A PERSON-CENTERED APPLICATION TO TEST ANXIETY

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ABSTRACT. Literature examining the treatment of test anxiety over the last few decades focuses primarily on the efficacy of cognitive and behavioral interventions (e.g., Allen, 1972; Meichenbaum, 1972, 1977). Over time, interventions have become even more symptom-specific (e.g., Broota & Sanghvi, 1994; Gosselin & Matthews, 1995). However, some researchers suggest that anxiety-focused approaches may not improve performance, and skills acquisition and training may not reduce anxiety (e.g., Klinger, 1984; Paulman & Kannelley, 1984). While some studies suggest that person-centered variables enhance therapeutic outcomes in the treatment of test anxiety, almost no literature exists comparing the efficacy of these different approaches (e.g., Ryan & Moses, 1979; Payne, 1985). A case summary describes a person-centered application to the treatment of test anxiety as a non-directive, individualized alternative to symptom specific-modalities.

Most of the empirical research on the treatment of test anxiety in college students examines variations of behavioral, cognitive, or cognitive-behavioral therapy to ameliorate symptoms (e.g., Allen, 1972; Anton, 1976; Berrick, 1971; Kaplan, McCordick & Twitchell, 1979; McCordick, Kaplan, Smith, & Finn, 1981; Meichenbaum, 1972, 1977; Meichenbaum & Butler, 1980; Scissons & Njaa, 1973). These studies generally compare a combination of insight (cognitive) and desensitization (behavior modification) to a no-treatment control group, compare group to individual therapy, or manipulate additional variables such as study skills training. More recent studies examine the efficacy of specific techniques such as stress inoculation (Sharma, Kumaraiah, & Mishra, 1996), eye movement desensitization and reprocessing (Gosselin & Matthews, 1995), virtual reality and biofeedback (Knox, Schacht, & Turner, 1993), relaxation training programs (e.g., Broota & Sanghvi, 1994) and guided imagery (Sapp, 1994).

While there is a growing body of research exploring various cognitive and behavioral techniques in the treatment of test anxiety, discrepancies have arisen regarding the effectiveness of traditional cognitive and behavioral interventions. Some researchers suggest that these approaches reduce anxiety but do not improve performance (e.g., Klinger, 1984; Paulman & Kannelley, 1984; Galassi, Frierson, & Sharer, 1981). They advocate skills training and acquisition to facilitate greater performance. To address these discrepancies, combinations of performance- and anxiety-focused treatments are being studied for effectiveness (e.g., Krouse & Krouse, 1981; Wilson, Omeltschenko, & Yager, 1991).

Wachtel (1991) applies an integrative approach, combining behavioral and psychodynamic techniques, to the treatment of test anxiety. In a case example, Wachtel's
emphasis is unique in the literature, since he works to balance the therapeutic focus between the individual and the symptoms. However, research exploring the treatment of test anxiety, overall, fails to address the need to explore effective therapeutic approaches for individuals who may not respond to or care to engage in symptom-specific interventions. In fact, none of the studies described above uses a person-centered approach as a basis for comparison. Only Payne (1985) compared a client-centered approach to a behavioral strategy (Anxiety Management Training) in the treatment of test-anxious college students. While both methods had significant treatment effects, there were no significant differences in effect between treatment conditions. Some studies found person-centered variables to be important to the effective treatment of test anxiety in college students (e.g., Heinerth & Graessner, 1973; Payne, 1985; Ryan & Moses, 1979). Ryan & Moses (1979) showed that therapist warmth accounted for greater reduction in both trait and test anxiety as well as a greater satisfaction with the therapeutic experience of systematic desensitization. Heinerth and Graessner (1973) reported that discussions based on person-centered variables, prior to test-taking, had significant results in decreasing anxiety as compared to autogenic training, music therapy, or conversations with peers.

In the absence of evidence suggesting that a person-centered approach to test anxiety is less effective than any other therapeutic approach, client preference may be an important variable to consider. Kowitt and Garske (1978) found that high self-disclosers preferred a person-centered approach, while low self-disclosers preferred systematic desensitization. Knudson and Carskadon (1978) found that persons with abstract conceptual systems preferred a person-centered approach more than concrete conceptualizers. Previous counseling experience also emerged as influencing preference for therapeutic approach. Hensley, Cashen and Lewis (1985) found that persons with previous person-centered counseling experience chose behavioral approaches, while persons with no previous counseling experience chose a person-centered approach. However, Coursol and Sipps (1986) caution that presentation media of counseling approaches has been shown to affect preference. Reviews of written presentations favor a person-centered approach, whereas reviews of audiovisual presentations favor a behavioral approach.

Shelton and Mallinckrodt (1991) studied college students' preference for treatment approach to test anxiety. While the intervention choices for performance- or anxiety-focused approaches were only cognitive and behavioral in nature, the study does suggest group differences in the experience of test anxiety. Shelton and Mallinckrodt examined the relationships between degree of test anxiety, locus of control (internal or external), and perception of self-efficacy. Their findings indicated that participants who were higher in test anxiety tended to be lower in self-efficacy, to be external in their locus of control, and to choose anxiety-focused treatments. Participants who were lower in test anxiety tended to be higher in self-efficacy, to be internal in their locus of control, and to choose a performance-focused treatment approach. The authors explain this outcome using social learning theory (Bandura, 1986), which purports that individuals who perceive themselves as acted upon by external forces and feel unable to control negative occurrences in specific settings develop fear and anxiety in those environments. By shifting the locus of control from external to internal sources, individuals can attribute success to themselves (rather than luck or fate). A greater sense of self-efficacy and control reduces the level of fear and anxiety in those situations.
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Based on their findings, Shelton and Mallinckrodt (1991) suggest that there may be two types of externalizing individuals: defensive and congruent. Defensive externalizing may be exhibited by individuals who are actually internal in their achievement motivation, but when faced with highly competitive situations develop an external locus of control to guard against potential feelings of failure (as cited in Ducette, Wolk, & Soucar, 1972; Prockuk and Breen, 1975). By contrast, Shelton and Mallinckrodt cite Wong and Sproule's (1984) definition of congruent externals as individuals who are less likely to accept personal responsibility for their actions, lack internal achievement motivation, and demonstrate skill deficits. Similarly, d'Alelio (1984) studied resultant achievement motivation, locus of control, and self-perceived ability level of undergraduates in an effort to determine clinically significant subgroups of test-anxious students. Results indicated that the group of students demonstrating the highest achievement motivation with the lowest self-perceived ability had the poorest performance and the highest frequency of self-defeating study habits and attributions.

In recent research on achievement motivation, Piedmont (1995) explores the constructs of fear of success, fear of failure, and test anxiety as they relate to the five-factor model of personality. His findings suggest a relationship between the personality domains of neuroticism and conscientiousness and all three constructs. In the five-factor model, neuroticism is defined as a tendency toward negative affect, including depression, anxiety, and hostility. Conscientiousness is defined as persistence, organization, and motivation in goal-directed behaviors. In an effort to understand the relationship of these personality variables to the fear of failure, fear of success, and test anxiety, Piedmont developed a preliminary interpretation of personalologic descriptions based on the four combinations of high-low neuroticism and consciousness.

Two groups emerged as associated with high levels of test anxiety: individuals high in neuroticism and high in conscientiousness as well as individuals high neuroticism and low in conscientiousness. High neuroticism-high conscientiousness describes individuals who are likely to be "anxious, possessive and particular" (Piedmont, 1995, p. 152). While these individuals may have a history of success, they can present with somatic complaints and considerable conflict in their aspirations. This group may parallel Shelton and Mallinckrodt's characterization of defensive externalizers as individuals who possess internal achievement motivation, but are blocked by some conflict in aspiration or have developed an external locus of control for self-protection. High neuroticism-low conscientiousness describes individuals who may be "erratic, inconsistent, compulsive, and self-indulgent" (Piedmont, 1995, p. 152). Since achievement has not been important to these individuals, they lack a history of success. However, Piedmont cautions, in a competitive situation, these individuals may perform at a low level on purpose, to offset additional negative feelings if their true efforts fail. This description would be akin to Shelton and Mallinckrodt's characterization of congruent externalizers: individuals who lack achievement motivation and believe they have little control over actual success.

The collective data provided by Piedmont (1995), Shelton and Mallinckrodt (1991), and d'Alelio (1984) suggests that test anxious individuals may present with different therapeutic needs and preferences. Piedmont's study in particular seems to define two types of test-anxious individuals. One group presents with a high degree of test anxiety, low levels of achievement motivation, and skill deficits. The other group presents with test anxiety as
well, but demonstrates high motivation for success and good study and test-taking skills when applied. Based on the literature, the trend toward combining cognitive and behavioral techniques with study skills training would be an appropriate treatment recommendation for the first "type" of test-anxious individuals. However, the second "type" of test-anxious individuals may derive little benefit from this approach since the literature suggests that anxiety-focused approaches may not actually improve performance, and skills training would be unnecessary.

The following case study examines a person-centered approach as a non-directive alternative to the treatment of test anxiety in a highly motivated and proficient college student. The identification and exploration of many of the specific variables described in the literature as affecting the development and maintenance of test anxiety (e.g., locus of control, achievement motivation, perceived self-efficacy, self-appraisal, and ability to induce relaxation) are evident in this case study. However, due to the client/person-centered application in this example, the emphasis is placed on the individual and the therapeutic process, which facilitates the client's discovery of not only these variables, but also the range of unique experiences that have combined to create her perception of reality.

Lana was self-referred to a University Counseling Center reporting test anxiety, which included nausea and trembling, over-studying, and failing to recall data during testing. A 26-year-old Caucasian woman in her junior year, Lana had transferred from a community college the previous semester. She had arrived with an excellent academic record, was highly conscientious, and had been proficient in her study skills. At intake, Lana reported that a therapeutic experience using a cognitive-behavioral approach to reduce test anxiety the previous semester had been unsuccessful.

At this point, Lana expressed a desire to talk about her problem and to try to figure out what factors in her life were responsible for her test anxiety. She described feeling out of control with respect to the test anxiety. Feeling in control of the content and direction of therapy seemed very important to Lana. The discussion that led to our mutual decision to enter into a therapeutic relationship using a person-centered approach was, perhaps, Lana’s first step toward trusting and taking responsibility for herself through the development of self-awareness and self-acceptance. A summary of ten counseling sessions over seven months describes aspects of the therapeutic process that were particularly salient to the reduction of Lana’s experience of test anxiety.

At first, Lana focused on the stress and anxiety she felt regarding her recent academic performance. Although she described her experience of success, approval, and acceptance by the students and faculty in her previous academic environment as the most satisfying she had ever encountered, she offered little expression of grief or sadness at the loss of such a significant support system. Lana reported relocating along with her fiancé because he wanted to be closer to his family of origin. He had not asked and she had not offered her feelings about this move. When she entered therapy, Lana reported being unaware of what her feelings were regarding the move or the process that led to their decision to move. She only knew that she was having difficulty acclimating to her new curriculum and had been experiencing extreme test anxiety since her arrival. She disclosed increasing feelings of anxiety, confusion, and loss of control. She reported struggling to understand this behavior.
As we proceeded in therapy, Lana provided details of her family background. Regardless of the content in her stories, her lack of affect was striking. Both of her biological parents were alcoholics. Her mother has been sober for the past ten years. Her father died several years ago of alcohol-related complications. Lana described herself as the "mother" of the family although she was the youngest of three siblings. Consistent with her role of parentified child, Lana easily identified themes of over-control, over-responsibility, and attention to future that had always guided her decisions and behaviors. However, she was unaware of her feelings about having to carry out this role. Lana described her ability to assess a situation and "just do what needed to be done" because there was no one else to do it. One insight Lana offered at this time was a growing awareness that the standards she had consistently aspired to were not readily identifiable and not entirely her own. She reported a relentless pursuit of perfection in order to meet some undefined expectation of herself in service of her family and others who had come to rely on her unwavering strength.

As we continued to meet on a weekly basis, I was able to witness the physical manifestations of Lana's test anxiety. On one occasion Lana moved up her appointment time to work through anxiety about a test she was having that day. Initially, as I empathized with her and offered reflection of the expressions of her anxious thoughts and feelings, Lana could only refer to the anxiety as if it were an outside entity invading her body, taking over her ability to concentrate. She described it as something she had no control over— it controlled her. This lack of control led Lana to berate herself for being unable to get rid of the invader. As Lana continued to present with anxiety, and I to reflect her experiences, she began to develop an awareness that the anxiety was coming from within her. She eventually came to call these feelings of anxiety her "anxious self." Slowly, she began to integrate the "anxious self" as a part of her. She had always accepted her strong, independent self, and she was beginning to accept her anxious self as well.

Lana disclosed a connection she had made between her current expressions of anxiety and a previous experience when her emotions had been similarly pent-up "like a pressure-cooker." While enrolled in a peer mediation program through her high school, Lana participated in a weekend retreat designed to make sure that students had their own issues worked out before they tried to mediate peer relationships. Through a brief experience with group process, Lana reported feeling as if the "lid blew off" as she released a mountain of emotions pertaining to her parents' divorce and her guilt regarding her mother's subsequent suicide attempt. At age 10, Lana made the decision to live with her father and stepmother in order to avoid a potential foster care placement because of her mother's drinking. Her mother attempted suicide the day Lana moved out of the house. A particularly important realization for Lana was that it had taken five years from her parents' divorce to "blow" the first time, which meant her current experience of emotionality could be an internal response to unresolved issues as well.

Lana's discomfort with a range of emotions prompted her to recall the low level of emotional expression that was permitted in her family of origin. She explored her father's overt disapproval of any emotional expression as well as his consistent lack of response to any of her achievements (e.g., academic honors, leadership positions, athletic accomplishments) as if she were noticing his behavior for the first time. Lana began to recognize that she was continuing to strive for his approval even after his death.
Lana's awareness of the conditions of worth that had been imposed upon her did not reduce her experience of test anxiety. Unable to define herself in any other way she continued to feel out of control emotionally and to focus on her academic program (e.g., choice of professor, internship site, course selections). She began to express anger toward the university, her professors, and her friends for being unpredictable, and for failing to be organized and detailed enough or to work as hard as she did. My efforts to be empathic and reflective of Lana's thoughts and feelings yielded unexpected results. In listening to my reflections of her cognitive processes, Lana was able to find humor in her statements. She began to reveal a relaxed, funny, confident side of herself. This openness allowed Lana to explore her anger and anxiety in a non-defensive manner. She discovered a tendency to exacerbate her feelings by her thoughts. She spontaneously revealed some specific thoughts and beliefs that were especially problematic to her.

Lana disclosed that she had determined that any grade of "C" would indicate that she was not capable of practicing in her chosen field. She also disclosed a fear that if she attended an AA meeting for her class, the members at the AA meeting might believe she was an alcoholic, a possibility she felt would be untenable. Lana recalled how this fear had prompted her to object to the routine class assignment to attend and report on an AA meeting earlier in the semester. She remembered her initial anger and opposition to the assignment, which later turned into procrastination and worry. Lana expressed a realization that she must have some unresolved issues relating to her parents' alcohol abuse. But she also expressed confusion at this realization, since she had always considered herself to be open and pragmatic about her parents' alcoholism and the decisions she needed to make for herself because of their condition.

Lana began to discuss her experience of focusing on herself in session. She reported positive feelings about our relationship, herself, her accomplishments, and her potential. This period of present focus appeared to promote enough courage for Lana to ask professors and supervisors for more information about her field and for informal evaluations of her academic performance. The honest, positive feedback she received was consistent with her emerging self-perceptions and bolstered her confidence even more. Lana began to re-examine and re-assess her current academic performance as favorable. As Lana moved toward greater self-acceptance, she reported the experience of more manageable levels of anxiety. Although she still experienced some nausea and trembling before and during testing, Lana reported improved data recall and better test scores. She also reported reducing her study time and engaging in more leisure activities. At this point therapy was terminated for summer break, although Lana continued to take courses.

Four months later, Lana re-entered counseling. Upon her return, she stated that her test anxiety had resumed, with the feelings of anxiety centering on her upcoming final and comprehensive exams. Lana expressed confusion and defeat, as if all of her accomplishments in therapy had been voided. The following session, Lana reported that her future mother-in-law had been hospitalized with a life-threatening illness. She explored feelings of lack of control and over-responsibility concerning her future mother-in-law's illness. As she examined her desire to control her future mother-in-law's fate, Lana accessed a deeper feeling of anger about her helplessness. She later processed the absurdity of expecting to somehow affect her future mother-in-law's illness and expressed profound relief in releasing herself from responsibility for her outcome. In letting go of control, Lana
acknowledged her limitations and eased her tension. In the few sessions that followed, Lana began to experience a resurgence of humor, confidence, and feeling "good enough." As a result of her excellent performance as an intern, Lana had been offered a permanent position. She acknowledged that both her grades and her performance had been good enough to obtain her desired outcome. Only the arbitrary standards she had imposed upon herself in an effort to meet ever-changing conditions of worth had been too difficult for her to achieve. At this point Lana elected to terminate therapy.

During our final session, Lana reported that her future mother-in-law had died. She grieved openly for this loss, and in the process exhibited her vulnerable, helpless self, the part of her that was completely unprotected. Through this experience of grief, Lana expressed an awareness of never having truly grieved for the loss of her father. She reported that her guilt at being unable to control the circumstances surrounding her attendance at his funeral had perpetuated feelings of failure. This had prompted her to keep striving for perfection in the hope that she would eventually find approval. As our session concluded, Lana expressed a growing confidence in her ability to trust herself to make decisions based on an understanding of her thoughts and feelings rather than the approval and expectations of others.

In addition to creating a growth producing environment by adhering to the person-centered belief in the use of genuineness, acceptance, and empathic understanding in the therapeutic relationship (Mearns & Thorne, 1988), certain aspects of our therapeutic interactions appeared to be particularly important to Lana's process of discovery and change. To begin, our mutual decision to engage in a person-centered approach facilitated our understanding of two key areas for work for Lana in therapy: developing a sense of trust in herself and gaining an internal locus of control. By treating Lana as a unique individual who is an expert about herself, shared power and control were conveyed as part of the therapeutic process (Bozarth & Temaner Brodley as cited in Mearns & Thorne, 1988).

Initially, Lana might have been conceptualized as a defensive externalizer (Shelton and Mallinckrodt, 1991) because she presented as conflicted in her aspirations and had developed an external locus of control, for self-protection, which blocked her access to internal achievement motivation. However, through the course of therapy, she gradually moved toward self-focus. Rogers (1951) describes this pattern of movement from a focus on symptoms, environment, and others to a focus on self as

\[ \ldots \text{due in part to the fact that the therapist's focus is upon his [the client's] feelings, perceptions, evaluations - in other words upon himself [the client]. It is also due to the fact that he [the client] senses that the self elements are the aspects of the situation which potentially are most certainly within his control (p. 135).} \]

Lana's locus of control shifted from external to internal as she became aware that the conditions of worth she had accepted had been imposed by others. The gradual rejection of these conditions of worth allowed Lana to create new values and standards that more accurately reflected her needs and goals.
Finally, the exploration of Lana's "other selves"—anxious, relaxed/humorous, and vulnerable—was facilitated by feedback on her affective and verbal changes in session. Once Lana began to integrate these different aspects of herself as the "whole self," she increased her level of self-acceptance by relinquishing the need to deny or reject the parts of herself she had once perceived as worthless. The development of Lana's self-awareness, self-acceptance, and courage to make decisions to change her thoughts and behaviors are reflective of a person-centered approach to treating the client as a whole person. As Bozarth and Temaner (as cited in Mearns and Thorne, 1988) proposed, instead of fragmenting the individual for a therapeutic intervention at the point of distress, relating to the whole person will allow a multidimensional and dynamic view of the client to emerge, facilitating self-awareness and self-acceptance.

REFERENCES


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