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**The Role of Self-Control, Social Support and Subjective Well-Being in Reducing Test Anxiety among Arab Adolescents**

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Abstract: The purpose of the study is to examine the relationships between personal skills or abilities (personal wellbeing, personal control, social support) and the alleviation of exam anxiety among Israeli- Arab teenagers. The sample include 146 Arab pupils. The research hypotheses: There is a significant negative relationship between the level of personal control exhibited by students and exam anxiety. There is a significant negative relationship between the level of social support given to students and exam anxiety. There is a significant negative relationship between the sense of wellbeing among students and exam anxiety . The findings reveals that, in general:   
students with high self control abilities tended to exhibit less anxiety ; a negative relationship between high social support and well being with exam anxiety.

The results of this study contribute to the theoretical literature concerned with examining the exam anxiety among students in general, but particularly among teenage students.

Keywords: Self-Control, Social Support, Subjective Well-Being, Test Anxiety

Theoretical background

Test anxiety

Test anxiety is a specific type of state anxiety involving a range of physiological, cognitive, affective and behavioral responses that accompany the fear of failure and negative results in situations in which the individual’s performance is examined or evaluated (Spielberger & Vagg, 1995; Hong, 1998). Test anxiety represents the individual’s tendency to react with exaggerated worry, annoying thoughts, mental disorganization and physiological arousal when exposed to situations of evaluation (Spielberger & Vagg, 1995). Test anxiety is associated with exams and with situations involving self-evaluation or social evaluation of individuals, who are concerned about their levels of performance (Wessel & Mersch, 1994). Research into test anxiety “officially” began at the beginning of the 1950s (Mandler & Sarason, 1952). Mandler and Sarason were the first to have treated test anxiety as a structure consisting of cognitive as well as affective components. .All the components of test anxiety affect a person’s adaption to his environment, giving rise to the question of whether and how social support can reduce test anxiety.

Social support

Cobb (1976) discusses the type of information an individual receives through social support: information that causes the individual to believe that others love and care for him and information that causes him to believe that he is appreciated and that he belongs to a network of human connections and mutual commitment (Cobb, 1976). Shirey (2004) has a different definition of social support as help and protection given to others; this help can be concrete or not and may include sheltering others from adverse effects of life’s pressures. This definition inherently thus implies that social support is based on mutuality and an exchange of resources between at least two people.

Social support influences pressures and their results through three mechanisms (Cooper, Dewe & O’Driscoll, 2001). One is direct influence: social support directly affects perceived pressure and the individual’s mental and physical health. Another mechanism is as a mediating variable: this mediates the connection between stress associated with the task and the results of this stress. And there is the mechanism of moderating variable, which also mediates between task stress and its results. Studies (Cohen & Edwards) that examined the moderating effect of social pressure found that such an effect was seen mainly in cases in which there is a correspondence between the sources of stress and the type of support and its sources. Social support can reduce pressure through its influence on the case’s primary or secondary evaluation (Cohen & Edwards, 1989).

Various studies on the importance of social support for children and adolescents in situations of stress have shown that the family is the main support system (Popko, 2003) and provides its members with feedback on emotions, ideas and behaviors. It has also been shown that the family’s social support is important in childhood while the social support of peers becomes important in adolescence.

Self-control

Thoresen & Mahoney (1974) define self-control as a free choice which a person makes among various behavioral alternatives in such a way that the chosen behavior is the most efficient rather than the most attractive. This is goal-oriented behavior which represents a spectrum of behaviors whose purpose is to modify a person’s external as well as internal environment (Ronen, 2010). We did not find many studies that examined the correlation between self-control and test anxiety, although some research has been done on how self-control is related to stress and anxiety. Bertams, Dickhauser & Egnlert (2010) studied the contribution which self-control can make to reducing test anxiety and came to the conclusion that the more self-control a student possesses the less he suffers from test anxiety. Support from another perspective comes from Ronen (2007), who found that the acquisition of self-control skills by children and adolescents enables them to overcome problems such as anxiety and depression. Agbaria, Ronen & Hamama (2012) found a negative correlation between self-control and anxiety and phobia, while Baumeister, Vohs & Tice (2007) found such a correlation between self-control and test anxiety. As noted above, most previous studies were done on the Jewish sector in Israel or in Western societies

Subjective well-being

Well-being refers to the extent to which an individual perceives the overall quality of his life as positive and desirable (Coan, 1977; Diener, 1984) and is associated with the values of health, optimism, personal satisfaction, hope and happiness (Epstein, 1990; Feist, Bodner, Jacob, Miles and Tan, 1995). In his extensive study on personal happiness Diener (1984) divided definitions of subjective well-being into three categories. The first of these includes definitions based on an external criterion consisting of objective characteristics that influence the individual, such as their economic situation. The second category consists of definitions based on cognitive aspects, such as satisfaction with life (Myers & Diener, 1995). The last category consists of definitions based on affect, including both positive and negative experiences. Positive affect refers to happiness indices while negative affect refers to indices of worry, anxiety and depression. These two dimensions are independent of each other and, in contrast to the cognitive component, the affective component characterizes responses that change in the wake of various events in ones life. It is important to note that high subjective well-being is expressed through a high level of positive affect and a low level of negative affect (Ronen, 2010). Few studies were found on the correlation between well-being and test anxiety, although some were conducted on the relationship between well-being and tension, crisis and anxiety (Yarlaf, 2009; Agbaria, Ronen & Hamama, 2012). These studies show that high levels of subjective well-being help the individual cope by motivating one’s social skills, curiosity and liveliness, helping him make decisions and promoting creative thinking (ibid.).

Research hypotheses

A positive correlation exists between self-control and test anxiety;

A positive correlation exists between social support and test anxiety;

A positive correlation exists between subjective well-being and test anxiety.

Research method

The subjects

The study was conducted on 146 Arab students, 52.1 boys and 47.9 percent girls, from the eighth (40 percent), ninth (21.3 percent) and tenth (38.7 percent) grades. The students were born in 1999 (37.8 percent), 2000 (22.4 percent) and 2001 (37.8 percent). Among the participants 52.4 percent had up to three siblings, 40.6 percent had between four and six siblings and 7% had more than six siblings. The average number of brothers was 4, with a standard deviation of 1.82. Most of the participants (71.3 percent) were between first and third in order of birth, 25.2 percent were between fourth and sixth and 3.5 percent were seventh or more.

Research tools

Personal details questionnaire

This questionnaire provides personal and family information about the adolescent: sex, year of birth, class, number of children in the family, order of birth and the previous school year’s grade average.

Test anxiety questionnaire

The questionnaire was composed by Friedman & Bendes-Jacob (1997). It consists of twenty-three self-report statements concerning the student’s feelings, thoughts and behaviors with respect to examinations. Subjects were asked to write down the extent to which the sentences were an accurate description of their usual reaction to tests, according to a six-level Likert scale in which responses can range between “is not at all characteristic of me” (1) to “is very characteristic of me” (6). In the present study the following results were obtained: for overall test anxiety α = .87, for personal condemnation α = .90, for performance and thinking disorders α = .77 and for excitement and tention α = .81.

Self-control questionnaire

This questionnaire was originally developed by Rosenbaum (1980) for the purpose of assessing individual differences in self-control skills. The subject is asked to evaluate each item on a six-level Likert scale (from 1 – “very uncharacteristic of me” to 6 – “very characteristic of me”). The questionnaire was checked on a scale between (-3) and (3) points, that indicate the extent to which the subject evaluates the item as characteristic of him. The questionnaire contains nine opposing items. In the study which Agbaria, Hamama & Ronen (2013) conducted on Arab adolescents they obtained a Cronbach alpha value of .77 for all subjects. In the present study the calculated Cronbach alpha for all the participants was .80.

Social support questionnaire

The questionnaire consists of twelve self-report items that describe perceived social support (Cohen, Mermelstein, Karmarck & Hoberman 1985). Subjects are asked to mark the extent to which they agree to each statement on a four-level Likert scale (from 1 – does not suit me at all, to 4 – suits me very much). The higher the score, the greater the perceived social support. Opposing items in the social support questionnaire are nos. 1, 2, 7, 8, 11 and 12. Agbaria (2013) found a Cronbach coefficient of .78 for the Arabic version of the questionnaire. In the present study the value was α = .81.

Positive and negative affect questionnaire for children (subjective well-being). The questionnaire was developed by Watson, Clark & Tellegen (1988) and adapted for children and adolescents by Laurent, Catanzaro, Joiner, Rudolph, Potter, Lambert, Osborne, & Gathright (1999). Each subject is asked to evaluate the extent to which he experienced such feelings in the last two weeks, on a five-level Likert scale from “very little” (1) to “very much” (5). Scores are calculated by adding the numbers of the answers for the negative items and those of the positive items. In the present study A Cronbach α value of .77 was found for positive feelings and .82 for negative feelings.

Research procedure

After the necessary permits were received from the Ministry of Education the schools in the region were contacted. Five junior high schools were located. After speaking to the school administration letters were sent to the parents in which the purpose of the study was explained and at a meeting in the school they were asked to express their agreement or refusal to have their children fill in the questionnaires. Finally, the researcher visited the schools on a regular school day, went into the homerooms, explained the purpose of the questionnaires and confirmed that the questionnaires would remain anonymous and the data used only for the study. The questionnaires were in Arabic but had been translated into Hebrew in previous studies.

Findings

Table 2 shows significant negative correlations between test anxiety including all its components and social support, self-control and positive affect, as well as a significant positive correlation between test anxiety including all components and negative affect.

Table 2: Pearson correlation coefficients among the study’s variables (N=149)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Self-control (1) | Social support (2) | Positive affect (3) | Negative affect (4) | Overall test anxiety (5) | Social condemnation (6) | Performance and thinking disorders (7) | Excitement and tension (8) |
| (1) | - |  |  |  |  |  |  |  |
| (2) | .57\*\*\* | - |  |  |  |  |  |  |
| (3) | .42\*\*\* | .42\*\* | - |  |  |  |  |  |
| (4) | .38\*\*\* | .37\*\* | -.25\*\* | - |  |  |  |  |
| (5) | -.58\*\*\* | -.64\*\* | -.32\*\*\* | .52\*\*\* | - |  |  |  |
| (6) | -.51\*\*\* | -.56\*\* | -.27\*\* | .47\*\*\* | .93\*\*\* | - |  |  |
| (7) | -.67\*\*\* | -.66\*\* | -.37\*\*\* | .49\*\*\* | .89\*\*\* | .74\*\*\* |  |  |
| (8) | -.45\*\*\* | -.56\*\* | -.26\*\* | .45\*\*\* | .90\*\*\* | .80\*\*\* | .72\*\*\* | - |

\* p < .05 \*\* p < .01 \*\*\* p < .001

A stepwise regression analysis was performed in order to test the research hypotheses. The first hypothesis focused on how test anxiety and its components correlate with self-control. Table 1 shows a significant negative correlation between self-control and overall test anxiety (r = .58, p < .001). A regression analysis for predicting overall test anxiety shown in Table 3 shows that self-control has a significant contribution in explaining the variance in overall test anxiety (B = -.53, SE = .14, β = -.29).

The findings also indicate that a significant negative correlation exists between self-control and social condemnation (r = -.51, p < .001). In a regression analysis for predicting social condemnation in Table 3 it was found that self-control contributes significantly to explaining the variance in this variable (B = -.59, SE = .20, β = -.25).

Table 3: Stepwise regression for predicting test anxiety (N=149)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Test anxiety | | | | | | | |
| Overall test anxiety | | Social condemnation | | Performance and thinking disorders | | Excitement and tension | |
| ΔR2 | B | ΔR2 | β | ΔR2 | B | ΔR2 | β |
| Step 1: Control variables | .04 |  | .07 |  | .03 |  | .07 |  |
| Sex |  | .03 |  | .02 |  | -.01 |  | .10 |
| Grade |  | -.12 |  | -.16 |  | .06 |  | -.21 |
| Year of birth |  | .07 |  | .10 |  | -.03 |  | .10 |
| No. of siblings |  | -.09 |  | -.11 |  | -.06 |  | -,05 |
| Order of birth |  | .10 |  | .06 |  | .07 |  | .14 |
| Grade average |  | .16 |  | .17 |  | .15 |  | .12 |
| Step 2: Control variables | .50 |  | .37 |  | .56 |  | .34 |  |
| Self-control |  | -.29\*\*\* |  | -.25\*\* |  | -.38\*\*\* |  | -.17 |
| Social support |  | -.36\*\*\* |  | -.30\*\* |  | -.35\*\*\* |  | -.35\*\*\* |
| Positive affect |  | .03 |  | .04 |  | .02 |  | .01 |
| Negative affect |  | .26\*\*\* |  | .24\*\* |  | .22\*\* |  | .21\* |
| Overall R2 | 0.54 |  | .-44 |  | 0.59 |  | 0.41 |  |
| N | 149 |  | 149 |  | 149 |  | 149 |  |
| \* p < .05 \*\* p < .01 \*\*\* p < .001 | | | | | | | | |

The results also point to a significant negative correlation between self-control and performance and thinking disorders (r = -.67, p < .001). In a regression analysis for predicting performance and thinking disorders in Table 3 it was found that self-control contributes significantly to explaining the variance in this variable (B = -.61, SE = .12, β = -.38).

Table 2 shows a significant negative correlation between self-control and excitement and tension (r = -.45, p < .001). In a regression analysis for predicting excitement and tension in Table 3 it was found that self-control contributes significantly to explaining the variance in this variable (B = -.39, SE = .20, β = -.17).

The second research hypothesis focused on how test anxiety and its components correlate with social support. Table 2 shows a significant negative correlation between self-control and overall test anxiety (r = -.64, p < .01). A regression analysis for predicting overall test anxiety shown in Table 3 shows that social support has a significant contribution in explaining the variance in overall test anxiety (B = -.71, SE = .15, β = -.36).

Table 2 shows that a significant negative correlation exists between social support and social condemnation (r = -.56, p < .01). In a regression analysis for predicting social condemnation in Table 3 it was found that social support contributes significantly to explaining the variance in this variable (B = -.76, SE = .12, β = -.35).

Table 2 also shows a significant negative correlation between social support and performance and thinking disorders (r = -.66, p < .01). In a regression analysis for predicting performance and thinking disorders in Table 3 it was found that social support contributes significantly to explaining the variance in this variable (B = -.61, SE = .12, β = -.35).

Table 2 shows a significant negative correlation between social support and excitement and tension (r = -.56, p < .01). In a regression analysis for predicting excitement and tension in Table 3 it was found that social support contributes significantly to explaining the variance in this variable (B = -.83, SE = .21, β = -.35).

The third research hypothesis focused on how test anxiety and its components correlate with subjective well-being, examined through positive and negative affect. Table 2 shows a significant negative correlation between positive affect and overall test anxiety (r = -.32, p < .001) and a significant positive correlation between negative affect and overall test anxiety (r = .52, p < .001). A regression analysis for predicting overall test anxiety shown in Table 3 shows that positive affect does not have a significant contribution in explaining the variance in overall test anxiety (B = .05, SE = .10, β = .03), while negative affect does have a significant contribution in explaining such variance (B = .33, SE = .09, β = .26).

Table 2 shows that a significant negative correlation exists between positive affect and social condemnation (r = -.27, p < .01) as well as a significant positive correlation between negative affect and social condemnation (r = .47, p < .001). In a regression analysis for predicting social condemnation in Table 3 it was found that positive affect does not contribute significantly to explaining the variance in this variable (B = .08, SE = .15, β = .04) while the contribution of negative affect is statistically significant (B= .40, SE= .13, β= .24).

The results show a significant negative correlation between positive affect and performance and thinking disorders (r = -.37, p < .001) and a significant positive correlation between negative affect and performance and thinking disorders (r = .49, p < .001). In a regression analysis for predicting performance and thinking disorders in Table 3 it was found that positive affect does not contribute significantly to explaining the variance in this variable (B = .03, SE = .09, β = .02) while a negative affect does contribute significantly to explaining such variance (B = .25, SE = .07, β = .22).

Table 2 also shows that a significant correlation exists between positive affect and excitement and tension (r = -.26, p < .01) as well as between negative affect and excitement and tension (r = .45, p < .001). In a regression analysis for predicting social condemnation in Table 3 it was found that positive affect does not contribute significantly to explaining the variance in this variable (B = .03, SE = .14, β = .01) while the contribution of negative affect is statistically significant (B= .33, SE= .12, β= .21).

Discussion and conclusions

The purpose of the present study was to examine how various personal resources, namely subjective well-being, self-control and social support, contribute to reducing test anxiety among Arab adolescents in Israel. Generally speaking the study’s findings validated most of the research hypotheses and showed that personal and social resources do contribute significantly to a reduction of test anxiety in the subject population.

The study’s main and most important finding concerns the correlation between self-control and the tendency towards test anxiety. Adolescents possessing self-control skills were found to have less of a tendency to suffer from test anxiety. This finding gives support to the research hypothesis that predicted a negative correlation between self-control and test anxiety and adds to the knowledge gained in previous studies, that also pointed to a reverse correlation between self-control and test anxiety, general anxiety and tension among adolescents (Ronen, 2007; Bertrams, Englert, & Dickhauser 2010; Agbaria, Ronen & Hamama, 2012).

The study found a statistically significant correlation between social support and test anxiety. Social support also contributed significantly to explaining variance in test anxiety. These findings validate the research hypothesis that predicted a negative correlation between social support and test anxiety, adding to data from previous studies that showed a negative correlation between social support and test anxiety, anxiety in general and pressure among adolescents ( Hong & Karstensson, 2002; Baydan, Genctanirim, Yalcin & Yildrum, 2008).

A possible explanation for this finding lies in the claim that social support provides the individual with trust, understanding, concern, empathy and attention, and supplies him with feedback on his performance so he can improve his self-assessment and avoid the exaggerated and distorted beliefs about tests, accompanied by physiological, emotional and behavioral symptoms, that lead to anxiety. Therefore, adolescents who have social support tend to suffer less from test anxiety than their peers (Baset, 2000). The study showed a negative correlation between positive affect and test anxiety. However, regression analysis did not find that positive affect contributed significantly to predicting overall test anxiety. These findings partially validate the research hypothesis that claimed that a negative correlation would be found between subjective well-being and test anxiety, adding to previously accumulated data that indicated that well-being was negatively correlated with test anxiety, anxiety in general and pressure among adolescents (Duckworth & Seligman, 2006; Agbaria, Ronen & Hamama, 2012).

The study found a statistically significant positive correlation between negative affect and overall test anxiety. These findings validate the research hypothesis that predicted a negative correlation between well-being and test anxiety, adding to data from previous studies that showed a positive correlation between negative affect (worry, anxiety and depression) and tension, crisis and anxiety (Yarlaf, 2009, Diener & Diener, 1996).

The study’s findings contribute to the accumulated theoretical knowledge on test anxiety in general and more specifically among adolescents at school. Their practical contribution will be in helping the development of programs that train students to apply self-control, social support and well-being skills in order to improve their negative self-beliefs and reduce the tendency to suffer from test anxiety.

It is very important to help adolescents acquire self-control, social support and subjective well-being skills, because they are in a period of a powerful developmental crisis, one that has been described as a state of “storm and stress”. In crisis situations familiar mechanisms for coping with problems cease to function effectively, raising the need for locating new sources that well restore the adolescent’s equilibrium and ability to meet demands for adoption.

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