



Cognitive-Behavioral Group Counseling on Reducing Test Anxiety of Students with Negative High School Perfectionism

Milad Samadi Borujeni*, Khaled Ahmadi Kia

Elementary School Teacher, Boldaji Education Department, Iran.

A B S T R A C T

The purpose of the present study was to investigate the effectiveness of group-based cognitive-behavioral therapy on reducing test anxiety in negative high school students in Iran in the academic year 2014-2015. This study was a quasi-experimental study with pretest-posttest with control group and the statistical population was all high school male students in Iran. The sample consisted of 30 subjects who scored high on the Test Anxiety Inventory (TAI) and Positive and Negative Perfectionism (PANPS) questionnaires and were randomly divided into two experimental and control groups. The experimental group received cognitive-behavioral group training for 8 sessions, one week per week, and the control group received no intervention. The instruments of this study were test anxiety (TAI) and positive and negative perfectionism (PANPS). The results of the analysis of covariance showed that there was a significant difference between post-test anxiety scores in the two experimental and control groups ($P < 0.05$). The results also showed a significant difference between the experimental and control group scores in both positive and negative perfectionism dimensions ($P < 0.05$). Based on the findings, it can be concluded that cognitive-behavioral group training was effective in reducing test anxiety and negative perfectionism.

Keywords: Cognitive-Behavioral Therapy, Test Anxiety, Perfectionism.

INTRODUCTION

In most educational systems today (including Iran), academic progress and upgrading is based on the evaluations and exams that students make during the school year and the grades these students earn on these exams (Larson et al., 2010; Nwokolo, Blessing, & Ekwutosi, 2017). Their destiny determines whether they go to higher education, or have to repeat the same class, or drop out of education. Hearing and fear of the exam may cause students to fail the exams despite having high IQ, high study and previous preparation (Van Koulil et al., 2007). Or they can't even get a score close to what they got in class. Test anxiety researchers see situation anxiety as being closely related to students' learning performance in educational settings and have been defined as a relatively stable attribute associated with threatening situations (McDonald, 2001).

Sarason refers to the nature of exam anxiety as a trigger for cognitive interference in the attentional process, distorted and unrelated tasks that cause learning disruption, academic

*. Corresponding Author: Samadi.M50@gmail.com

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performance decline, and school dropout (Enns & Cox, 2002; Frost, Marten, Lahart, & Rosenblate, 1990; Peterson & Halstead, 1998; Pishghadam & Akhondpoor, 2011).

There are many different interventions to reduce test anxiety in order to improve levels of perfectionism. One of these interventions is the Cognitive-Behavioral Therapy Model. It is an active, sector-oriented, short-term, and organized approach. According to this approach, one's emotions and behavior are usually determined by the structure of the world (Flett & Hewitt, 2002; Haase & Prapavessis, 2004; Hamilton & Schweitzer, 2000; Hill & Wigfield, 1984; Larson et al., 2010).

This cognitive-behavioral therapy is a combination of cognitive and behavioral approaches. This type of treatment helps the patient to identify distorted patterns and ineffective behaviors. Regular discussions and precisely organized behavioral tasks are used to change these distorted and dysfunctional thoughts (Asano et al., 2015; McDonald, 2001; Pahlavanzadeh, Abbasi, & Alimohammadi, 2017; Peterson & Halstead, 1998; Saboonchi & Lundh, 1997; Sadock & Sadock, 2011).

METHODOLOGY

The present study was a quasi-experimental study with pre-test and post-test with control group. The statistical population of the study consisted of all high school male students of Iran who were studying in the academic year 2013-2014. The sampling method in this study is random. One out of schools in Iran was randomly selected and all students were tested on Perfectionism and Anxiety Questionnaires (1600 students). Thirty subjects were selected and randomly divided into two experimental and control groups (15 in each group). Cognitive behavioral therapy training was then taken from Anthony, Ironson & Schneider's (2007) plan. The intervention consisted of 8 sessions, one 90-minute session per week, for the experimental group. Three 120-minute sessions were held for the control group to follow the ethics of conducting the research. In this study, two measurement tools were used to measure the dependent variables:

- Test Anxiety Inventory (TAI) developed In Iran. This scale is a self-report questionnaire consisting of 25 items that is set to a 4-point Likert scale (never, rarely, sometimes and often). These options are scored on a 0, 1, 2, and 3 basis, respectively, indicating that high scores on this questionnaire indicate high test anxiety. Reliability of this tool was using three methods of test-retest, internal consistency, and split-half. Obtained 0.77, 0.88, and 0.67, respectively.

Cognitive-behavioral intervention design: The group-based intervention approach used in this study was taken from the design of Anthony, Ironson, and Schneider (2007). This intervention consists of 8 sessions, 90 minutes per session per week.

RESULTS

Table 1 presents the indices of descriptive statistics for the sample under study including mean and standard deviation for the variables under study in this study.

Table 1. Descriptive Indicators of Research Variables

Variables	Groups	levels	Mean	Standard deviation
exam stress	Witness	pre-exam	59.6	5.75
		Post-test	61	5.68
	test	pre-exam	60.2	5.41
		Post-test	45.26	5.11
Negative perfectionism	Witness	pre-exam	80.26	5.47
		Post-test	79.6	5.71
	test	pre-exam	80.13	5.6
		Post-test	63.13	5.28
Positive perfectionism	Witness	pre-exam	58.53	4.82
		Post-test	62.66	6.57
	test	pre-exam	58.93	4.33
		Post-test	72.80	8.84

Table (1) shows that the mean of the post-test group decreased in the test anxiety variable compared to the control group (45.26). On the other hand, the mean of the post-test group decreased in negative perfectionism compared to the control group (63.13). Finally, the mean post-test group mean increase in positive perfectionism compared to the control group (72/80).

Research hypothesis: Cognitive-behavioral group therapy reduces students' test anxiety.

Table 2. Summarizes the results of the analysis of covariance for comparing mean test anxiety post-test with pre-test control in experimental and control groups.

Source of Changes	sum of squares	Mean squares	F	p	Eta
pre-exam	577.186	577.186	13.815	0.001	0.833
group	1931.167	1931.167	96.247	0.001	0.78
Error	541.747	20.065			
Total	8737				

After controlling for the pre-test effect, the effect of cognitive-behavioral training on post-test scores of the two experimental and control groups in the test anxiety variable was investigated. As the data in Table 2 show, there was a significant difference between the two groups ($P < 0.05$ and $F = 96.224$). Therefore, the first hypothesis of the present study is confirmed. This result means that cognitive-behavioral training on test anxiety variable was effective in the experimental group in the post-test and reduced their test anxiety. According to the effect coefficient, (0.78) of the differences in the test anxiety in the post-test were related to cognitive-behavioral training.

Second hypothesis of the research: Cognitive-behavioral group therapy reduces negative perfectionism in students.

Table 3. Summarizes the results of the analysis of covariance for comparing mean post-test of negative perfectionism with pre-test control in experimental and control groups.

Source of Changes	sum of squares	Mean squares	F	p	Eta
pre-exam	247.859	247.859	11.126	0.001	0.833
group	2015.665	2015.665	90.843	0.001	0.77
Error	601.474	22.227			
Total	155679				

After controlling for the pre-test effect, the effect of cognitive-behavioral training on post-test scores of the two experimental and control groups in the negative perfectionism variable was investigated. As the data in Table 3 indicate, there was a significant difference between the two groups ($P < 0.05$ and $F = 90.843$). Therefore, the second hypothesis of the present study is confirmed. This result means that cognitive-behavioral training on the negative perfectionism variable was effective in the experimental group in the post-test and reduced their negative perfectionism. According to the coefficient of effect, (0.77) of the differences in the groups in the negative post-test of perfectionism was related to cognitive-behavioral training.

CONCLUSION

The purpose of the present study was to determine the effectiveness of cognitive-behavioral group therapy on test anxiety of negative perfectionist students of Iran in the academic year 2013-2014. To explain, the effect of treatment on each of the research hypotheses is examined.

Before examining the hypotheses, it is necessary to first discuss the relationship between perfectionism and exam anxiety. Perfectionism is defined as having a set of very high criteria for performance that are associated with extreme critical self-evaluation. Perfectionism as a personality trait is a multidimensional construct characterized by an effort to be perfect and to set high standards of performance, along with highly critical evaluations of personal behaviors and over-sensitivity to errors (Forrest et al., In relation to students, high-level perfectionist students tend to compare themselves to very high educational standards, because of their mistakes in terms of academic performance. They are highly valued and highly critical of themselves. They are extremely afraid of failure, weighing themselves with very high standards and feeling disconnected between performance and expectations (Stoeber & Rambow, 2007). Setting high goals and criteria beyond reach and irrationality, failing to meet these goals, and paying close attention to yourself leads to the experience of exam anxiety. These people are less able to focus on their academic duties and tasks, so their academic performance is poorer. Students who have high test anxiety and perfectionism and are too focused on themselves are more likely to feel anxious because they see a mismatch between existing behavior and their preferred behavior. An introduction to the relationship between perfectionism and test anxiety is presented and the hypotheses are explored.

The first hypothesis of the study was that group-based cognitive-behavioral therapy reduced students' test anxiety. The results of one-way analysis of covariance in Table 2 indicate that cognitive-behavioral group therapy was effective in reducing the test anxiety variable at the level of 0.0001.

In explaining this result, one must consider the nature of the test anxiety. According to Sarason, test anxiety is a type of self-employment that is associated with doubts about one's abilities and negative cognitive appraisal, which leads to distraction and drop in student performance. . High levels of test anxiety with irrelevant thoughts are associated with homework, worry, negative thoughts, and self-restraint during stressful activities, which in turn lead to interference with one's performance and lower performance. In fact, high-level test

anxiety causes one to always think about the consequences and consequences of the test and thus hide the clues in the student's memory. Along with emotional components, cognitive components are also effective in exam anxiety. In addition to feeling anxious about the test and the emotions that result from it, the cognitive thoughts that result from these emotions also influence test anxiety and anxiety. Interfering thoughts cause mental disruption and cessation of cognitive enjoyment during the exam. Intellectual interventions during exams affect student performance and ultimately lead to loss of self-esteem. Therefore, test anxiety is an emotional-cognitive phenomenon. Cognitive-behavioral therapy, on the other hand, focuses on the relationship between thoughts, emotions, physical symptoms, behavior, and the environment and emphasizes the central role of thought and related processes. The cognitive-behavioral model describes the psychological problems caused by a disorder in thinking, emotion, behavior, and physiology. According to this view anxiety and other affective disorders are the result of irrational and defective thinking. So thoughts and emotions are not separate actions and people with irrational thoughts have undesirable emotional states. Cognitive-behavioral therapy uses cognitive-behavioral techniques such as mental exposure and coping practice to help individuals to become aware of automatic thoughts and the relationship between thoughts and feelings, to replace rational, realistic and positive thoughts. Negatively distorted and changed attitudes to reduce test anxiety in students. Relaxation techniques target the physical components of anxiety, and people learn how to reduce the baseline level of stress when confronted with anxiety symptoms. Cognitive techniques also teach people to identify and test their anxious thoughts objectively. These techniques help clients modify and correct their misinterpretations and interpretations of stressful situations, such as exam situations. Then, cognitive-behavioral therapy emphasizes the role of cognitive components and their relationship to emotions and behavior. And using exposure techniques changes one's attitudes and perspectives, thereby reducing test anxiety, which is a cognitive-emotional component, in students, and students can use the techniques used in cognitive-intervention sessions. Behaviors have learned to reduce their anxiety in exam situations.

The second hypothesis of the study was that group-based cognitive-behavioral therapy reduced students' negative perfectionism. Based on the findings in Table 3, the post-test of the experimental group in the negative perfectionism variable was significant at the level of 0.0001 and the second hypothesis on the effectiveness of cognitive-behavioral group therapy in reducing the negative perfectionism was confirmed in the post-test. Negative perfectionism is characterized by the discrepancy between performance and expectations, disabling self-doubt, negative attitudes toward mistakes, harsh self-criticism, and dissatisfaction with personal performance. Adopting high and unrealistic standards that never materialize, a strong rumor about mistakes, a huge discrepancy between one's performance and standards, a skepticism about one's actions, an expectation of completeness, and an incentive to avoid negative consequences are the most important features of perfectionism. Is negative. Completion of the task is not only enjoyable for negative perfectionists, but they are also concerned about the incompleteness of the task. Negative perfectionism with cognitive consequences such as anxiety and procrastination, low self-esteem, self-criticism, emotion-focused coping and guilt. Relationship. Negative perfectionism is an avoidant construct that resonates with the failure of idealistic standards and reinforces unrealistic expectations on the one hand by failing to meet the criteria and creating unsuitable behaviors to compensate for failure and failure on the other. Removing oneself from personal realities and limitations initiates repetitive, ineffective

psychological and behavioral processes. Negative perfectionism is, therefore, a psychological injury that is sustained by specific cognitions and behaviors such as a tendency to the law of all or nothing, and the expectation of perfect and complete outcomes (Reilly et al., 2007). In other words, because cognitive distortions and dysfunctional attitudes are effective factors in creating and maintaining perfectionism, emphasizing these defective cognitive components and modifying them can reduce the symptoms of perfectionism. Converting unrealistic goals to realistic and changing cognitive distortions is the most important goal of cognitive-behavioral therapy. Cognitive-behavioral interventions with coping practice, challenging self-criticism, and changing the need for authorization as well as challenging ineffective perfectionist automatic thoughts are effective in changing one's attitude. Also evaluating the validity of negative, extremist, and unrealistic thoughts; evaluating the benefits and disadvantages of perfectionist thoughts and underlying beliefs that lead to the formation of such dysfunctional cognitions, leading to the formulation of real goals in accordance with available abilities and conditions and by increasing the flexibility of criteria, and the elimination of needlessness and absolutism in thought, reduce the symptoms of perfectionism in the individual. In other words, cognitive-behavioral intervention by modifying cognitive distortions reduces such distortions, especially all-or-nothing thinking, extreme generalization, exaggeration, and exaggeration, which are important elements of negative perfectionism. They are individual. In general, the use of techniques such as stopping thought when blaming themselves, ways of converting negative evaluations into positive evaluations, awareness of negative thoughts and cognitive distortions and its role in negative moods, training in expressive skills. Confronting high-level expectations and criticisms of others, emphasizing therapeutic communication to improve social relationships, modifying and changing the need for self-criticism, challenging self-criticism, teaching alternative thinking steps, and using problem-solving strategies, all effective strategies. Cognitive-behavioral is negative for improving and preventing perfectionism. It is clear that the application of these strategies, which are a key component of cognitive-behavioral therapy, reduces negative perfectionism and its symptoms.

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