

## Effectiveness of therapy with respect to acceptance and commitment on students' anxiety with test anxious in Esfahan city

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**Abstract:** Test Anxiety is an unpleasant emotional reaction to the feeling of tension, anxiety and arousal of the autonomic nervous system can lead to poor academic performance and social person and long-term adverse effects on the performance of individual, therefore, the present study was to evaluate the efficacy of treatment based on acceptance and commitment and on students' anxiety with test anxiety was conducted in Esfahan city. The study population consisted of all students with test anxiety in Esfahan city in the year 2013 was 93. To conduct this study, 30 children with symptoms of anxiety disorder were randomly selected sampling method and experimental research design, the pretest-posttest control group was randomly assigned to experimental and control groups (15 in the experimental group and 15 patients in group therapy based on acceptance and commitment control). Acceptance of treatment interventions based on the experimental group. Tools used were Sarasin Test Anxiety Inventory, Beck Anxiety Inventory. The data obtained by analysis of covariance (ANCOVA) were analyzed. The results of analysis of covariance showed that there were significant differences between groups. Acceptance commitment therapy based on students' test anxiety variables had significant effect ( $P < 0.001$ ). Acceptance and commitment therapy can be used to reduce anxiety in students with test anxiety so that students can walk to his talent and social identity.

**Key words:** Treatment based on acceptance and commitment; Anxiety; Test anxiety

### 1. Introduction

One of the most important aspects of negative motivation and educational problem millions of students world wide are affected and adversely affect the performance of students in classroom, exam anxiety. Test anxiety as adverse or emotional state knows that people in the formal test or other evaluation situations experience (Hill Kennedy and Wigfield, 2009). The prevalence of test anxiety in students from 10 to 30% has been reported. It's estimated 17.2 percent of high school students have been reported (Abolqasemi et al., 1996). Test anxiety is an unpleasant emotional reaction to assess the situation with a sense of tension and anxiety, anxiety and arousal of the autonomic nervous system may determine that Freud believed anxiety as a function of the "self" is the people of the threat sources should be avoided or neutralized, alerts (Hansenne and Legrand, 2012). The four basic components of test anxiety are including anxiety, affectivity, self-esteem and lack of interference. The components of test anxiety caused damage to the areas of education, communication, social, mental health, and so is (Aqdasi and Fattahi, 2012). Students with test anxiety, behavioral hallmarks are faced with the problem that one of the most prominent symptoms of anxiety. Anxiety is an unpleasant feeling when predictions are vague feeling uncertain threat

(Sadock and Sadock, 2007). When anxiety is created, the system does not accord with their cognitive thinking and judgment in accordance with anxiety, are raised. Each individual assessments and judgments about handling, risk, perceived usefulness, long and can cope with anxiety (Myers and Wells, 2005). When these assessments are negative belief about taking control of your counter or cannot be underestimated, leads to anxiety over the initial anxiety the vicious cycle of negative impact on academic performance will be greater, so according to therapeutic interventions will double.

Therefore the social and psychological disorders such as anxiety, depression, and psychological treatment are applied in consecutive years. Behavioral approaches in contrast to the first generation of psychoanalytical approach based on classical conditioning and functional perspectives emerged in the 1950s and 1960s. The second generation of these treatments as "cognitive behavioral" and third generation as the third wave therapy due to clinical progress requires that direct the content of thoughts, emotions or physical symptoms, have emerged. These theories are instead of deformation, frequency or situational cognitive and emotional sensitivity, working to targets. Examples of these interventions include dialectical behavior therapy, behavioral marital therapy integrated, Mindfulness-based cognitive therapy and acceptance and commitment therapy based treatment (Hayes and Strosahl, 2010). Based on

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acceptance and commitment therapy (ACT) Unlike traditional cognitive behavioral therapy approach does not act directly on reducing symptoms, the goal of acceptance and commitment therapy, psychological flexibility. Acceptance and commitment therapy encourages the authorities to take his uncomfortable feelings and thoughts. Also occurs in the context of the behavior and performance of the service is to be considered (Hayes, 2004). This utility function and psychological experiences such as thoughts, feelings, memories and psychological targets and meaningful life activities without regard to the existence of follow-up, and instead of trying to change the understanding of the psychological connection with thoughts and feelings rise (Woidneck, 2012). Key of acceptance and commitment therapy process includes:

A) acceptance or the desire to experience pain or other turbulent events without attempting to control them. B) The act or obligation value combined with a willingness to act as meaningful personal goals over the removal of unwanted experiences because of the mental health care (Joshi and Shrestha, 2010).

Acceptance commitment therapy is based on good research evidence backing. Eizadi et al. (2012) In the case of a single case report of efficacy based on acceptance and commitment on the frequency and severity of symptoms of obsessive compulsive disorder showed, acts of obsessive compulsive symptoms, obsessive thoughts of belief, and the need to respond to their roots disturbed and even depression and anxiety scores in the evaluation of treatment have declined. Haiz, Mosoda and Tohayg (2004) of the ACT as a treatment for obsessive 4 patients studied. Results in almost complete loss rituals for all participants at the end of treatment showed, with a reduction in the standard scale obsession, anxiety, depression and avoid the experience of the follow-up period lasted three months. Poor Faraj research findings are consistent with the (Poor Faraj Omran, 2011) also. Driving people to the proper functioning of some of the anxiety the amount exceeds the probability of optimal learning and academic achievement undermines and makes up a large part of resources and waste of human and economic potential. Accordingly, the involvement and active

participation of students in the school and paying attention to educational success requires permanent readiness, dynamic and strong personality to deal with the challenges of family life education and appropriate and effective to deal with fundamental changes and social life of the individual student level and successful students are always on the road to professional growth and by adopting appropriate learning style and emphasize the positive charges in his personality and his mental health has also improved morale and better future and more efficient travel and with the appropriate procedures and figure out their professional growth. Anxiety and test anxiety all the students on their individual performance and social impact however, given the key role of education in building the future and as a basis for the organization of training effects are clearer and show more visible than other organizations. The purpose of this study was to evaluate the effectiveness of treatment on admission and commitment of students with test anxiety is anxiety symptoms.

## 2. Method

A pilot study of the pretest, posttest control group was in which a group called acceptance and commitment therapy and a control group was based. The study sample consisted of high school students with test anxiety in the academic year 93-92 in Esfahan. To conduct this research, 30 members of the community who meet the exam anxiety questionnaire (the cut is 16 Sarason Test Anxiety Test Anxiety Inventory), stratified random sampling method was selected and randomly assigned to experimental and control groups, respectively. The independent variable in this study is based on acceptance and commitment therapy and the dependent variable was the anxiety of students with test anxiety disorder. Educational intervention based on acceptance and commitment therapy, according to the following protocol was performed on groups of tests. The control group received no intervention during the study. It is noteworthy that the ethics of research, the control group was given the assurance that after doing research, they also receive this treatment protocol.

**Table 1:** Intervention methods

1	Understanding and communicating with members, mental training pre-tests assess students' diagnostic interview and treatment formulations. Questionnaires
2	Familiarity with the concepts of acceptance / commitment, insight and challenge the students to control the problem. Discuss and evaluate their experiences, as a measure of efficiency, creating innovative frustration.
3	List of distress and despair innovative training and familiarity with the problems the client is trying to escape from them. Expression control as a performance problem, review the response to the previous session, as the expression control (problem).
4	Faulting techniques of cognitive intervention in the chain of problematic language weaken their alliance with thoughts and emotions.
5	Objective: Learn the value of the circuit and the selection and review of previous meetings and work experiences over the previous session, reviewing homework and behavioral commitment, seen as the field weakening concept and its expression as an observer, the separation between their inner experiences and behavior.
6	Objectives and actions specified values, goals, and imposing barriers they experience over the previous session,

	review session prior experience in performance, apply mindfulness techniques, the contrast between the experience of mind, out of mind modeling, training, internal experiences as a process.
7	Re-examination of values, goals and actions and experiences of familiarity and involvement with enthusiasm and commitment over the previous session, performance, introducing the concept of value, showing the dangers of focusing on results, explore the practical value of life.
8	Identifying and removing barriers to act responsibly, summarized and understand the nature of desire and commitment to implement the test, determining the appropriate action to values.

**3. Instruments**

Sarason Test Anxiety Scale for the Assessment Test Anxiety Test Anxiety Scale (TAS) was used. This questionnaire is a self-report instrument that Sarason created in 1984 and included 37 female test subjects that matter to them as "right or wrong" answer, thus, it can be a method based on self-reported mental state and psychological experiences during and after the test before it was lost. At this scale, the number of participants that responded to the 'right' has formed his exam anxiety. If you score 12 or less than 12 is obtained, test anxiety in the lower range of "mild", if the average is between 12 and 20 exam stress and anxiety in this study who were older than 16 were considered as people with test anxiety. Yazdani (2012) in their study, Cronbach's alpha coefficients of internal consistency of the questionnaire 0.88 to 0.95 and 0.72 has reported its content validity. In this Aqajani and et al (2014), the Cronbach's alpha internal consistency of the questionnaire 0.77 and 0.71 is obtained. Beck Anxiety Inventory, Beck Anxiety Inventory (BAI) is a

21-item questionnaire assessing the severity of anxiety in the past week and range from "never" to "severe" is evaluated. Each question is scored from 0 to 3 scores range between 0 and 63, respectively. Each test substance is a common symptom of anxiety) symptoms of mental, physical, fear (as described). The coefficient of internal consistency and validity of this test method 0.92 retest interval of one week, 0.75 of the solidarity of 0.30 to 0.76 varies. Five types of content validity, concurrent, construct diagnostic step are to quantify these tests show the efficiency of this tool is to measure the severity of anxiety.

**4. Statistical analysis of data**

For data analysis, the mean, standard deviation, and to determine the effectiveness of acceptance and commitment therapy based on students' test anxiety ANCOVA was used.

**5. Findings**

**Table 2:** Descriptive findings stress test and control groups in the pre-test and post-test

Group	Number	Pretest		Posttest	
		Average	Standard deviation	Average	Standard deviation
Experimental group	30	28.26	4.25	24.30	4.70
Control group	30	25.76	4.28	26.60	3.95
Total	60	27.01	4.41	25.45	4.46

As is clear from the above table variable anxiety scores at posttest scores than the Control group decreased.

The parametric tests used to assess the normality of the distribution of the test kolmogoroph - Smirnov test and Shapiro paid.

**Table 3:** Test results Kolmogorov - Smirnov and Shapiro test for normality assumptions

Group	Kolmogorov - Smirnov			Shapiro - Willkie		
	Statistic s	Degrees of freedom	Significance level	Statistic s	Degrees of freedom	Significance level
Experimental group	0.14	30	0.11	0.93	30	0.051
Control group	0.15	30	0.057	0.93	30	0.28

According to the above table, the distribution of the error in the normal 0.05 and therefore can be

used parametric tests. Presenting the same variance covariance test results is discussed.

**Table 4:** Levine's test for equal variance in posttest scores

Variable	F-value	Degree of freedom 1	Degrees of freedom 2	Significance level
Group	2.16	1	58	0.14

Given the above conditions are adhered to have the same variance, the F test is not restricted and can be used covariance test.

difference in the experimental group and 23% of variability explains.

With regard to the second table, the grouping variable (independent) has made a significant

**Table 5:** Results of the analysis of covariance for the variable anxiety

Group	Sum of squares	Degrees of freedom	Mean square	F	Significance level	Size effect
Aligned	86.45	1	86.45	4.86	0.032	0.07
Intergroup	315.01	1	315.01	17.71	0.0001	0.23
Error	1013.8	57	17.78			
Total	36390	60				

## 6. Discussion and Conclusion

The study aimed to evaluate the efficacy of acceptance and commitment based on students' test anxiety in Esfahan city. The results of analysis of covariance showed that there were significant differences between groups. Acceptance and commitment therapy based on students' test anxiety variables had significant effect ( $P < 0.001$ ). The results of the research results Pourfaraj Development (2011), Hor et al (2013), Eizadi and et al (2012), Black (2002), Valfort and blocks (2003), Brown and Ryan (2000) and Zidane and et al (2010) is aligned. According to the researchers, several studies have shown that acceptance and commitment therapy was able to improve various aspects of psychological and also leads to a reduction of psychological factors such as social anxiety is causing damage. The findings of the present theory can be explained like this: Acceptance and commitment therapy research evidence to support good health. This approach constitutes a related field that is the legacy of pragmatism. Field oriented psychological events as a series of interactions between organisms and fields defined on an ongoing basis and record the organisms are considered (8). The purpose of psychological flexibility acceptance Commitment Therapy as the ability to change or stability of functional classes that are realized through the objectives defined. Acceptance and commitment therapy encourages the authorities to take his uncomfortable feelings and thoughts. Also occurs in the context of the behavior and performance in mind that it is serving. Acceptance and commitment therapy theory is based on an analysis of the behavior. Although the acceptance and commitment therapy treatment based on the immediacy or meditation cannot be described, but there are strategies that include attitudes of mind and your clients learn how an observer is able to physical sensations, thoughts and emotions and are encouraged to see this as a person who possesses them, separate them. First, there are two features of this process, clients learn to what is present in the environment and personal experiences are carefully observed. Second, clients are taught to be what it is without any judgment or assessment of naming and describing them. Both of them make sense of the process of developing awareness of events and experiences that will help (Now I'm feeling, I'm thinking). Various techniques can be used to make references to the present moment and the main source of interference between the present moment: to avoid mixing. So boys and girls are trained to have

test anxiety due process of acceptance and commitment therapy to learn how to deal with their problem and they cannot overcome their anxiety and learn how to deal with this problem. They also recognized the problem and know their personal values. But untrained boys and girls continue to suffer because of lack of awareness of stress and anxiety during the exam and the problem of growth and progress will affect them considerably.

This study, like any other study has limitations, it can be stated that the findings and recommendations of the study states that further research on effective measures to deal with threats to internal and external validity of research projects to help. Limitations of this study are as follows.

-This Study was conducted in Isfahan and caution should be extended to other cities.

- Given that there has not been followed in this study, caution should be used to generalize the results in the long term.

- The study is limited to students with test anxiety was the second year of secondary education and to generalize the findings to other students Degrees must be caution.

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