

The relationship between self-compassion and test anxiety

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### Abstract

The present study is investigating the effects of self-compassion and test anxiety. To determine if self-compassion has any effects on test taking and test scores. The participants were randomly assigned into two groups, the control group, and the self-compassion group. The self-compassion group and the control group were assigned to spend 10 minutes on an exercise self-compassion exercise and the control group waited for 10 minutes. All participants also completed the test anxiety inventory (TAI), Self-compassion scale (SCS), Rosenberg self-esteem scale (RSE), subjective units of distress scale (SUDS), state-trait anxiety inventory (STAI), and the research associate test (RAT). There were 62 participants (67.7%) were female and (59.6%) were white/Caucasian, all the participants were recruited from Cape Breton University. The participants first completed baseline measures, then completed the self-compassion intervention. Unexpectedly, there were no significant differences between conditions ( $p = .24$ ). This could be due to a power issue or the participants not following the directions correctly. In future studies, researchers may induce more test anxiety by having participants complete the intervention before an academic exam. Additionally, researchers may pre-select individuals for elevated test anxiety.

Self-compassion is a relatively new concept to western psychology, although it existed in eastern philosophical thought for centuries. (Neff, 2003). The concept of self-compassion can expand our current understandings of healthy self-attitudes (Neff, 2003). Self-compassion is an act that involves showing yourself kindness and understanding in times of stress or difficult times (Brassard & Kocovski, 2022), instead of being self-critical and harsh when we make a mistake, fail at something, or feel imperfect.

Self-compassion broadens our existing understandings of mental well-being and leads to new ways of researching and treating mental disorders. Self-compassion is an adaptive response to stress, which can be linked to many psychological benefits, which include decreased shame, self-criticism, and self-esteem (Brassard & Kocovski, 2022). Many individuals struggle with self-compassion, including those with social anxiety. Individuals with social anxiety are highly self-critical and worried about being negatively judged and can lead to feelings of isolation.

There have been studies that found positive results for inducing self-compassion amongst individuals with social anxiety. These studies elicit self-compassion by use three distinct, yet interconnected themes (1) self-kindness, treating oneself with kindness you would show a loved one (2) common humanity, accepting one's stresses as part of the human experience, and (3) mindfulness, keeping your thoughts and feelings in balanced awareness (Brassard & Kocovski, 2022; Blackie & Kocovski, 2018; Harwood & Kocovski, 2019).

Self-compassion has shown to be an effective way to reduce symptoms of mental illness and increase an individual's wellbeing (Yela et al., 2021). The mindful self-compassion (MSC) program helps individuals train themselves to take aversive thoughts, emotions, and sensations, while promoting attitudes of acceptance, openness, and kindness towards oneself and others (Yela et al., 2021). The term mindfulness means maintaining a moment-by-moment awareness of

one's surroundings, environment, and feelings, without judging them as good or bad. Self-compassion interventions improved the levels of mindfulness and well-being, while reducing stress, self-criticism, anxiety, and depressive symptoms (Yela et al., 2021). Those who practice mindfulness tend to have higher levels of self-compassion than those who do not, they also have fewer feelings of anxiety, depression, and stress. In college students, self-compassion has been associated with better well-being, operationalized as subjective vitality, life-satisfaction and affect, and less homesickness and depression (Kroshus et al., 2021). Individuals who engage in coping behaviours like self-compassion have fewer depressive symptoms, negative affect, and perceived stress (Kroshus et al., 2021).

Self-compassion may lead to beneficial effects by shifting away from rumination. Rumination is described as a form of experiential avoidance, where individuals make negative comparisons between the current and desired state and engage in repetitive self-focused evaluative thinking in an attempt to reduce the perceived discrepancies. (Fauvel et al., 2021). However, engaging in this type of thinking often leads to poorer mental wellbeing. For instance, Blackie and Kocovski (2016) showed that higher levels of rumination following a social situation led to greater levels of anxiety for future social situations. One way to guard against rumination is through self-compassion (Blackie & Kocovski, 2018). Self-compassion may serve as a way of processing those negative emotions you may feel during a hard or stressful time, while protecting against rumination, shame, depression, and anxiety (Fauvel et al., 2021).

Given the beneficial effects of self-compassion in relation to social anxiety and rumination, self-compassion may also exert beneficial effects to other types of anxiety and ruminative worry. Test anxiety is becoming a widespread issue in many contemporary societies, having a significant detrimental effect on the attainment, health, and well-being of many young



people (Brown et al., 2022). Test anxiety is widely considered to be multidimensional, consisting of cognitive, behavioural, and physiological components (Brown et al., 2022). The cognitive component refers to worries and negative pre-occupying thoughts around test failure and the perceived consequences of failure. The behavioural component refers to both the pre-examination study habits of the students and their actions during the examinations. The psychological component refers to bodily symptoms such as headaches, shaking or an increased heart rate (Brown et al., 2022).

Test anxiety is the tendency to react with feelings of concern and physiological arousal to situations where one's knowledge or skill is being formally appraised, and where one is concerned about the potential negative consequences of failure or poor performance (Jolly et al., 2021). Test anxiety is associated with several maladaptive outcomes, including poorer academic performance and higher drop-out rate (Chapell & Blanding, 2005; Jolly et al., 2021). Hill and Wigfield (1984) reported that test anxiety has affected about 25% of American students at primary and secondary levels (Talib, 2012). Given this information, schools and post-secondary institutions should implement interventions to reduce test anxiety. .

Test anxiety can become further exacerbate when in high-stakes evaluative situations. Plante et al., 2022 found that when exposed to evaluative situations, up to 40% of students develop test anxiety, reflected by extensive worry, intrusive thoughts, and physiological arousal they also found that girls generally experience higher levels of test anxiety than boys. Despite the high number of students suffering from test anxiety, there is little to no help offered at most intuitions; even though most schools place an important social value on high performance and achievement (Plante et al., 2022). The transition to secondary school seems to be a turning point in increasing the pressure to perform, as admission to secondary school, much more frequently

than to elementary school, often requires meeting high performance standards (Plante et al., 2022). With all this focus on high academic performance and the transition into secondary school, there is a good reason for test anxiety to increase or develop and poor academic performance is often the result.

Given the negative implications associated with test anxiety, it is important to investigate effective intervention strategies. Some interventions for test anxiety are: cognitive behavioural techniques which are relaxation techniques, exposure tasks, and relaxation techniques. Cognitive behavioural (CBT) and skill building approaches reduce test anxiety and are effective (von der Embse et al., 2012). O’driscoll and McAleese 2021 found that there were reductions in test anxiety and general anxiety, as well as increases in self-compassion from pre- to post-intervention for adolescents receiving compassionate mind training (CMT). So why not self-compassion, self-compassion has shown to be a good intervention for public speaking so why not with test anxiety? In the present study I looked at the effects self-compassion had on test anxiety also if there were any differences in test performance between the control and the self-compassion group.

In the present study I am looking to see if self-compassion is an effective intervention for test anxiety. It is expected that the self-compassion group should do better on the RAT than the control group, the self-compassion group is expected to score higher on the RAT than the control group. The self-compassion group should also show less signs of test anxiety than the control group.

## Method

In the present study it is hypothesized that the self-compassion group will perform better on the RAT test and have lower test anxiety before and after the test compared to the control group.

### Participants

Participants will be Cape Breton University (CBU) students that are at least 18 years or older, and can be of any gender, race, or ethnicity. Participants were recruited from classroom announcements and will need to give written consent. The study also received consent from the ethics board at CBU. Participants will answer questions on gender, age, and ethnicity (see appendix A). Demographic characteristics were reported the age range was 18-24, the majority of the participants were females at 67.7%, white/Caucasian 59.6% all the participants are students at Cape Breton University.

### Measures

**Test Anxiety Inventory (TAI).** To assess test anxiety, participants were given the full version of the TAI (Spielberger et al., 1980). The TAI consists of 20 items such as: “I feel confident and relaxed while taking tests.” For each item the participants will rate their response on a 4-point scale which will range from “almost never” (1) to “almost always” (4). The items on the questionnaire are in appendix B.

**Self-compassion scale – short form (SCS-SF; Raes et al., 2011).** The SCS-SF was used to evaluate the degree of self-compassion in the participants. The participants were given a questionnaire that consisted of 12 items such as: “When I fail at something important to me, I become consumed by feelings of inadequacy”. The participants will rate their response on a on a

5-point scale which will range from “almost never” (1) to “almost always” (5). The items on the questionnaire are in appendix C.

**Rosenberg self-esteem scale (RSE).** To assess self-esteem, the RSE (Rosenberg, 1965) was given to participants. The RSE is a 10-item scale that measures one’s self-worth. The scale consists of questions such as: “At times I think I am no good at all”. The participants will rate their response on a 4-point scale which ranges from “strongly agree” (1) to “strongly disagree” (2). The items in this questionnaire are in appendix D.

**Subjective units of distress scale (SUDS).** To assess state levels of distress, participants were asked to rate their highest level of anxiety in the present moment (Wolpe, 1966). The participants will rate their level of distress on a scale of “no distress” (0) to “highest possible distress” (100). The items in this questionnaire are in appendix E.

**State-Trait Anxiety Inventory (STAI).** To measure state anxiety, the state form of Spielberger’s State-Trait Anxiety was administered (Spielberger, 1983). The STAI consists of 20 items that evaluates how the participant feels right now in this moment. There are 20 different statements such as: “I feel calm right now”. The participants will then rank their responses on a 4-point scale which ranges from “Not at all” (1) to “very much so” (4). The items in this questionnaire are in appendix F.

**Research Associate Test (RAT).** The participants were given the RAT (Mednick, 1962) to assess test performance. The participants will be given three cue words that are linked together by a fourth word which is the correct answer. The RAT consists of 10 items. the items in this questionnaire are in appendix G.

**Procedure**

The participants will be given the questionnaire booklet and take it home to complete the participants received instructions on how to complete the questionnaire beforehand, all questionnaires will be done in the same order. The participants first completed baseline measures which were the Test Anxiety Inventory (TAI), the Self-Compassion scale (SCS), and the Rosenberg Self-Esteem scale (RSE). The participants then completed the Subjective Units of Distress scale (SUDS), and the State-Trait Anxiety Inventory (STAI) to determine their anxiety before the test. The self-compassion group then spent 10 minutes on a self-compassion exercise and the control group sat and waited for 10 minutes. The participants were then informed that they were going to be taking a very hard test that would test their intelligence and determine their academic success in university. Then the participants completed the SUDS and STAI once more to test their anxiety during the test. After completing all the tasks, the participant will be made aware that the test has no indication of their future academic performance they will then be debriefed, and they are free to go. Ethics approval was obtained before any of the tasks were carried out and data was collected.

**Research Design**

The data from this study will be analyzed using a multivariate analysis of variance (MANOVA). The independent variable is self-compassion vs. control group. The dependent variables are the STAI, TAI, RAT, SUDS, SEC, RSE.

## Results

**Comparing Baseline Measures** Independent samples *t*-tests were conducted to compare the self-compassion and control conditions on baseline variables occurring before the manipulation. The results show no significant differences on measures before the manipulation, as reported in table 1.

**Table 1**

### Independent Samples T-Test

	t	df	p	Mean Difference	SE Difference
TAI_score	0.39	60	0.70	1.51	3.90
SCS_score	-1.23	60	0.23	-2.58	2.11
RSE_score	-0.63	60	0.53	-1.00	1.59

*Note.* Conditions did not significantly differ on measures before manipulation.

**Comparing Conditions on Dependent Measures** the MANOVA was ran to compare conditions on the dependent measures. The measures in the MANOVA were the SUDS, STAI, and the RAT. The results shown in table 2, determine that there were no significant differences within the self-compassion condition and the control condition  $F(5, 48) = 1.40, p = .24$

**Table 2**

### MANOVA results

MANOVA: Pillai Test						
Cases	df	Approx. F	Trace <sub>Pillai</sub>	Num df	Den df	p
(Intercept)	1	202.16	0.95	5	48	< .001
Condition	1	1.4	0.13	5	48	0.24
Residuals	52					

The descriptive statistics for the SUDS, STAI, and the RAT test; show there were no significant differences between the control group and the self-compassion group. the SUDS before and after the test and the STAI before and after the test as well as the results from the RAT test all

came back as non-significant. this shows that there was no difference in the test scores or the levels of anxiety between the self-compassion and the control condition. The results are shown in table 3.

**Table 3**  
**Descriptive statistics**

<b>Descriptive Statistics</b>										
	SUDS_before		STAI_score		RAT_score		SUDS_after		STAI_after_score	
	Self-compassion	control	Self-compassion	control	Self-compassion	control	Self-compassion	control	Self-compassion	control
<b>Valid</b>	30	26	32	30	30	29	31	26	32	30
<b>Missing</b>	2	4	0	0	2	1	1	4	0	0
<b>Mean</b>	44.8	40.3	44.8	42.27	30	25.52	49.3	57.2	45.9	47.4
<b>Std. Deviation</b>	27.8	25.7	12.1	14.55	40.2	37.6	33.3	26.43	15.2	15.36
<b>Minimum</b>	0.00	0.0	23.0	0.0	0.00	0.0	0.00	0.0	20.0	0.0
<b>Maximum</b>	100.0	95.0	73.0	72.0	100.0	100.0	100.0	100.0	75.0	75.0

## Discussion

The present study tested whether self-compassion is an effective intervention on test anxiety. The outcomes of the present study have provided insight on the effects of self-compassion and test anxiety regarding test taking and test scores. In past research it has been shown that self-compassion leads to a decreased physiological and subjective distress responses during a speech performance (Blackie and Kocovski, 2017). It has also been found that self-compassion led to less anticipatory anxiety among socially anxious individuals (Blackie and Kocovski, 2017). Since self-compassion is an effective intervention for other anxieties why not for test anxiety.

When we compared the dependent variables on the MANOVA the results also came back as non-significant. This was not expected but could have happened for several reasons. There may not have been enough power for significant results given the relatively small sample size. The test may not have been threatening enough or did not mean enough to them. Since participants took the questionnaire home, they may not have followed the directions correctly (did not spend the full ten minutes on the Self-Compassion condition or they did not sit and wait). Participants were not screened for having test anxiety due to not having a large enough population to prescreen. As a result, the intervention may not have worked because there were not high enough levels of anxiety to reduce.

Other interventions may work better for lowering test anxiety such as the attention training technique (ATT) Fergus and Limbers (2019), found that ATT could be a possible intervention for test anxiety for adolescents with a stronger metacognitive belief about the benefits and consequences of worry. In their study they found that ATT yielded greater test anxiety reductions than a control for these students at postintervention, with the effects remaining at the 3-week follow up. Another intervention researchers can look at is hypnotherapy and neurolinguistic programming in the study by Patel et al., (2022), they found that both hypnotherapy and neurolinguistic programming were both effective in reducing test anxiety. However, hypnotherapy proved to be more effective in terms of post-test scores and follow-up scores as well.

Amani et al., (2021) found that behavioral, cognitive, metacognitive, and cognitive-behavioral methods are effective in reducing test anxiety in girls and in college students. These results show that there is an effectiveness on test anxiety in therapy interventions, but cognitive-behavioral interventions were found to be more effective than other interventions.



In conclusion the results from this study show that self-compassion does not appear to exert effects on test anxiety this could be due to the participants lack of anxiety surrounding the test given to them or because they were not prescreened for already having test anxiety. As a result, self-compassion may not be an effective intervention for test anxiety. Researchers may wish to focus on other interventions for test anxiety such as ATT or hypnotherapy and neurolinguistic programming, or cognitive-behavioral interventions rather than self-compassion.

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Appendix A  
Demographic information

1. How old are you? \_\_\_\_\_

2. With what gender do you most closely identify with?

Female \_\_\_\_

Male \_\_\_\_

Non-Binary \_\_\_\_

Prefer not to self-describe \_\_\_\_\_

Other \_\_\_\_\_

If other, please specify: \_\_\_\_\_

3. With what ethnicity do you most closely identify with?

White/Caucasian \_\_\_\_\_

Black/African Canadian \_\_\_\_\_

Asian \_\_\_\_\_

Middle Eastern/West Asian \_\_\_\_\_

First Nations \_\_\_\_\_

Other \_\_\_\_\_

If other, please specify \_\_\_\_\_

Appendix B  
Test Anxiety Inventory

	1 = almost never	2= sometimes	3= often	4= almost always
I feel confident and relaxed while taking tests	1	2	3	4
While taking examinations I have an uneasy, upset feeling.	1	2	3	4
Thinking about my grade in a course interferes with my work in tests	1	2	3	4
I freeze up on important exams	1	2	3	4
During exams I find myself thinking about whether I'll ever get through school.	1	2	3	4
The harder I work at taking a test, the more confused I get.	1	2	3	4
Thoughts of doing poorly interfere with my concentration on tests.	1	2	3	4
I feel very jittery when taking an important test.	1	2	3	4
Even when I'm well prepared for a test, I feel very nervous about it.	1	2	3	4

I start feeling very uneasy just before getting a test paper back.	1	2	3	4
During tests I feel very tense.	1	2	3	4
I wish examinations did not bother me so much.	1	2	3	4
During important tests I am so tense that my stomach gets upset.	1	2	3	4
seem to defeat myself while working on important tests.	1	2	3	4
I feel very panicky when I take an important test.	1	2	3	4
I worry a great deal before taking an important examination.	1	2	3	4
During tests I find myself thinking about the consequences of failing.	1	2	3	4
I feel my heart beating very fast during important tests.	1	2	3	4
After an exam is over, I try to stop worrying about it, but I can't.	1	2	3	4



During examinations I get so nervous that I forget facts I really know.	1	2	3	4
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Appendix C  
Self-compassion scale (SCS)

Statement	Almost Never				Almost Always
1. When I fail at something important to me, I become consumed by feelings of inadequacy.	1	2	3	4	5
2. I tend to be understanding and patient towards those aspects of my personality I don't like.	1	2	3	4	5
3. When something painful happens, I try to take a balanced view of the situation.	1	2	3	4	5
4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.	1	2	3	4	5
5. I try to see my failings as part of the human condition.	1	2	3	4	5
6. When I'm going through a very hard time, I give myself the caring and tenderness I need.	1	2	3	4	5
7. When something upsets me, I try to keep my emotions in balance.	1	2	3	4	5
8. When I fail at something that's important to me, I tend to feel alone in my failure.	1	2	3	4	5
9. When I'm feeling down, I tend to obsess and fixate on everything that's wrong.	1	2	3	4	5
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	1	2	3	4	5
11. I'm disapproving and judgmental about my own flaws and inadequacies.	1	2	3	4	5
12. I'm intolerant and impatient towards those aspects of my personality I don't like.	1	2	3	4	5

Appendix D  
Rosenburg Self-esteem scale

	Strongly disagree	disagree	agree	Strongly agree
On the whole, I am satisfied with myself.	1	2	3	4
At times I think I am no good at all.	1	2	3	4
I feel that I have a number of good qualities.	1	2	3	4
I am able to do things as well as most other people.	1	2	3	4
I feel I do not have much to be proud of.	1	2	3	4
I certainly feel useless at times.	1	2	3	4
I feel that I'm a person of worth, at least on an equal plane with others.	1	2	3	4
I wish I could have more respect for myself.	1	2	3	4
All in all, I am inclined to feel that I am a failure.	1	2	3	4

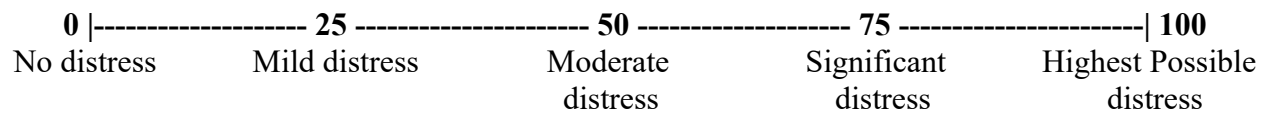
I take a positive attitude toward myself.	1	2	3	4
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Appendix E  
Subjective Units of Distress Scale

**Level of distress from 0 – 100**



Guideline for anxiety rating:



Appendix F  
State-Trait Anxiety Inventory

	Not at all	Somewhat	Moderately so	Very much so
1. I feel calm	1	2	3	4
2. I feel secure	1	2	3	4
3. I am tense	1	2	3	4
4. I feel strained	1	2	3	4
5. I feel at ease	1	2	3	4
6. I feel upset	1	2	3	4
7. I am presently worrying over possible misfortunes	1	2	3	4
8. I feel satisfied	1	2	3	4
9. I feel frightened	1	2	3	4
10. I feel comfortable	1	2	3	4
11. I feel self-confident	1	2	3	4
12. I feel nervous	1	2	3	4
13. I am jittery	1	2	3	4
14. I feel indecisive	1	2	3	4
15. I am relaxed	1	2	3	4
16. I feel content	1	2	3	4
17. I am worried	1	2	3	4
18. I feel confused	1	2	3	4
19. I feel steady	1	2	3	4
20. I feel pleasant	1	2	3	4

Appendix G  
Research Associate Test (RAT)

Bass-Complex-Sleep	
Chamber-Staff-Box	
Desert-Ice-Spell	
Base-Show-Dance	
Inch-Deal-Peg	
Soap-Shoe-Tissue	
Blood-Music-Cheese	
Skunk-Kings-Boiled	
Jump-Kill-Bliss	
Shopping-Washer- picture	

