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MANAGING EXAMINATION ANXIETY THROUGH RATIONAL EMOTIVE BEHAVIOR THERAPY: AN EMPIRICAL INVESTIGATION

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ABSTRACT

Rational Emotive Behaviour Therapy (REBT) is a widely recognized psychotherapeutic approach known for its effectiveness in alleviating anxiety, depression, and other emotionally distressing symptoms. Central to REBT is the premise that addressing unhealthy or irrational thoughts and emotions can mitigate symptoms associated with various psychological disorders. The present study aimed to examine the efficacy of REBT-based techniques, specifically rational emotive imagery and positive coping statements in the management of exam-related anxiety. A total of 12 participants were selected, each receiving between 12 and 14 therapy sessions. All participants were briefed on the therapy procedures and ethical protocols prior to participation. To evaluate changes in anxiety levels, the Westside Test Anxiety Scale was administered before and after the intervention. The results demonstrated that the integration of rational emotive imagery and forceful coping statements within the ABCDE model of REBT significantly reduced test anxiety scores at post-assessment. Furthermore, findings indicated that using these techniques in combination was more time-efficient than following the traditional sequential REBT framework. This study contributes to the growing body of literature supporting the application of REBT in real-world performance settings, particularly in the context of academic stress and examination anxiety.

Keywords: *Rational Emotive Behaviour Therapy (REBT), Exam Anxiety, Positive Coping Statements, Academic Stress, Therapeutic Intervention, Anxiety Management, Psychological Intervention.*

INTRODUCTION

Exam anxiety is the phenomenological, physiological, and behavioural response that accompanies the possibility and fear of failure in an exam (Gregory, 2016). Every individual experiences anxiety at different levels, from minimal with no symptoms to excessive with symptoms that sabotage their daily activities. Agustiar and Asmi (2010) explained that fear of failure in exams can have a significant positive effect on productivity. However, anxiety characterized by excessive worry and distress can impair both the physical and psychological well-being of an individual. According to Eysenck, Santos, and Derakshan (2007), individuals experiencing anxiety often attempt to develop strategies to manage their symptoms in order to succeed. Moreover, excessive anxiety prior to an exam can interfere with mental clarity, motivation to study, self-confidence, and memory—factors critical for effective learning. Sundri (2005)

suggested that anxiety may stem from three main factors: (1) poor adjustment to one's current environment, (2) low frustration tolerance accompanied by excessive guilt, and (3) the presence of fear without a known cause.

According to Albert Ellis, Rational Emotive Behavior Therapy (REBT) is a therapeutic approach that emphasizes the role of irrational beliefs and illogical thinking as primary sources of subjective distress and low frustration tolerance. These irrational beliefs often contribute to a range of emotional and behavioral disturbances. REBT posits that by identifying and restructuring these maladaptive beliefs, individuals can achieve improved emotional well-being. Research has further documented the effectiveness of REBT in reducing exam-related anxiety through the application of its various therapeutic techniques (Bangun, 2021). Rational Emotive Behavior Therapy (REBT) distinguishes between two primary types of psychological disturbances: *ego disturbance*, which is rooted in one's self-image and self-concept, and *discomfort disturbance*, which arises from unrealistic demands placed on oneself, others, and the external world. Discomfort disturbance is further categorized into low frustration tolerance (LFT) and low discomfort tolerance (LDT), both of which are associated with maladaptive emotional and behavioral responses stemming from catastrophic thinking. REBT offers a range of cognitive, emotive, and behavioral techniques that have been shown to be effective in reducing exam-related anxiety (AlAmry, 2020). AlAmry also emphasized the importance of further investigating the effectiveness of REBT interventions among university students. In line with this, Nithiya (2018) conducted a quasi-experimental study involving 26 students, utilizing pretest and posttest measures to assess the impact of emotive techniques—such as relaxation strategies—on exam anxiety. The use of these techniques was found to reduce emotional reactivity to various stressors, ultimately improving academic performance. Similarly, Zettle (2003) employed systematic desensitization to reduce test anxiety specifically related to mathematics, while Al-Rashidi (2014) explored the effectiveness of the same technique in alleviating test anxiety and enhancing psychological adjustment in middle school students with learning disabilities.

The current study aimed to evaluate the efficacy of Rational Emotive Behavior Therapy (REBT) in reducing exam or test anxiety among adults. A growing body of literature supports the use of REBT disputing techniques to address exam-related anxiety and irrational beliefs. For example, Arnita and Netrawati (2024) found that group-based REBT interventions effectively reduced exam anxiety and enhanced academic performance. Similarly, Eifediyi (2017) applied the ABCDE model of REBT to school-aged children and reported significant reductions in test anxiety. REBT has also been investigated beyond academic contexts; Turner (2018) examined its application among amateur golfers and concluded that the intervention effectively reduced irrational beliefs and improved athletic performance. Likewise, Wood (2017) conducted a single-case study with an elite archer, documenting detailed therapist-client interactions focused on belief disputation. The study reported meaningful short- and long-term (six-month) reductions in irrational beliefs, alongside improvements in rational beliefs, self-efficacy, perceived control, and athletic performance. These findings support the utility of REBT for enhancing cognitive and emotional regulation in high-performance settings. Additionally, Bangun (2021) found similar outcomes, reinforcing the effectiveness of REBT in managing exam anxiety.

While these studies highlight the importance of intervention strategies to manage exam-related anxiety, they primarily focus on cognitive disputation within the ABCDE model. As existing literature suggests that exam anxiety involves cognitive, emotional, and physiological components—particularly maladaptive thoughts and somatic symptoms—the present study focused on integrating emotive techniques to enhance the efficacy of the ABCDE model. These techniques aimed to reduce emotional reactivity to exam-related stressors and improve overall productivity. Moreover, the inclusion of emotive strategies facilitated the development of self-help skills among participants, enabling continued emotional regulation even after the termination of the therapy

Methodology

Objective of the Study

The primary objective of the present study was to assess the effectiveness of Rational Emotive

Behavior Therapy (REBT) in managing exam anxiety among university students. Additionally, the study aimed to compare levels of exam anxiety between an REBT intervention group and a control group that received no psychological intervention. It was hypothesized that (1) participants in the REBT group would show a significant reduction in exam anxiety following the intervention, and (2) there would be a significant difference in post-intervention anxiety levels between the REBT and control groups.

Research Design

A pre-post control group design was employed in the current study. Twelve participants who met the pre-established inclusion criteria were recruited through purposive sampling and randomly assigned to one of two groups: an REBT intervention group (n = 6) and a control group (n = 6). The REBT group received between 12 to 14 individual therapy sessions, while the control group did not receive any intervention. Each session lasted approximately 60 minutes and was conducted once per week over a period of 12-14 weeks.

Participants

Participants were university students aged between 18 and 25 years. The inclusion and exclusion criteria for participant selection were as follows:

Inclusion Criteria:

1. Aged between 18 and 25 years.
2. Currently enrolled in a university or college.
3. Reported mild to moderate exam anxiety, as assessed by the Westside Test Anxiety Scale.
4. Availability to complete the full intervention period (approximately 12 weeks).

Exclusion Criteria:

1. Presence of any diagnosed mental health conditions, including psychosis, suicidal ideation, learning disabilities, neurodevelopmental disorders, or substance use disorders.
2. Prior participation in studies focused on exam anxiety, or current engagement in psychotherapy or psychopharmacological treatment for anxiety or other psychological issues.
3. Data were collected in two phases: pre-intervention and post-intervention, using the Westside Test Anxiety Scale as the primary assessment tool. Informed consent was obtained from all participants after briefing them about the purpose of the study, the expected duration of therapy (approximately 60 minutes per session), and the total length of the intervention. Participants were assured of the confidentiality and privacy of their data and were informed of their right to withdraw from the study at any time without penalty.
4. Demographic information was also collected, including participants' age, gender, year of university enrollment, educational background, family system, psychological or psychiatric history, medical history, and whether they were receiving any form of psychological or psychopharmacological treatment at the time of the study.
5. The Westside Test Anxiety Scale is a 10-item self-report measure designed to assess impairments caused by test anxiety, particularly those affecting academic performance. Most items focus on worry and concentration difficulties, as these are stronger predictors of academic impairment than physiological symptoms, which are not included in the scale. Each item is rated on a 5-point Likert scale: 1 = *Not at all true*, 2 = *Slightly true*, 3 = *Moderately true*, 4 = *Highly true*, and 5 = *Extremely true*.
6. The total score determines the severity of test anxiety, categorized as follows: 10–19 = *Comfortably low test anxiety*, 20–25 = *Average test anxiety*, 26–29 = *High normal test anxiety*, 30–34 = *Moderately high test anxiety* (some items rated 4 = high), 35–39 = *High test anxiety* (half or more items rated 4 = high), and 40–50 = *Extremely high test anxiety* (items rated 4 = high and 5 = extreme).
7. In addition, the REBT Self-Help Form was administered to participants in the intervention group. This form was used to assess participants' ability to identify, challenge, and restructure irrational beliefs, thereby promoting greater cognitive awareness and enhancing the overall efficacy of the REBT intervention.

Results

Study results revealed that participants of the study, after receiving treatment, showed a reduction in symptoms of exam anxiety.

Table 1
WTAS Pre-Testing and Post-Testing Scores

	WTAS(Pre-Testing)		WTAS(Post-Testing)				95% CI	
Measures	M	SD	M	SD	*t(df)*	*p*	LL	UL
Control Group	1.32	1.43	1.33	1.44				
Experimental Group	3.18	.14	1.28	.11				
					17.84(5)	.00	2.17	1.62

Note: WTAS Westside test anxiety scale, $p<0.05$

A paired-sample *t*-test was conducted to examine the effect of REBT on test anxiety scores in the experimental group. Results revealed a statistically significant reduction in anxiety levels from pre-test (M = 3.18, SD = 0.14) to post-test (M = 1.28, SD = 0.11), $t(5) = -17.84$, $p < .001$. The 95% confidence interval for the mean difference ranged from -2.17 to -1.62, indicating a substantial and consistent decrease in test anxiety following the intervention. In contrast, the control group showed no meaningful change in anxiety scores between the pre-test (M = 1.32, SD = 1.43) and post-test (M = 1.33, SD = 1.44), suggesting that the observed effects were specific to the REBT treatment.

Discussion

The present study was conducted to assess the effectiveness of the emotive techniques of Rational Emotive Behavior Therapy (REBT), integrated with the ABCDEF model, in reducing exam-related anxiety among university students. By combining cognitive and emotionally focused techniques, the study hypothesized that students would experience a reduction in test anxiety and, as a result, show improved academic performance. With increasing academic demands, students are becoming more vulnerable to stress, often leading to heightened levels of test anxiety. Research has shown that test anxiety can be mediated through the development of emotional regulation and self-efficacy (Guo et al., 2023). Within the REBT framework, numerous studies have highlighted the efficacy of the ABCDEF model in reducing irrational beliefs and performance anxiety (Arnita & Netrawati, 2024).

The current study specifically explored the use of rational emotive imagery and forceful coping statements as key emotive strategies, combined with the ABCDEF model, to assess their impact on test anxiety. A total of 12 university students participated, randomly assigned to a control group (n = 6) and an experimental group (n = 6). Paired-sample *t*-test results indicated that the integration of rational emotive imagery and forceful coping statements, alongside the ABCDEF model, significantly reduced exam anxiety in the experimental group.

Intervention Format

The intervention consisted of 8 to 12 sessions, based on the session structure outlined by Cristea et al. (2016). Each session included the following components: a mood check and brief update, a review of the previous session, agenda setting, discussion of homework, supporting exercises, session summary, assignment of new homework, and feedback collection.

REBT Education Phase (Sessions 1–3): In the initial phase, participants were introduced to the core principles of REBT. They were provided with self-help forms to identify irrational thoughts and behaviors related to exam anxiety. Through psychoeducation, they were guided to recognize the maladaptive emotions accompanying these thoughts.

REBT Integration Phase (Sessions 4–6): In this phase, participants completed the ABCDEF form under therapist guidance. The therapist helped clients map out activating events (A), beliefs (B), and emotional/behavioral consequences (C). Common irrational beliefs included statements such as "I must score above 90%, or I'm a failure" or "If I don't achieve the highest marks, I won't gain approval from my parents or peers." Disputing techniques (D) such as logical and functional disputing were applied to challenge these irrational beliefs. Participants

learned to link their negative emotions and performance difficulties to these faulty thought patterns.

Emotive Techniques Phase (Sessions 7–10): Rational emotive imagery and forceful coping statements were introduced. Participants were encouraged to generate personalized, empowering affirmations such as "I can do it," or "Having average grades doesn't make me unacceptable." The therapist guided participants to visualize exam-related anxiety scenarios, identify associated negative emotions, and practice deep breathing while mentally repeating their chosen positive statements. This technique aimed to replace distressing emotional responses with healthier ones through consistent mental rehearsal.

REBT Acquisition Phase (1 week): During this final phase, participants were instructed to use their positive coping statements before any test or academic evaluation during the week. Progress was reviewed through therapist-led reflection questions such as: "How do you feel about your performance?" and "How have these changes affected your daily routine or relationships?" Participants reported a significant reduction in distressing emotions and an improved ability to remain calm during exams.

A relevant case study of an athlete conducted by Wood (2017) highlighted the importance of addressing cognitive, emotional, and behavioral components simultaneously for better outcomes in performance-related anxiety. However, that study was limited to a single participant. In contrast, the current study, although small in scale, included a group comparison design. Notably, past research by Hymen (1978) found that rational emotive imagery alone did not significantly reduce test anxiety, suggesting that integrating emotional and behavioral components is crucial. Supporting this, AlAmry (2020) emphasized that emotional and behavioral reactions contribute significantly to the development of catastrophizing thoughts.

The findings of this study suggest that focusing on emotive techniques—particularly rational emotive imagery and forceful coping statements—alongside the ABCDEF model provides a short-term but effective intervention for reducing test anxiety in university students. This integrated approach addresses not only irrational thinking but also the accompanying emotional distress, enabling students to function more effectively in academic settings.

Conclusion

This study offers an important contribution to the field of academic stress management. In the context of increasing competition and pressure to succeed, many students struggle with regulating their thoughts and emotions related to failure and achievement. This emotional burden can adversely affect not only their academic performance but also their interpersonal relationships and overall well-being. Therefore, there is a critical need for brief but effective intervention strategies. The REBT-based approach used in this study—especially its emotive components—shows promise as a practical and impactful method for reducing exam anxiety and promoting academic success.

REFERENCES

Arnita, F., & Netrawati, N. (2024). The Effectiveness of Group Counseling with Rational Emotive Behavior Therapy (REBT) in Reducing Student Anxiety in Facing Exams. *Edunesia: Jurnal Ilmiah Pendidikan*, *5*(1), 219-234.

Agustiar, W., & Asmi, Y. (2010). Kecemasan Menghadapi Ujian Nasional Dan Motivasi Belajar Pada Siswa Kelas Xii Sma Negeri "X" Jakarta Selatan. Jakarta Selatan Jurnal Psikologi, 8(1).

AlAmry, N. Y. (2020). Effectiveness of a Rational Behavioral Emotive Program in Reducing Test Anxiety among University Students with High Academic Achievement. *Journal of Educational and Social Research*, *10*(3), 168-185.

Al-Rashidi, M. (2014). The effectiveness of a counseling program in reducing test anxiety and its relationship to psychological adjustment in a sample of persons with learning disabilities. Journal of Reading and Literacy - Egyptian Association for Reading and Literacy, 151, 167-207.

Bangun, R. H. B. (2021). Rebt's approach to overcoming students'anxiety in following the national exam: Array. *Literasi Nusantara*, *2*(1), 196-207.

Cristea. A. I., Stefan. S., David. O., Mogoase. C., Dobrean. A., (2016), *REBT in the Treatment of Anxiety Disorders in Children and Adults*, Springer International Publishing, ISBN: 978-3-319-18418-0,978-3-319-18419-7

Driscoll, R. (2007). Westside Test Anxiety Scale validation. *Online submission*.

Eifediyi, G., Ojugo, A. I., & Aluede, O. (2017). *Effectiveness of rational emotive behavior therapy in the reduction of examination Anxiety among secondary school students in Edo State, Nigeria. Asia Pacific Journal of Counselling and Psychotherapy, 9(1), 61 – 76.* doi:10.1080/21507686.2017.1412329

Eysenck, M.W., Santos, R., & Derakshan, N. (2007). Anxiety and Cognitive Performance : Attentional Control Theory. American Psychological Association, 7(2), 336.

Hymen, S. P., & Warren, R. (1978). An evaluation of rational-emotive imagery as a component of rational-emotive therapy in the treatment of test anxiety. *Perceptual and Motor Skills*, *46*(3), 847-853.

Nithiya, A. (2018). Anterior and posterior regions of the brain in relation to test anxiety. Education Sciences & Psychology, 48(2), 48–56.

Turner, M. J. (2016). Rational Emotive Behavior Therapy (REBT), irrational and rational beliefs,and the mental health of athletes, Frontiers: Movement Science and Sport Psychology, doi: 10.3389/fpsyg.2016.01423

Turner, M. J., Ewen, D., & Barker, J. B. (2018). An idiographic single-case study examining the use of Rational Emotive Behavior Therapy (REBT) with three amateur golfers to alleviate social anxiety. *Journal of Applied Sport Psychology, 1000.* doi:10.1080/10413200.2018.1496186

Wood, A. G., Barker, J. B., & Turner, M. J. (2017). Developing Performance Using Rational Emotive Behavior Therapy (REBT): A Case Study with an Elite Archer. The Sport Psychologist, 31(1), 78–87. doi:10.1123/tsp.2015-0083

Zettle, R. (2003). Acceptance and commitment therapy (ACT) vs systematic desensitization in treatment of mathematics anxiety. Psychology Record, 53(2), l97-216.

Guo,. Z. Qiongzhi,. Z. Guangming,. R. (2023), *The association between academic stress and test anxiety in college students: The mediating role of regulatory emotional self-efficacy and the moderating role of parental expectations, Frontiers in Psychology;* DOI: 10.3389/fpsyg.2023.1008679