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"Effectiveness of mania control and cognitive behavioral therapy on dysfunctional attitudes and exam anxiety in Zabol University of Medical Sciences Faculty of Pharmacy students"

Raha Siasar
PhD in Educational Psychology, Azad University.drrahasiasari@iran.ir
Alaheh Harati
Master's student in psychology
Aalaliakbar0@gmail.com
Fatemeh Miri
Master's student in psychology
Mohamadmiri954@gmail.com

Abstract

This research was conducted in order to investigate the effectiveness of mania control and cognitive behavioral therapy on dysfunctional attitudes and exam anxiety in Zabul University of Medical Sciences Faculty of Pharmacy students. The research method of this experimental study and the design used in this research was a pre-test-post-test type with a control group. The statistical population of the research was the students of Zabul University of Medical Sciences Faculty of Pharmacy. The research sample was 100 students who were randomly replaced in two experimental and control groups. The measurement tools are clinical interview and Spielberger's test anxiety questionnaire and Young's Mania Control Questionnaire. As a result, the use of these treatment methods can be effective in improving exam anxiety and student satisfaction and reducing their manic problems. Group-based cognitive behavioral therapy has been effective in reducing anxiety and increasing responsibility. The results of this research emphasize the effectiveness of combined group therapy (exposure therapy and stress control) in the treatment of social anxiety disorder.
Keywords: effectiveness, mania control, cognitive behavioral therapy, dysfunctional attitudes, test anxiety

Introduction

Narrative exposure therapy and cognitive behavioral therapy are effective methods in improving the quality of life and satisfaction of students (Siyasri et al., 1401). Was. The duration of treatment depends on the type and severity of the anxiety disorder. However, many methods of treating anxiety are relatively short-term. According to the American Psychological Association, many people find significant improvement after 8 to 10 sessions of psychotherapy for the treatment of anxiety. Different types of psychotherapy are used to treat anxiety, but the most important of them is cognitive behavioral therapy. . One type of treatment can be used alone or in combination with other types of treatment methods. Also, counseling sessions can be held individually or in a group where several people suffer from the same disorder (Prosecutor, 1376). "Exam anxiety", as a form of anxiety and a common and ambiguous educational phenomenon, It refers to a state in which a person is afraid of his abilities to perform a task (Corsini 1999), and the result is a decrease in the ability to deal with situations such as an exam situation. Some researchers believe that exam anxiety only prepares a person to study better. make Children constitute a major segment of the world's population, so that in developing countries, the share of this segment of the entire population reaches approximately 50% (Narimani, Soleimani, and Abolghasem, 2011). In every healthy society, children and teenagers have special care and paying attention to their mental health helps them to be mentally and physically healthy and play their social role perfectly. Paying attention to their physical, emotional, mental and behavioral development has always been emphasized by thinkers and item inspectors, so that in the last 25 years, behavioral, social and emotional issues and problems of minors have been raised as one of the main topics of psychiatry and psychology. (Mush and Barkley, 2014). Some children find certain behavioral errors during the transformation process. Many of these problems are included in two major categories, which include internalized behavioral problems and externalized behavioral problems. Internalized mistakes, such as withdrawal, depression and anxiety, are mostly focused on the child, and externalized mistakes, such as aggression, hyperactivity, and disobedience, are focused on the surroundings. These problems have an important effect on different areas of children's lives, including

academic endeavors. Children's academic effort is related to their behavioral and emotional problems. Children who have psychological defects are weaker academically. Among children's behavioral errors, anxiety disorders are one of the most common disorders in children, which cause defects in academic performance, social adjustment, family life, and relationships with peers. Anxiety is a widespread, undesirable and incomprehensible feeling of fear and worry with an unknown origin that a person experiences and it includes uncertainty, helplessness and physiological arousal. The signs of anxiety in children and adults are relatively similar, but its manifestations are numerous in different ages. Anxious children need constant reassurance from their parents to reduce their worry and fear. Also, their innocent and daily activities such as going to school are severely affected, because they believe that secret incidents may cause them not to see their favorite people, in addition to the fear of being criticized by other people. Avoiding social situations causes a significant reduction in friendship (appropriate to age) (Rezaei, Contegar and Qadiri, 2011). Experts believe that the problems of elementary school children should be diagnosed in time and timely intervention software for to provide their improvement (Hosni Ardakani et al., 2018). To reduce children's anxiety and depression, we can refer to two ways, medicinal and non-medicinal. There are various psychological interventions in non-pharmacological methods. Studies show that non-drug treatments, such as psychotherapy and child counseling using play therapy methods, have been beneficial for a significant percentage of minors (Asgharinkah, Kamali and Jansoz, 2014; Akbari, Dehghani, Jafari and Karder, 2016).

problem statement :

Research has shown that some students gain sufficient mastery of the material during the semester, but due to anxiety during the evaluation, they do not show much success. He has been in situations where the cause of the tension is not clear. We usually associate anxiety with such phenomena. Anxiety can be related to various emotional and physiological states in its broadest sense. When a child does not want to go to school on the morning of the exam. We may attribute his reluctance to feeling anxious about his performance in the exam. When a sports champion cannot eat before an important competition, we may consider his behavior as a result of anxiety. Also, when a child chooses a lesson that is clearly not difficult for him, we may consider his choice as a result of fear of failure or anxiety. Apparently, anxiety has various sources and can appear in many possible ways. In 1980, Spielberger questioned the one-dimensionality of test anxiety and proposed that test anxiety consists of two factors: worry and excitability, which are also not included in Spielberger's test anxiety questionnaire (TAI). The exam has two components: worry and excitability. The important component of test anxiety is the component of worry or cognitive activity unrelated to the task, which includes a lot of cognitive anxiety about performance, the consequences of the exam, thoughts related to ruining the exam and self-deprecation, evaluating one's ability in comparison with others and expectations. It is negative. (Wine, 1980: Spieberger, 1980). In 1984, Sarason conceptualized test anxiety as a construct that consists of four factors or current characteristics, and to measure these four components of test anxiety, he presented the concept of reaction to tests (RTT). Keeping Spielberger's anxiety factor or dimension, Sarason made the excitability factor consist of He conceptualized two separate dimensions of physical arousal and physical tension. The fourth dimension in this conceptualization of test anxiety was thinking unrelated to the test (Sapp, 1999). Wag and Spielberger (1995) presented the interactive process model of test anxiety. This model is a comprehensive theory about test anxiety that identifies interpersonal perceptions and cognitions, information processing, and recovery mechanisms that moderate the effects of worry and excitability on performance. They identified important correlates of exam anxiety such as study habits, study skills, test-taking skills, test intelligence, and thoughts unrelated to the assignment. This model is a special-situational process in which exam anxiety is a trait that is triggered by state anxiety, worry and excitability

during exams or evaluations. According to the proposed theoretical models, it seems that exam anxiety is a state of general anxiety that consists of cognitive, physiological and behavioral responses related to failure, that is, exam anxiety is a severe negative emotion that has physiological, behavioral and cognitive requirements. and the person experiences it in evaluation situations, and as a result, many of the cognitive and attention processes involved in the effective and efficient performance of the task interfere (Dusk, 1980). Social anxiety is a specific and chronic fear of one or more social situations in which a person sees himself exposed to the scrutiny of others and is afraid of doing something that causes embarrassment or looks humiliating. For socially anxious people, the main concern is the fear of being noticed and negatively evaluated by others due to revealing symptoms of anxiety, self-perceived appearance, or inappropriate social behaviors. This disorder is the third psychiatric disorder and its lifetime prevalence is about 13% (Rao et al., quoted by Tolbar, 2011). Does mania control and cognitive behavioral therapy have an effect on dysfunctional attitudes and exam anxiety in Zabul University of Medical Sciences Faculty of Pharmacy students?

research method:

The method of this research is the type of experimental study and the design used in this research is pre-test-post-test with a control group. The statistical population of the research was 100 students of Zabul University of Medical Sciences Faculty of Pharmacy with emotional disorders aged 10-12 years who had visited from November 1400 to March 1401.

To select the subjects of this research, 100 students of Zabul University of Medical Sciences Faculty of Pharmacy were selected by simple random and available sampling.

In order to achieve the objectives of the research, the subjects completed the tools as follows.

Research tool

1-Psychological clinical interview: This interview includes 9 items about the type of problem, the course of exam anxiety and its intensity, physiological, cognitive and behavioral states and symptoms before and during the exam,

and the desire for treatment, which was conducted for the purpose of diagnosis. had obtained high scores in the exam, they were subjected to clinical interview organized by Spielberger Vog (1995). The subjects who met the diagnosis criteria were included in the final sample of the study. The Cronbach's alpha coefficient of this interview was reported as 84%. The correlation coefficient of the clinical interview scores with the Spielberger Anxiety Questionnaire (r=0.8, P=0.001) was reported as significant (Abolghasmi et al., 2011).

2- Spielberger exam anxiety questionnaire:

Spielberger's Test Anxiety Test (STAI): This test was originally 32 questions, 12 of which were removed by Spielberger due to their similarity and lack of value, and the remaining 20 questions were divided into two categories: 9 questions related to the anxiety or cognitive component (W) and 11 questions related to the emotional or physical component (E). It is divided which describes the reaction before, during and after the exam. Both physical and cognitive anxiety scores for each student are calculated together with the overall exam anxiety score (Spielberger, 1980).

The test anxiety questionnaire was prepared by Spielberger (1980). This questionnaire is a self-report tool and each examinee responds to each item based on a four-choice scale. These options are scored based on the values of 4, 1, 2, and 3 respectively, and getting a high score in this questionnaire indicates exam anxiety. The reliability coefficients of internal consistency and retesting of this questionnaire have been reported as 92% and 90%, respectively. Kazemian Moghadam et al. (2006), citing the creator of the scale, reported the reliability coefficient of the worry section, the emotional section, and the whole scale as 0.86, 0.90, and 0.94. Cronbach's alpha coefficients of this questionnaire in male and female samples were 0.92 Its reliability is reported as 0.80 after three weeks and one month. The correlation coefficient of the test anxiety questionnaire with inhibitory (r=-0.40) and facilitating tests (r=0.67), test anxiety and the definition of the construct (r=0.47) is significant (Abolghasmi et al., 1381) in the present study, the alpha coefficient Cronbach of this questionnaire is 0.87.

Young Mania Questionnaire (YMRS)
Mania Young Questionnaire was designed and created by Young in 1978.
How to score and interpret Young Mania Questionnaire 1978
The scoring of Mania Young Questionnaire is such that the questions are based on a 4-point Likert scale from 0 to 4 and the questions are based on a 4-point Likert scale from 0 to 8.

The interpretation of Yang's Mania Questionnaire is also such that the higher the score a person gets, the greater the severity of the mania disorder.

Descriptive findings
Table 1- shows that out of the total of 34 subjects, 15 people are in the experimental group (50%) and 50 people are in the control group (50%).

Table 1-Frequency distribution and percentage of studied subjects by group

Percent	Abundance	Groups
50	15	**Experiment**
50	15	**Control**
100	30	Total

Mean and standard deviation of mental health scores and components
The mean and standard deviation of the pre-test and post-test scores and its components in the two experimental and control groups are presented in Table 2.

Table 2- Mean and standard deviation of pre-test and post-test mania control scores in two groups

AFTER THE TEST		PRE-EXAM			GROUP	VARIABLES
The standard deviation	average	The standard deviation	average	Numbe		
4/53	15/56	7/24	26/78	15	**Experiment**	**mental health**
8/69	29/11	12/48	25/11	15	**Control**	
2/41	5/68	3/26	8/31	15	**Experiment**	**physical**
4/43	9/12	4/34	9/16	15	**Control**	
1/90	3/81	3/17	6/68	15	**Experiment**	**Anxiety**
2/37	5/33	3/90	8/88	15	**Control**	
2/44	5/37	3/23	7/31	15	**Experiment**	**Dysfunction**
1/73	6/94	2/48	7/77	15	**Control**	
2/99	2/81	2/47	4/56	15	**Experiment**	**depression**
1/97	7/66	3/67	3/88	15	**Control**	

As can be seen in Table 2, the average scores of mania control in the experimental group in the pre-test stage is 26.87 and this average in the control group is 25.11. While in the post-test, the average score in the experimental group is 15.56

and the average in the control group is 29.11. Also, the average scores of the physical component of mental health in the experimental group in the pre-test stage is 8.31 and this average in the control group is 9.16. While in the post-test,

the average score in the experimental group is 5.68 and the average in the control group is 9.12. The average scores of the mental health anxiety component in the experimental group in the pre-test stage is equal to 6.68 and this average in the control group is equal to 8.88. While in the post-test, the average score in the experimental group is 3.81 and this average in the control group is 5.33. The average score of the disorder in the social function of mental health in the experimental group in the pre-test stage is equal to 7.31 and this average in the control group is equal to 7.77. While in the post-test, the average

score in the experimental group is 5.27 and this average in the control group is 6.94. The average scores of the mental health depression component in the experimental group in the pre-test stage is 4.56 and this average in the control group is 3.88. While in the post-test, the average score in the experimental group is 2.81 and this average in the control group is 7.66.

Mean and standard deviation of scores of dysfunctional attitudes and test anxiety

Table 3 shows the mean and standard deviation of scores of dysfunctional attitudes and exam anxiety and its components.

Table 3- Mean and standard deviation of pre-test and post-test scores of ineffective attitudes and test anxiety and its components in two groups

AFTER THE TEST		PRE-EXAM				
The standard deviation	average	The standard deviation	Average	Numbe	GROUP	VARIABLES
7/71	21/50	10/84	27/12	15	experiment	General symptoms
4/73	26/55	11/42	26/72	15	Control	
3/77	11/62	5/66	13/75	15	experiment	Carelessness
2/59	13/22	5/01	12/00	15	Control	
4/17	7/93	5/58	9/31	15	experiment	Hyperactivity
2/80	11/11	5/10	10/44	15	Control	
1/31	3/43	2/61	4/06	15	experiment	Impulsiveness
1/84	4/72	2/58	4/27	15	Control	

As can be seen in Table 3, the average score of ineffective attitudes and exam anxiety of the experimental group in the pre-test phase is equal to 27.12 and this average in the control group is equal to 26.72. While in the post-test, the average score in the experimental group is 21.50 and the average in the control group is 26.55. Also, the average scores of the inattention component in the experimental group in the pre-test stage is equal to 13.75 and this average in the control group is equal to 12.00. While in the post-test, the average score in the experimental group is 11.62 and this average in the control group is 13.22. The

average score of the hyperactivity component in the experimental group in the pre-test stage is 9.31 and this average in the control group is 10.44. While in the post-test, the average score in the experimental group is 7.93 and this average in the control group is 11.11. The average score of impulsivity component in the experimental group in the pre-test stage is equal to 4.06 and this average in the control group is equal to 4.27. While in the post-test, the average score in the experimental group is 3.43 and this average in the control group is 4.72.

Table 4- The results of covariance analysis of the effectiveness of mania control on dysfunctional attitudes and test anxiety

STATISTICAL POWER	THE AMOUNT OF EFFECT	YOU HAVE MEANING	F	AVERAGE SQUARES	DEGREES OF FREEDOM	TOTAL SQUARES	VARIABLES
0/17	0/03	0/309	1/068	53/019	1	53/019	**pre-exam**
1	0/50	0/001	32/194	1597/952	1	1597/952	**Group membership**
-	-	-	-	49/635	31	1538/696	**Error**

As shown in Table 4-, after removing the effect of the pre-test on the dependent variable and calculated according to the F coefficient, it can be seen that between the adjusted averages of the effectiveness scores of mania control according to membership There is a significant difference between groups (experimental group and control group) in the post-test stage (P<0.001). Therefore, the effect of mania control was confirmed. Therefore, the effectiveness of mania control had an effect on ineffective attitudes and test anxiety in the post-test of the experimental group.

Table 4-5. The results of covariance analysis of cognitive behavioral therapy on dysfunctional attitudes and test anxiety

STATISTICAL POWER	THE AMOUNT OF EFFECT	YOU HAVE MEANING	F	AVERAGE SQUARES	DEGREES OF FREEDOM	TOTAL SQUARES	VARIABLES
0/29	0/06	0/15	2/15	94/88	1	94/88	**pre-exam**
0/59	0/14	0/03	5/40	221/77	1	221/77	**Group membership**
-	-	-	-	43/98	31	1363/56	**Error**

As shown in Table 5-4, after removing the effect of the pre-test on the dependent variable and calculated according to the F coefficient, it can be seen that among the adjusted averages of cognitive behavioral therapy scores according to membership There is a significant difference between the two groups (experimental group and control group) in the post-test stage (P<0.03). Therefore, cognitive behavioral therapy has had an effect on ineffective attitudes and exam anxiety in the post-test of the experimental group.

Conclusion

In the explanation of this finding, it can also be mentioned that because in the creative training sessions of the outlet, the activation of the students' minds is emphasized, and characteristics such as self-confidence, responsibility, self-esteem, decision-making ability are strengthened in them, due to the development of these abilities Inner in students, they will realize their inner capabilities more. Students learn to be active in determining study time, study speed, and using appropriate learning strategies, and reduce or eliminate performance-reducing factors and replace and strengthen

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academic performance-enhancing factors. In general, it can be concluded that through changes and creation of capabilities in the level of learning, strengthening motivation and self-confidence and creating creative thinking of students, the education of creativity can reduce academic anxiety in the framework of (social humiliation, cognitive error and tension), and Improve academic performance in the framework of (self-efficacy, emotional effects, lack of outcome control and planning and motivation). According to the results, the average level of mental health among students is 46%. This number indicates that students do not have enough mental health. For this reason, sufficient attention is needed in this field. But the average tendency to anxiety among students is close to 60%. Therefore, the general tendency of students towards anxiety is higher than average (50%). Based on the information obtained from the statistical tests, the tendency to anxiety has an effect on the mental health of students. The correlation coefficient is equal to (0.21). With increasing tendency to anxiety, the level of mental health of students also increases. Although the absolute value of the correlation is not very significant, but the existence of its relationship with a significant probability of over 99% indicates the importance of communication orientation to religious practices on mental health among students. The correlation of the nine dimensions related to mental health, such as depression, anxiety, etc., with the tendency to religious beliefs is almost very close, and in this case, there are many similarities.

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