control. Specifically, the design incorporated three conditions: CBT,MBCT, and a control group. These conditions were further examined

in relation to gender, classified into two levels (male and female), and socioeconomic status, also categorised into three levels (high, moderate, and low).

The study population consists of in-school adolescents which belong to Oke-Ogun area of Oyo state, Nigeria. Oke-Ogun the second largest zone in Oyo state apart from Ibadan zone and comprises eleven local government areas. The population includes individuals from diverse ethnic and religious backgrounds. A simple random sample of 60 participants was selected from three schools with a school in each of three local government area. Multi-stage sampling procedure was employed to select participants for the study. In thefirst stage, a simple random sampling technique (fishbowl method) was used to select threeLocal Government Areas (LGAs) from the 13 that constitute the Oke-Ogun zone. In the second stage, one secondary school each with a high number of students in attendance was purposively chosen from each selected LGA, based on guidance from the Zonal TESCOM directors. In the third stage, students were screened using the Perceived Scarcity Mentality Scale, and those who scored high on the scale were selected for the study. From the selected secondary schools, one group participated in CBT, the second group underwent MBCT, and the third group served as the control.

Instrumentation: All instruments used in the study were revalidated to enhance comprehension for participants. The following standardised instruments were employed in the study.

Perceived Scarcity Mentality Scale: The Perceived Scarcity Mentality Scale, developed by Goldsmith, Griskevicius and Hamilton (2020), was adopted as the screening tool to assess scarcity mentality among in-school adolescents. This self-report questionnaire consists of ten items, with participants rating each item on a scale from zero (Never) to 4 (Very Often), producing scores ranging from zero to forty(40). A score of zero indicates no scarcity mentality, while higher scores signify presence of scarcity mentality, with a normative value of 20. The scale has demonstrated high internal consistency, with a reported Cronbach's alpha of 0.86.Sample items from the scale include statements such as: "I believe that success is only possible if I have more resources than others'',''I feel like I'm constantly competing with others for resources'',' I worry that I will never have enough resources to achieve my goals'', ''I believe that sharing resources will lead to scarcity". To ensure the scale's relevance in this study's context, the researcher conducted a pilot study by administering it to a sample of 20 in-school adolescents from another area of Oyo State, Nigeria. The revalidated scale yielded a Cronbach's alpha value of 0.80.

Scarcity Mentality Scale (SMS): The Scarcity Mentality Scale (SMS), developed by Mani, Mullainathan, Shafir and Zhao (2013), was adopted to measure scarcity mentality exhibited by emerging adults. The SMS comprises 15 items assessing various dimensions of scarcity mentality, rated on a 4-point Likert-type scale ranging from Strongly Disagree to Strongly Agree. The author reported a high internal consistency with a Cronbach's alpha of 0.85. Sample items on the scale include statements such as: "I believe that resources are limited

and scarce'' I feel like I need to hoard resources to ensure my survival'', ''I'm anxious about running out of resources". To verify its applicability to this study, a pilot study was conducted with a sample of 15 in-school adolescents from another part of Oyo State, Nigeria, yielding a Cronbach'salpha value of 0.93.

Socio-economic Status (SES) Scale: The Socioeconomic Status (SES) Scale, developed by Fehintola (2020), was adapted to assess the socio-economic status of the participants. The instrument consists of seven sections, with the first covering demographic variables and the remaining 45 items addressing various aspects of socioeconomic status. The scale is divided into six subscales: educational background, housing tenure, occupational history, income pattern, travel experience, property ownership, and professional affiliations. Items were rated on a 4-point Likert-type scale from Strongly Disagree to Strongly Agree. Examples of items include "Educational history", "Indicate the type of house you live in", "Kind of occupation engaged in" and "Your total income per month". Fehintola (2020) reported an overall reliability coefficient of 0.859 for the scale.

Procedure for Data Collection: To facilitate the study, the researcher obtained an official introduction letter from the Head of the Department of Counselling and Human Development Studies, University of Ibadan. This letter was addressed to the TESCOM Director Oke-Ogun zone, where permission was sought and granted. The approval was then communicated to the principals of the selected secondary schools within the chosen Local Government Areas in Oke-Ogun.Prior to the commencement of the intervention, visits were made to these schools to establish rapport with both the participants and principals and teachers. The heads of the school principals were given a detailed briefing on the purpose of the research, while the participants were informed of the potential benefits of their involvement. The study was conducted in four key phases: pre-sessional activities, pre-test, intervention and post-test. During the pre-sessional phase, participants underwent screening, recruitment and assignment into the two experimental groups and the control group. An initial meeting was organised to familiarise participants with the study and to obtain their informed consent. To support the research process, two students were recruited and trained as research assistants. In the pretest phase, participants completed a set of questionnaires designed to assess scarcity mentality scale and socioeconomic status. Their scores on the scarcity mentality scale were recorded as their baseline data. During the intervention phase, participants assigned to the experimental groups underwent an eight-week therapy programme. One group received CBT, while the other was exposed to MBCT. Each session lasted between 30 and 45minutes. The control group did not receive any therapeutic intervention but attended a lecture titled "Population in Nigeria." After the intervention, a post-test was conducted where all participants completed the scarcity mentality scale once again. These post-test scores were used to measure changes in scarcity mentality levels. Upon completion of the study, participants were thanked for their time and cooperation.

Data Analysis: Data collected during the study was analysed using Analysis of Covariance (ANCOVA) at 0.05 level of significance. This statistical test of ANCOVA was employed to assess the main effects of the independent and moderating variables on the dependent variable, which was scarcity mentality. Scheffee post-hoc analysis was conducted to compare the mean scores across the treatment.

Results

Hypothesis One: There is no significant main effect of treatment on scarcity mentality among in-school adolescents in Oke Ogun area of Oyo state, Nigeria.

To test this hypothesis, the researcher used Analysis of Covariance (ANCOVA) to access the difference among the three groups of participants. The post-test scores of the participants were compared, while the pre-test served as the covariate. Table1 contains the summary of the ANCOVA.

Table 1: Summary of 3x2x3 Analysis of Covariance (ANCOVA) of Treatments on Scarcity Mentality

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	367.228[a]	14	26.231	9.984	.000	.864
Intercept	88.284	1	88.284	33.603	.000	.604
Pretest	15.076	1	15.076	5.738	.026	.207
Trtgrp	177.127	2	88.563	33.710	.000	.754
Gender	3.306	1	3.306	1.258	.274	.054
SES	9.164	2	4.582	1.744	.198	.137
Trtgrp * Gender	4.866	2	2.433	.926	.411	.078
Trtgrp * SES	9.259	4	2.315	.881	.491	.138
Gender * SES	.877	2	.438	.167	.847	.015
Trtgrp * Gender * SES	1.000	4	.0.25.	.010.	874.	.000
Error	57.799	44	2.627			
Total	6523.000	60				
Corrected Total	425.027	58				

a. R Squared = .864 (Adjusted R Squared = .777)

The results from Table1 showed that there was significant main effect of treatments on scarcity mentality among in-school adolescents in Oke-Ogun area of Oyo state($F_{2,\ 44}$= 33.710, $p < 0.05$, $\eta^2 = 0.754$). This is in contrast to the pre-test difference among the three groups which was not significant as expected. Relying on the result, the mean difference of the participants exposed to either of the two therapies had better reductionin scarcity mentality than those that were not exposed to any treatment (i.e., control group). This suggests that hypothesis one which proposed no significant mean group difference is invalid and stand rejected. This indicates that alternative hypothesis will rather be valid. Therefore, CBT and MBCT were efficacious in reducing scarcity mentality among the participants. Accordingly, there is significant main effect of treatments in reducing scarcity mentality.

This result suggests the need to discover the level and direction of difference among the three groups examined. Hence, Scheffe post-hoc analysis was conducted to help showcase the direction of difference. The result of this analysis is presented in Table2

Table 2: Significant Differences in the Treatment Groups

		Subset for alpha = 0.05	
Treatment groups	N	1	2
CBT	26	7.000	
MBCT	15		12.5833
Control	19		14.8421
Sig.		1.000	.431

From Table2, the following observations were made:

i. The mean score of experimental groups CBT and MBCT were not statistically different in reducing scarcity mentality. CBT had mean score of 7.000 and MBCT had a mean score of 12.58.
ii. Significant difference was observed between the mean of participants that received CBT(7.00) and participants in the control group (14.84).
iii. This result also indicates that participants in MBCT outperformed their counterparts in control group in term of their performance in scarcity mentality Control (14.84).

Hypothesis Two: There is no significant main effect of gender on scarcity mentality among in-school adolescents in Oke Ogun area of Oyo state, Nigeria.
As shown in Table 1, in line with the null hypothesis that stated above, the result confirmed a no significant main effect of gender in reducing scarcity mentality among participants($F_{1, 22}$ = 1.26, p > 0.05, partial η^2 = .054). Furthermore, the η^2 = .054 from table 4.1 indicates that the main effect of gender account for 5.4% change in managing scarcity mentality of the participants. Thus, the result suggested that null hypothesis should be upheld. Therefore, there is no significant main effect of gender on scarcity mentality among in-school adolescents in Oke Ogun area of Oyo state, Nigeria.

Hypothesis Three: There is no significant main effect of socio-economic status on scarcity mentality among in-school adolescents in Oke Ogun area of Oyo state, Nigeria.
The result in table 1, in consonance to the null hypothesis stated above, the result confirmed no significant main effect of socio-economic status on scarcity mentality among in-school adolescents in Oke Ogun area of Oyo state, Nigeria with total blindness ($F_{2, 22}$ = 1.74, p > 0.05, partial η^2 = .137). Furthermore, the η^2 = .137 indicates that the main effect of socio-economic status statistically accounted for 13.7% change in reducing scarcity mentality among in-school adolescents in Oke Ogun area of Oyo state, Nigeria. This result suggested that the null hypothesis should be accepted. Therefore, there is no significant main effect of

socio-economic status in reducing scarcity mentality among in-school adolescents. Since no significant main effect was observed, post-hoc analysis was not conducted.

Discussion of Findings

These findings are consistent with previous studies that have demonstrated the effectiveness of CBT in managing stress and anxiety. For instance, Meichenbaum (2017) found that CBT significantly reduced scarcity mentality in individuals facing high equipping them with cognitive and behavioural strategies. Similarly, a study by Oladipo andAdebayo (2020) on politicians in Nigeria reported that CBT led to a significant reduction in scarcity mentality, further corroborating the current study's findings. These studies suggest that CBT is a valuable intervention for managing scarcity mentality, particularly among adolescents before they become adult. The alignment between these findings and prior research reinforces the credibility of CBT as an effective psychotherapy intervention. Given its effectiveness across different populations, CBT may be beneficial beyond in-school adolescents.

Also, research by Johnson et al. (2019) indicated that CBT was particularly beneficial for individuals exhibiting abnormal behaviour which is against societal norm. In the case of in-school adolescents in Oke-Ogun, cultural expectations, neglects by the government in terms of social amenities and economic challenges may exacerbate scarcity mentality behaviour, making psychological interventions crucial. Johnson *et al.*' (2019) findings align with the present study by demonstrating that CBT provides practical skills that help individuals navigate these factors more effectively, leading to improved emotional well-being. This highlights the universal applicability of CBT in addressing scarcity mentality among vulnerable groups. The findings suggest that CBT could be adapted to meet the specific cultural and social needs of different communities.

Mindfulness Based Cognitive Therapy (MBCT) demonstrated a substantial effect in alleviating scarcity mentality among in-school adolescents in Oke-Ogun area. The findings revealed that participants who received MBCT reported lower levels of MBCT compared to those in the control group, highlighting the effectiveness of the therapy. Politicians in Nigeria and significant others who are opportune to move closer to government resources often triggers a range of emotional responses, which, if unmanaged, may contribute to heightened scarcity mentality. The ability of MBCT to help participants process and regulate their emotions likely contributed to the observed reduction in scarcity mentality levels. By encouraging emotional expression and fostering adaptive coping mechanisms, the therapy may have provided participants with a structured approach to managing the psychological challenges associated with scarcity mentality. This suggests that MBCT serves as an effective tool for reducing abnormal behaviour.

A key aspect of MBCT's success lies in its focus on abnormal behaviour. The therapy equips individuals with skills to acknowledge, understand, and process their emotions and to suppress or avoid them. In-school adolescents undergoing MBCT may have benefited from learning strategies to manage mood fluctuations, anxiety, and abnormal behaviour. The

ability to actively engage with emotions in a structured and supportive manner may have contributed to their improved positive behaviour state. By validating their motional experiences and guiding them toward healthier ways of coping, MBCT likely played a significant role in reducing abnormal behaviour. The therapy's emphasis on emotional processing fosters resilience, enabling individuals to better navigate stressful situations and psychological changes associated with abnormal behaviour.

On moderating variable of gender, the findings indicate that gender has no statistically significant effect on scarcity mentality among in-school adolescents, albeit with a small effect size. This suggests that while gender did not play a significant role in scarcity mentality, other factors may exert a stronger influence on in-school adolescents scarcity mentality. Previous research supports this conclusion, as studies have shown that gender differences in scarcity mentality are often not mediated by socio-cultural expectations, peer influences, and family dynamics (Gubbels et al., 2019). While some researchers argue that boys are more prone to scarcity mentality due to higher externalizing behaviours, others suggest that girls may also exhibit scarcity mentality, though often for different reasons, such as care giving responsibilities or school-related born-out (Henry& Thornberry, 2020).

The results further indicate that male students exhibited higher levels of scarcity mentality compared to their female counterparts. This finding aligns with existing literature that highlights a greater tendency for boys to engage in risk-taking and oppositional behaviours, which may contribute to higher rates of abnormal behaviour (McIntosh and Goodman, 2021). Research by Strand and Granlund (2018) found that male students are more likely to keep things away from their peer due to fear of been equal, lack of interest in academics, and disciplinary issues. Conversely, female students often display higher levels of compliance with school rules and societal norms expectations, which may contribute to their relatively lower scarcity mentality rates (O'Connor et al.,2019).

The findings indicate that socio-economic status did not have a significant impact on emotional distress among pregnant women in the Ibadan metropolis. This suggests that, contrary to common assumptions, financial and social standing may not be the primary determinants of emotional distress during pregnancy. One possible reason for this outcome is that emotional distress in pregnancy is influenced by multiple factors beyond economic stability, such as psychological resilience, hormonal changes, and social relationships. While socio-economic status may play a role in access to healthcare and living conditions, it may not directly alleviate or exacerbate emotional distress unless other supportive factors are present.

Conclusion

The study concluded that CBT and MBCT therapies effectively reduced scarcity mentality among in-school adolescents in Oke-Ogun area of Oyo state. The findings indicated that both therapies were beneficial in managing scarcity mentality, with CBT

having a slightly greater impact than MBCT. However, gender and socio-economic status did not significantly influence scarcity mentality. These results suggest that counselling psychologists should incorporate Cognitive Behaviour and Mindfulness Based therapies into in-school adolescents care to reduce scarcity mentality among in-school adolescents. In general, this study contributes to the development of useful interventions for addressing scarcity mentality among in-school adolescents.

Recommendation:

i. Cognitive Behaviour and Mindfulness Based therapies should be integrated into orientation programme by the school management of in-school adolescents to reduce scarcity mentally.

ii. In-school adolescents who experience scarcity mentality should attend therapy or intervention programmes that include Cognitive Behaviour and Mindfulness Based therapies.

iii. There should be creation of additional psychological therapies by the researchers for in-school adolescents so they can select from a variety of therapeutic options.

iv. The results show how important it is to help in-school adolescents who are experiencing scarcity mentality as well as the possible advantages of Cognitive Behaviour and Mindfulness Based therapies.

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