

## Manuscript Title

Evaluation of a Web-based Self-compassion Intervention to Reduce Student Assessment Anxiety

## Author(s)

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## Summary

*The manuscript was received on November 09, 2017 and was peer reviewed by one reviewer and an editor.*

*The initial recommendation of Major Revision was made on January 22, 2018.*

*The first revision was submitted on March 04, 2018 and was re-evaluated by the editor.*

*The second recommendation for revision was sent to the author on April 09, 2018.*

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## Peer Review Comments

Self-compassion intervention has been proven to be effective in reducing various psychological problems. However, its potential usefulness for treating students' test anxiety has not been investigated. As such, this study addresses a timely and important topic, and it has generated interesting findings. However, there also are problems with the manuscript. Some of these problems could be reduced by revising the manuscript.

(1) Study design. The study included two intervention groups but no control group. As such, it remains open to question whether any pre-post differences were due to the intervention or simply due to testing effects. This is a limitation of the study that needs to be addressed.

(2) Sample. (a) How exactly was the message distributed, to whom was it delivered, and what was the participation rate? (b) Except for five male students, the sample comprised female participants only. This is another important limitation of the study. How did the gender distribution in the two intervention groups look like?

(3) Measures. Sample items and reliability information would be needed for all measures. This may be especially important for the test anxiety scale. According to the reference provided, this measure has not been published. As such, in addition to information about reliability (in the present sample), it would be good to also cite findings documenting the validity of the scale. For type of anxiety, the measure would need to be described as well. Obviously, only one type of anxiety was recorded per student, although there are many students who suffer both from anxiety related to coursework and presentations and anxiety related to exams. Please clarify.

(4) Procedure. When did the follow-up assessment take place?

(5) General nature of the intervention. As the interventions are described in the manuscript, they included imagery that was not specifically related to academic matters. As such, it is not surprising that the intervention affected general outcome variables more so than academic variables (such as test anxiety). This issue needs to be considered when interpreting the findings.

(6) Implementation control and data analysis. In the self-compassion group, only part of the sample used the self-compassion imagery. The data for these participants were nevertheless analyzed as if they had participated in the intervention. This is especially critical given the similarity of the interventions in terms of including relaxation (breathing component at the start of both interventions). As such, the self-compassion participants who did not use the self-compassion imagery did the same as the relaxation group (i.e., practicing relaxation), although to a lesser degree. To properly examine the effects of the self-compassion intervention, it would be necessary to exclude all participants who had not used the self-compassion part of the intervention. This could be done for the whole sample of the self-compassion group as well as the subsample of students at risk who were members of this group and reported high test anxiety.

(7) Results. (a) Given the small size of the sample, I suggest focusing more on effect sizes rather than significance when interpreting the findings. (b) For the risk group with high test anxiety scores, means and standard deviations should be reported as well; this could be integrated in Table 1. (c) Time x group interactions: For self-compassion, there was a substantial difference between the two groups at Time 1 (half of the pooled standard deviation), which would need to be taken into account when analyzing and interpreting the data. The effect of the intervention was that the compassion scores for the self-compassion group increased to the level already prevalent in the relaxation group at Time 1. One way for dealing with these Time 1 differences would be including the Time 1 variables as covariates in the analysis.