

## ORIGINAL ARTICLE OPEN ACCESS

# Effectiveness of Group Narrative Therapy Based on a Postmodern Psychotherapeutic Approach for Reducing Test Anxiety in Secondary School Students

Adem Peker<sup>1</sup>  | Serkan Cengiz<sup>2</sup>  | Carlos Laranjeira<sup>3,4,5,†</sup>  | Murat Yıldırım<sup>2,6,†</sup> 

<sup>1</sup>Department of Counseling and Guidance, Faculty of Education, Atatürk University, Erzurum, Turkey | <sup>2</sup>Department of Psychology, Faculty of Science and Letters, Ağrı İbrahim Çeçen University, Türkiye | <sup>3</sup>School of Health Sciences, Polytechnic University of Leiria, Leiria, Portugal | <sup>4</sup>Centre for Innovative Care and Health Technology (ciTechCare), Polytechnic University of Leiria, Leiria, Portugal | <sup>5</sup>Comprehensive Health Research Centre (CHRC), University of Évora, Évora, Portugal | <sup>6</sup>Psychology Research Center, Khazar University, Baku, Azerbaijan

**Correspondence:** Carlos Laranjeira ([carlos.laranjeira@ipleiria.pt](mailto:carlos.laranjeira@ipleiria.pt)) | Murat Yıldırım ([muratyildirim@agri.edu.tr](mailto:muratyildirim@agri.edu.tr))

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## ABSTRACT

**Objective:** This study aimed to evaluate the effectiveness of a narrative therapy (NT)–based psychoeducation programme in reducing test anxiety among eighth-grade students in Türkiye.

**Methods:** Using a quasi-experimental design and purposive sampling, 22 students (63.6% female) were assigned to either an experimental or control group (11 each). Participants completed the Turkish version of The Test Anxiety Scale (EXS). The six-week NT-based programme was applied to the experimental group. Data were analysed using single-factor ANCOVA.

**Findings:** The results showed that the test anxiety levels of the students in the experimental group were significantly lower than those in the control group ( $F = 6.23$ ;  $p < 0.05$ ).

**Discussion:** Research findings have shown that NT training programmes are effective in reducing test anxiety. These results suggest that incorporating NT principles and strategies can serve as an effective approach to addressing and alleviating test anxiety in students.

## 1 | Introduction

In Türkiye, the High School Entrance Exam, which is used for transitioning to secondary education, is not only an academic assessment tool for students but also a high-risk process that generates intense psychological pressure. The fact that this exam determines students' future educational lives increases expectations for performance and, consequently, creates a breeding ground for increased test anxiety. Indeed, students must cope not only with academic content during the exam process but also with multifaceted decisions, such as which resources to use, how to balance study and rest periods, how much time to

allocate to each subject and which strategies to apply (Ocak and Yurtseven 2016). This situation can further reinforce anxiety levels by increasing cognitive load.

Test anxiety is defined as an individual's tendency to negatively evaluate their performance before, during or after an exam, and to perceive this process as a threat (Zeidner 2014). Recent studies show that the cognitive, affective and physiological dimensions of test anxiety mutually reinforce each other (Putwain and von der Embse 2021; Thomas et al. 2022). Especially in high-stakes exams, students developing negative self-perceptions and internalising the expectation of failure can lead to persistent

<sup>†</sup>These authors shared the last authorship.

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### Implications for Policy and Practice

- This study indicates the effectiveness of narrative therapy on test anxiety in Turkish secondary school students with high test anxiety.
- The results showed that the test anxiety levels of the students in the experimental group decreased.
- A narrative approach as a therapeutic tool presents many opportunities for mental health intervention.

anxiety. Students with test anxiety may have acquired habits that include negative self-perceptions and expectations. The lack of self-confidence of people with test anxiety may lead to fear and increased physiological activity in their reactions when interpreting events in the environment (Silaj et al. 2021; Steinmayr et al. 2016). Students with high anxiety levels exhibit attention deficit and decreased working memory capacity in the cognitive dimension of learning, while in the affective dimension, reluctance to learn and avoidance behaviours increase (Fergus et al. 2020). Furthermore, test anxiety may predict changes in the affective and cognitive components of learning attitudes. Additionally, test anxiety was found to be positively associated with higher emotion focus and greater avoidance (McLeod and Boyes 2021; Putwain et al. 2021; Trigueros et al. 2020).

These results show the necessity of intervention in test anxiety. Previous researchers have developed several psychologically informed interventions for test anxiety. Results have shown that interventions, including behavioural approaches, cognitive approaches, cognitive-behavioural therapy and pharmacological treatment, are successful in reducing both the anxiety and emotional components of test anxiety (Fergus and Limbers 2019; Huntley et al. 2019; Putwain et al. 2014). However, behavioural interventions may be limited in their effects to specific contexts and may not adequately address cognitive aspects. Although cognitive behavioural interventions combine cognitive restructuring with behavioural training to change irrational thoughts, they may often require a longer treatment period.

Recently, the idea has emerged that people give meaning to their lives through the stories they tell about themselves, and that this is very effective in dealing with anxiety in a short time. This therapeutic approach, called narrative therapy (NT), encourages individuals to externalise their problems and then rewrite their personal narratives in ways that emphasise resilience, empowerment and recovery (White and Epston 1990). Based on postmodern philosophy, narrative therapy refers to the human desire to construct a story of life events. According to social constructionist theory, people tend to view life as a continuous and logical narrative to advance their future goals and expectations. Narrative therapy therapists have expanded the framework of the theory by allowing individuals to include their cultural, social and political experiences. Accordingly, individuals may externalise rather than internalise the problem. Gaining a new perspective can help identify the root cause of a problem and enable a new approach to be adopted to solve it. With the new skills and values acquired, clients can rewrite their life stories and, in turn, reduce the impact of a problematic event on their lives (Shakeri et al. 2020).

There are many studies on the positive effects of NT on common problems in children and adolescents. Narrative therapy seems effective in the treatment of child sexual abuse victimisation (McKenzie 2005), Asperger syndrome (Cashin 2008) and communication disorders (Soto et al. 2009). Previous studies have also shown that narrative therapy is effective in reducing anxiety and stress (Cho and Kim 2015). For example, Yati et al. (2017) found that narrative therapy was effective in reducing anxiety in children. Dousti et al. (2017) showed that narrative therapy reduced the separation anxiety of preschool children. Furthermore, narrative therapy has been reported to be effective in post-traumatic stress disorder (Raghuraman et al. 2021), depression (Sheibani et al. 2007) and substance abuse (Clark 2014) and to increase joy, happiness, confidence and well-being (Arora and Joshi 2015; Goncalves et al. 2017).

Narrative therapy posits that the dominant narrative an individual constructs about themselves occupies a defining position in their identity (White and Epston 1990). From a social constructivist perspective, this narrative is shaped within social discourses and cultural norms. In other words, narratives not only reflect experience but also construct it. Therefore, the transformation of the narrative can also enable the transformation of subjective experience. At this point, the externalisation of the problem is the fundamental mechanism. The externalisation process is known as a linguistic repositioning that separates the problem from the individual (White 2024). This process is not merely a technical change in language but an ontological reframing because, according to social constructivist theory, reality is constructed through language (Gergen 2009). Thus, externalisation can enable the individual to open alternative fields of meaning by dissolving the dominant narrative that identifies them with the problem. Furthermore, the role of cultural experience is of central importance here. Narrative therapy acknowledges that individual stories are intertwined with broader cultural discourses (White 2024). That is, some negative narratives can be influenced not only by personal experiences but also by cultural discourses. Therefore, in narrative therapy, explicitly analysing the cultural context strengthens theoretical consistency by demonstrating that the problem is not merely an individual issue but a discursive construct.

This framework directly extends to work with children. Children may develop dominant narratives about themselves at an early age by internalising cultural expectations, such as being compliant, successful or never making mistakes. Narrative therapy makes these narratives visible and reconstructs them through developmentally appropriate methods, such as play, storytelling, drawing and dramatisation. Therefore, narrative therapy is considered an effective strategy for working with children in recreational, educational and emotional areas (Valizadeh et al. 2009; Zarra-Nezhad et al. 2023). Narrative counselling can help students reduce their negative beliefs about an exam and allow them to create a new narrative from these beliefs. The narrative counselling process can help students identify positive and negative emotions and contribute to reduced anxiety levels. Narrative therapy can also help secondary school seniors understand themselves and provide new perspectives on issues that cause their anxiety. In an experimental study, Ghorbani and Raeisi (2020) concluded that narrative therapy significantly

reduced school anxiety in students in the experimental group compared to the control group in terms of school anxiety level. Permatasari and Primana (2023) found that a narrative therapy targeting senior students with high anxiety levels led to positive outcomes.

Narrative therapy can help students externalise their anxiety rather than internalise it, allowing them to focus on self-help resources. By writing a new story about the negative effects of test anxiety, students can become the hero in their own story, learn how to cope with anxiety and discover strengths they had not previously realised. As a result, a narrative therapy-based intervention programme may help students cope with test anxiety.

## 2 | Present Study

Test anxiety includes physiological, cognitive or behavioural anxiety symptoms that occur before, during or after the test, which hinder students' academic performance (Clark and Beck 2011). Test anxiety is considered a subtype of anxiety (Spielberger and Vagg 1995). High test anxiety is significantly associated with problems, such as academic procrastination (Krispenz et al. 2019) and dropping out of school (Ahmad et al. 2018).

The high school entrance test is of great importance for students to continue their high school education in Türkiye. At the end of the eighth grade, students take this test and choose their high school type according to the scores they get. According to the result of this test, their educational life continues. Such a decision-making process can lead to an increase in the stress level of students. In this respect, high school entrance tests, which are given importance by many families in Türkiye, are a serious source of stress for millions of students every year (Köse et al. 2018). Previous studies present that test anxiety is more intense in the eighth grade (Çakıcı 2021; Çakmak et al. 2017). For this reason, the high test anxiety seen in senior secondary school students in Türkiye shows that they need effective programmes to help them cope, as it negatively affects their mental health.

However, when the test anxiety intervention programmes in the literature are tested, it is observed that they mostly focus on the physiological and cognitive symptoms of test anxiety (Von der Embse et al. 2013). Studies have shown that the main stages of narrative therapy are externalising the problem, evaluation by the therapist, rewriting the story and consolidating the story (Gardner and Poole 2009; Jalali et al. 2019). Important techniques of narrative therapy, such as using questions, writing letters, rewriting the story and external witnessing, can help identify situations where anxiety is less experienced. The narrative therapy techniques used by researchers aim to help individuals reinterpret their problems by moving them away from the centre of their identity. The questioning technique, particularly through 'externalising' and 'exploratory' questions, allows the individual to view anxiety not as a part of their personality, but as a separate element affecting their life. For example, the therapist helps the individual create distance from the problem by asking questions such

as, 'When does anxiety most often occur?' or 'In which areas of your life does anxiety try to affect?' In the letter-writing technique, the client either writes a letter to the anxiety or the therapist writes a letter summarising the process to the client. This method allows for the concretisation and reorganisation of emotions. The story rewriting technique allows the individual to reconstruct their life story not only through a problem-focused narrative, but also by including their strengths and coping experiences. For example, instead of the narrative 'I am a very anxious person', an alternative narrative is developed, such as, 'I experienced anxiety during difficult times, but despite this, I took exams and fulfilled my responsibilities'. In the external observation technique, the client's story is listened to and reflected upon by another person or group. This reflection allows the client to hear their own story from a different perspective. In this context, the techniques used in the research and the results obtained can help participants find 'extraordinary events' that have positive significance in their later lives and guide them in creating positive stories that support the development of inner strength and lead to meaningful individual change. There is increasing evidence that narrative therapy is effective against negative emotions, such as stress, anxiety and depression (Cloitre et al. 2024; Seo et al. 2015). Evidence also suggests a significant reduction in psychological symptoms after narrative therapy, and participants reported high levels of satisfaction with the treatment process. These findings suggest that narrative therapy should be further investigated as a potential alternative to existing test anxiety treatments. This study is unique in that it moves narrative therapy from clinical examples to a school-based and preventive mental health intervention context. While narrative therapy is mostly applied in clinical settings, such as for managing trauma, identity crisis or family problems, adapting it to a performance-based problem arising in an academic context, such as exam anxiety, expands the method's application area. In this respect, the study can offer a unique contribution to the school psychological counselling literature. Using a quasi-experimental design strengthens the study methodologically. A pre-test-post-test control group design can more clearly reveal the effect of narrative therapy techniques on test anxiety. Reporting effect size can provide strong evidence about the practical value of the intervention. In this respect, this study aims to evaluate the effectiveness of narrative therapy on test anxiety in Turkish secondary school students with high test anxiety. The research hypothesis is as follows:

**H1.** *There will be a significant difference between the post-test scores of the experimental group, to which the narrative therapy-based psychoeducation programme was applied, and the scores of the control group.*

## 3 | Method

### 3.1 | Study Design

To increase the internal validity of this study, the researchers carefully planned the study sessions and used a control group. A quasi-experimental design with a pre-post-test control group was used to test the effect of a therapy-based psychoeducation programme on the test anxiety of eighth-grade students. In this

context, therapy-based psychoeducation was applied to the students in the experimental group. No procedure was applied to the students in the control group. An unbiased assignment was preferred while creating the experimental and control groups. Unbiased assignment means the equality of the probabilities of the individuals participating in the research to be assigned to each of the experimental conditions (Cohen et al. 2005; Creswell 2005).

### 3.2 | Participants and Study Flow

The participants of this study were secondary school students in the final year in a province of Türkiye in 2022. In the sampling process, we determined the school-purpose sampling method to carry out the research. To determine the school where the study would be conducted, we determined high scores in the high school entrance exam held in Türkiye in previous years as a criterion. Test anxiety may be higher in schools with high school entrance exam success. Studies conducted in Türkiye in previous years have shown that test anxiety is higher in students who are enrolled in the last year of secondary school and have a high level of success (Çakıcı 2021; Duman 2008). In this context, the researchers contacted administrators from the top three schools in the region by phone and followed up with formal letters outlining the research process and requesting permission to conduct the study. Only one school granted permission. Eligible participants were required to be enrolled in the eighth grade. A total of 22 students who met the inclusion criteria were enrolled in the study.

Participants were randomly assigned to either the experimental group ( $n = 11$ ; 4 boys, 7 girls) or the control group ( $n = 11$ ; 4 boys, 7 girls). The average age across both groups was 14.3 years. Overall, 63.6% of the participants were girls and 36.4% were boys.

Blinding procedures were not implemented for participants or those administering the intervention due to the nature of the school-based setting and the visibility of group activities. However, outcome assessors were blinded to group assignment to reduce potential bias. Blinding was maintained by coding participant data and ensuring assessors were not involved in the intervention delivery. The effectiveness of blinding was monitored through post-assessment interviews with assessors, confirming that group allocation remained unknown during evaluation.

### 3.3 | Measurement

The *Test Anxiety Scale (EXS)* was adapted to Turkish by Totan (2018). The EXS has 11 items and consists of one dimension. The item factor loading values of the scale ranged from 0.62 to 0.81. Confirmatory factor analysis revealed that the standardised parameter estimates of the scale ranged from 0.57 to 0.79. Goodness-of-fit indices have shown that the scale's unifactorial structure is confirmed ( $\chi^2 = 137.96$ ,  $sd = 44$ ,  $\chi^2/sd = 3.14$ ,  $CFI = 0.97$ ,  $SRMR = 0.003$ ). The Cronbach's alpha value was calculated as 0.92. The test-retest reliability coefficient of the scale was determined to be 0.72. The minimum score on the scale is

11, and the maximum score is 55. A high score on the scale reflects high test anxiety.

### 3.4 | Statistical Methods

A *t*-test analysis was used to determine the difference in the test anxiety scores of the students in the experimental and control groups. Covariance analysis (ANCOVA) was performed to determine the significant differentiation between the experimental and control groups. ANCOVA is an analysis method used to show differences in post-tests in experimental and control group studies (Senn 2006). Therefore, in the analysis of the data, we used the pretest measurements as a covariate to determine whether the difference in the post-test scores of the experimental and control groups was due to the experimental intervention condition. The SPSS-22 program was used for analyses of the data. We accepted the 0.05 significance level for the analyses.

### 3.5 | Process

Based on previous research, the programme was developed using techniques related to narrative psychotherapy theory (problem externalisation, deconstruction, reframing and external witnessing; Corey 2012; Koca 2018; Romagnolo and Ohrt 2017). Then, the programme was revised through group discussions and consultation with three experts (Yazıcı 2018; Wilcox 2014). Finally, the intervention protocol, timing, format structure, themes and contents were checked and made ready. The intervention was conducted in one-on-one sessions of approximately 60 min once a week for six weeks. The psychoeducation programme is outlined in Table 1.

Before starting the programme, permission was first obtained from the Provincial Directorate of National Education. Then, the necessary permission was obtained from the school administration and the parents of the students who wanted to participate in the research. Data collection was carried out after approval by the Educational Sciences Unit Ethics Committee of the first author's university. After the legal processes were completed, the researchers asked permission from the teachers to enter the classes of the eighth-grade students and gave information about the study. After the information process, the researchers applied the Test Anxiety Scale to a total of 82 volunteer students who wanted to take part in the study. They calculated the arithmetic mean and standard deviation scores of the scales applied to the students. As a result of this calculation, they decided to include 27 students who were 1 standard deviation point above the arithmetic mean of the scales. However, five students stated that they did not want to participate in the study. Thereupon, the researchers continued to work with the remaining 22 students. These 22 students were randomly assigned to the experimental and control groups, with 11 students in each group. Six psychoeducation sessions prepared in line with the principles and techniques of narrative therapy were applied to the students in the experimental group in this study. The researchers did the experimental work in the school's multi-purpose hall. Psychoeducational sessions were applied once a week and lasted approximately 60 min. Since students in the control group received no intervention, they continued their normal learning



**TABLE 1** | Contents of the psychoeducation programme.

| Session   | Aim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Session 1 | Meeting and determining goals: In the first session, students are introduced to each other, the group process and purpose are expressed to the participants, and the group rules are determined.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Session 2 | Naming the problem: Ask students to name the problem they are experiencing. For this, the externalisation technique is applied. This technique helps students to see themselves as separate from the problem by externalising the problem. In addition, questions are asked to determine the effect of the name given to test anxiety on their lives, values, hopes and dreams. For example, what does test anxiety look like? What are the effects of test anxiety on your life? What does test anxiety tell you?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Session 3 | Identifying unique outputs: In this session, it is ensured to remember the past moments when test anxiety did not put pressure on the student and the student did not feel the effects of the problem. In this direction, situations in which students experience little or no test anxiety and areas where they are successful in their lives are determined.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Session 4 | Writing a new story: To highlight the unique results of the previous session, students are asked action (consisting of information about the event, such as time, place and plot) and identity domain questions (the student's plans, wishes, values and beliefs). These questions help students create their new story. These questions, along with showing unique results, enable students to find their values, carry the new story into the future and display alternatives that they see themselves as stronger than the problem.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Session 5 | Re-Membership Conversations: In this session, students are asked to share their new stories with important people in their lives. For this, they are asked to list the people in their lives who are important to them. Then, questions are asked about the impact and contribution of this person to their life and identity (for example, how does this person contribute to their life? How does she support you? What actions of yours does she appreciate? How did you respond to this person's support?). Re-affiliation talks will help students identify their new narratives—their strengths in their stories and their coping methods in difficult situations.                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Session 6 | Termination and external witness enforcement: In the previous session, students are asked to invite people from their social circle or family to the session. These people are asked to notice the changes and share this by observing the interviews and activities with the students. For the alternative/new story created in the psychoeducation process to be permanent, there must be someone who will witness this change in the students. With the external witness application, it is ensured that the new story obtained and created in the psychoeducation sessions not only stays in that environment but also finds social support. With the external witness application, it is ensured that the new story obtained and created in the psychoeducation sessions not only stays in that environment but also finds social support. In the last meeting, the advisor and the student will discuss the criticisms made by the external witness, with whom the student shares the outside witness's new story, and the student's reactions to these criticisms will be evaluated. |

**TABLE 2** | Independent sample *t*-test conducted with the pre-test results of the experiment and control groups.

| Variable                     | Group      | <i>N</i> | Mean  | <i>SD</i> | <i>t</i> | <i>p</i> |
|------------------------------|------------|----------|-------|-----------|----------|----------|
| Test anxiety pre-test scores | Experiment | 11       | 42.18 | 6.72      | 0.89     | 0.38     |
|                              | Control    | 11       | 40.18 | 3.15      |          |          |

activities. After the group sessions were over, the researchers applied a post-test (Test Anxiety Scale) to both groups.

#### 4 | Results

An analysis of covariance was performed to test the effect of therapy-based psychoeducation applied to eighth-grade students with test anxiety symptoms. The suitability of some preconditions was tested without performing a covariance analysis, such as the pretest scores of the experimental and control groups being equal, the variances being homogeneous and the slopes of the regression lines being equal. To determine the pre-test scores of the experimental and control groups, a *t*-test was applied to the independent groups. Analysis results are presented in Table 2.

The results in Table 2 show that there is no significant difference between the pretest scores of the experimental and control groups [ $t_{(20)} = 0.89$ ;  $d = p > 0.05$ ]. This finding shows that the test anxiety scores of the students in the pre-operational groups are equivalent to each other. We performed Levene's test to determine whether the variances were equal, which is another condition for performing a covariance analysis. The results show that the variances were equal [ $F_{(1-20)} = 2.73$ ;  $p = 0.11$ ;  $p > 0.05$ ]. Another condition for performing covariance analysis is that the regression slopes are equal. Information on the equality of the slopes of the regression lines is shown in Table 3.

The data in Table 3 show that the slopes of the regression lines are equal [ $F_{(1-21)} = 0.280$ ,  $p > 0.05$ ]. It was then determined whether

**TABLE 3** | Findings showing regression slopes regarding test anxiety.

| Source                        | Sum of squares | SD | Mean squares | <i>F</i> | <i>p</i> * |
|-------------------------------|----------------|----|--------------|----------|------------|
| Corrected model               | 1349.743       | 3  | 449.914      | 25.370   | 0.00       |
| Intercept                     | 26.790         | 1  | 26.790       | 1.511    | 0.24       |
| Group                         | 1.701          | 1  | 1.701        | 0.096    | 0.76       |
| Test anxiety pre-test         | 88.253         | 1  | 88.253       | 4.976    | 0.04       |
| Group * test anxiety pre-test | 4.968          | 1  | 4.968        | 0.280    | 0.60       |
| Error                         | 319.212        | 18 | 17.734       |          |            |
| Total                         | 25561.000      | 22 |              |          |            |
| Corrected total               | 1668.955       | 21 |              |          |            |

\**p* < 0.05.**TABLE 4** | Findings regarding the corrected post-test mean scores of the experimental and control groups.

| Source                | Sum of squares | SD | Mean squares | <i>F</i> | <i>p</i> * | $\eta^2$ |
|-----------------------|----------------|----|--------------|----------|------------|----------|
| Corrected model       | 1344.774       | 2  | 672.387      | 39.408   | 0.01       | 0.81     |
| Intercept             | 70.050         | 1  | 70.050       | 4.106    | 0.06       | 0.18     |
| Test anxiety pre-test | 107.274        | 1  | 107.274      | 6.23     | 0.02       | 0.25     |
| Group                 | 1334.112       | 1  | 1334.112     | 78.191   | 0.01       | 0.81     |
| Error                 | 324.180        | 19 | 17.062       |          |            |          |
| Total                 | 25561.000      | 22 |              |          |            |          |
| Corrected total       | 1668.955       | 21 |              |          |            |          |

\**p* < 0.05.

there was a significant difference between the corrected test anxiety scores of the groups. The results show that, according to the adjusted mean test anxiety scores, the experimental group ( $\bar{x}$  = 25.01;  $p$  < 0.05) had a lower mean value than the control group ( $\bar{x}$  = 40.89;  $p$  < 0.05). The results of the ANCOVA regarding whether the observed difference between the adjusted mean scores of the groups is significant are presented in Table 4.

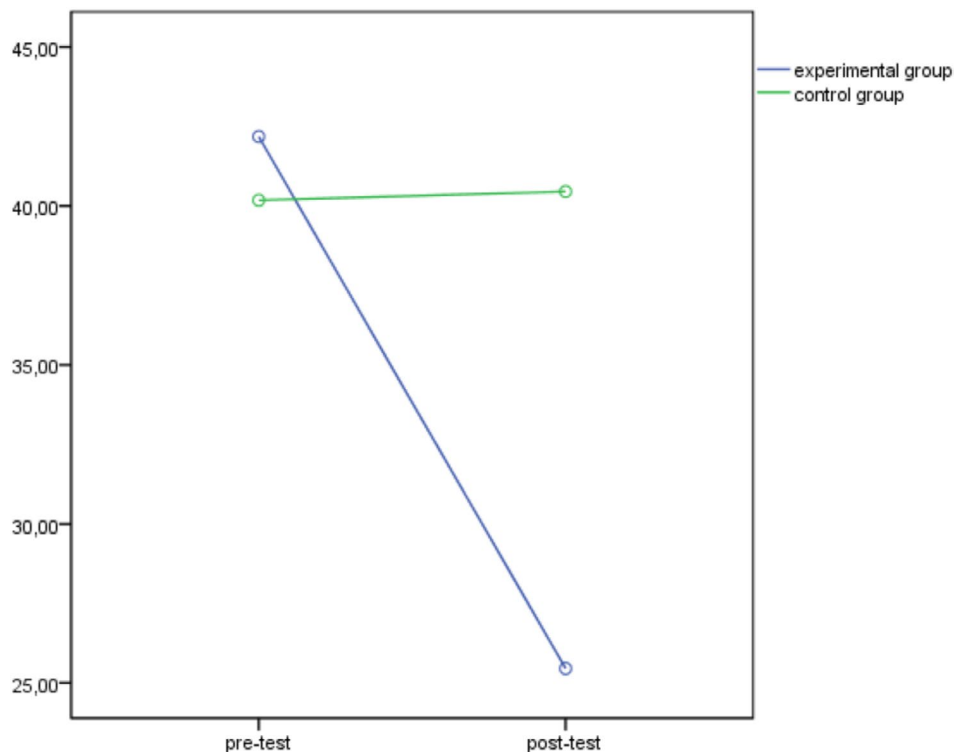
The results presented in Table 4 show that after controlling for pre-test scores, the narrative therapy-based psychoeducation programme for test anxiety significantly reduced test anxiety levels among eighth-grade students in the experimental group [ $F_{(1-21)} = 6.23$ ,  $p$  < 0.05,  $\eta^2 = 0.25$ ]. This result shows that the difference between the corrected mean scores of the test anxiety scale of the students in the experimental and control groups was significant. In addition, this result shows that the psychoeducation programme applied in the experimental group was effective in reducing the test anxiety of the students (Figure 1).

## 5 | Discussion

This study tested the effect of a narrative therapy-based psychoeducational programme on reducing test anxiety in eighth-grade students. The findings show that there was a significant difference between the post-test scores of the experimental group and the control group. The results show that the mean test anxiety scores

of the experimental group were significantly lower than those of the control group. According to the partial eta-square value, 25% of the variance in the test anxiety variable was explained by the narrative therapy-based psychoeducation programme (independent variable). The study found a moderate effect size (Green and Salkind 2005). In a study showing a similar effect size, Yale-Soulière et al. (2024) conducted a study with 48 adolescents aged 14–17 and found that a cognitive-behavioural-based approach had a moderate effect on test anxiety between the pre-test and post-test.

Previous studies have shown that similar quasi-experimental psychoeducational programmes are effective in reducing test anxiety in students. For example, Putwain and von der Embse (2021) observed a large reduction in test anxiety in a sample of 14–16-year-old secondary school students after a cognitive-behavioural therapy-based intervention compared to a control group, while the control group participants showed only a moderate reduction. Zeng et al. (2025) also found that a nature-based mind-body intervention significantly reduced excessive test anxiety and academic stress. Furthermore, the literature shows that narrative therapy-based psychoeducational programmes are widely used in a variety of evidence-based methods and topics, including school counselling. Previous research has shown that narrative therapy is effective in reducing symptoms of general anxiety (Jalali et al. 2019), state and trait anxiety (Koca 2018) and anxiety disorders (Momeni et al. 2015). Moreover, narrative therapy can lead to improved parent-child



**FIGURE 1** | Differences in pre-test and post-test scores between experimental and control groups.

relationships and increased academic vitality of students in the post-exam period (Mohseni 2022). Zadeh et al. (2018) found that narrative therapy was effective in reducing depression and dysfunctional attitudes in students. Feizi et al. (2019) concluded that narrative therapy has positive effects on reducing students' anxiety levels. This range of studies supports the use of narrative therapy-based interventions for academic and emotional problems experienced by students, but to date, there are limited studies explicitly examining interventions specifically for test anxiety in students (Valizadeh et al. 2009). The findings of this study show that there was a change in the test anxiety scores of the students in the experimental group after the narrative therapy-based psychoeducation programme. This result shows the effectiveness and importance of narrative therapy in reducing test anxiety.

Students' stories of problems with predominant test anxiety can often cause them to make weak inferences about their lives and relationships. These inferences may lead students to perceive themselves as inadequate. This can make it difficult for them to realise their existing knowledge, skills and abilities. Narrative therapy techniques, such as externalisation, rewriting, re-membership and external witnessing, can be important in helping students realise their strengths, see themselves as competent and develop different stories about their lives by removing them from the problem story (Morgan 2000). These techniques are well-suited to facilitate students' participation in the therapeutic process. Externalising test anxiety instead of internalising it helps students change their perspectives. This approach allows students to distance themselves from the problem (White and Epston 1990). Revealing the experiences of students about the moments when they have little or no test anxiety can make them feel good (Looyeh et al. 2014). When the effects of

test anxiety are removed from students' lives, alternative stories can be represented.

However, children learn and develop coping skills, problem-solving techniques and different methods of self-expression through interaction and participation with peers (Berkowitz 2011; Sweeney et al. 2014). Because narrative therapy represents and fosters relationships and attitudes between group members and personal experiences and memories, children learn about goals, values, emotions and the feelings and emotions of others (Goodman and Dent 2017). Narrative therapy, which enables the person to tell their life story by focusing on positive comments, enables students to become aware of their feelings. This can reduce their anxiety. In narrative therapy, stories are valuable as references to convey main ideas and influence mental premises (Ezatabadipour 2021).

## 6 | Limitations and Future Directions

Students preparing for exams are often directly or indirectly exposed to academic stressors, and these factors can affect their physical and mental health. Narrative therapy-based treatment programmes can improve anxiety levels among students. However, this study has some limitations. First, the participants in this study represent a limited age group and were selected from a relatively small sample size, which may affect the generalisation of the results. The study should therefore be repeated with different age groups. Second, some previous studies have suggested that recording psychotherapy sessions is effective in understanding students' stories clearly (Batista et al. 2021; Fernández-Navarro et al. 2020). Therefore, researchers can record sessions to understand students' stories

clearly and conduct in-depth qualitative research on students' topics. Third, only the students' feedback on the changes observed in test anxiety symptoms in the study were collected. Alternatively, researchers might want to track narrative change in a post-intervention focus group. Another significant limitation of the study is the lack of a follow-up test. The absence of this intervention, which proved effective in the control group after the intervention, is another limitation. In addition, future studies could investigate not only the effect of narrative therapy on anxiety levels, but also its transformative role on an individual's academic identity, self-perception and emotion regulation processes. Finally, due to the lack of parental cooperation in this study, students' test anxiety over a long period could not be monitored. To assess whether test anxiety has been successfully treated, students' status should be followed over three- and six-month periods.

## 7 | Conclusion

The findings of this study showed that group narrative therapy reduced the test anxiety levels of secondary school students. Narrative group therapy helped students reduce their high anxiety levels with its various techniques and reconstructed stories. Therefore, this study showed that the use of narrative therapy techniques and principles can be a useful treatment to help students with high test anxiety. In the future, narrative therapy is recommended as a short-term and appropriate method to improve the condition of individuals with test anxiety problems.

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## Disclosure

All authors declare that this article is an original work that has not been posted or published anywhere else. All authors declare that they have read and approved the article and meet the authorship criteria.

## Ethics Statement

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. The study received ethical approval from the Atatürk University Educational Sciences Unit Ethics Board (meeting number: 12, and decision number: 11).

## Consent

Consent was obtained from all participants included in the study.

## Conflicts of Interest

The authors declare no conflicts of interest.

## Data Availability Statement

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

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