

Reeducación cognitiva - emotiva en caso de ansiedad ante los exámenes

Cognitive - emotional reeducation in case of anxiety about exams

René Pedroza Flores

Universidad Autónoma del Estado de México, México

renebufi@yahoo.com.mx

Resumen

La prevalencia de la ansiedad en los estudiantes universitarios va en aumento, esto debido a diversos factores familiares, sociales, culturales y de desempeño académico. Cada vez son más los casos reportados con trastorno de ansiedad ante los exámenes. Existen diversos estudios en el campo de la psicología que se han realizado, aportando test y constructos explicativos. En este artículo nos proponemos abordar la ansiedad ante los exámenes a través de un caso desde el enfoque de la Terapia Racional-Emotiva Conductual (TREC) de Albert Ellis. Primero, mostramos la relación que existe entre fracaso escolar y ansiedad; segundo, describimos cómo la TREC conceptualiza el trastorno de ansiedad; y tercero, ofrecemos un estudio de caso, desde el diagnóstico hasta el modelo de intervención; concluyendo con dimensionar la efectividad de la TREC en el tratamiento de la ansiedad ante los exámenes.

Palabras clave: ansiedad, TREC, Albert Ellis, exámenes.

Abstract

The prevalence of anxiety in college students is increasing, this due to various family, social, cultural and academic performance factors. An increasing number of reported cases with disorder test anxiety. Several studies in the field of psychology that have been made,

providing test and explanatory constructs. In this paper, we propose addressing test anxiety through a case from the approach of Rational - Emotive Behavior Therapy (REBT) by Albert Ellis. First, we show the relationship between school failure and anxiety; Second, we describe how the TREC conceptualized anxiety disorder; and third, we provide a case study from diagnosis to intervention model; concluding with sizing the effectiveness of TREC in the treatment of test anxiety.

Key words: anxiety, TREC , Albert Ellis , testing.

Fecha recepción: Enero 2015 **Fecha aceptación:** Junio 2015

Introduction

THE PROBLEM OF ANXIETY AS PART OF SCHOOL FAILURE

The problem of test anxiety occurs in all levels of education, from elementary school to higher education; school failure is related to this affective disorder, present in absenteeism, failure, low grades and dropout. In a study by Menéndez (2004), 30% of school failure is due to emotional problems, including anxiety, triggered by the personal situation of the student in front of the conception of academic demands.

Anxiety can increase or decrease depending on the type of material; for example, it is reported in the PISA 2012 report, that of 10 Mexican students studying a subject suffering from math anxiety 8; 10 students and 5 expressed anxiety at the time of solving a problem. Of the OECD countries, Mexico is the country with the highest math anxiety (OECD, 2013)

In the specific case of higher education in Mexico, Hernández-Pozo (2008), cites data from INEGI 2004, two million students who entered higher level, around a quarter of potentially manifested anxiety disorders. In a study by Vargas (2010), a vicious circle of performance and anxiety was found in the time of testing, the lower is the greatest achievement is the rate of anxiety, if it is to increase the academic achievement is higher prevalence anxiety and anxiety is increasing lower academic performance.

School failure associated with anxiety is a trigger for more unhealthy anxiety, limiting interactions person at school and in other areas of social life. School failure is a source of frustration that restricts students, creating guilt and sowing doubt their own abilities to academic achievement. Cognitive and emotional changes occur: in the first case, problems with attention, concentration, retention, distraction and loss of interest in learning; in the second case, low self esteem, fear, shame, insecurity, excessive worry, low frustration tolerance and impotence. With increasing anxiety, somatic symptoms often occur.

The problem with test anxiety has been studied from the behavior, cognition and learning skills. Valero (1999) presents a synthesis of these approaches:

From a behavioral inhibition model of academic behavior in a situation of punishment, with the usual conditioned or emotional components in an anxious situation it is assumed. From a cognitive perspective they include the existence of negative thoughts, difficulty solving problems, attention deficits and low self-esteem as causes of this problem (Gutiérrez-Calvo, 1984, 1986; Krampen, 1988; Blankstein, Flett and Batten, 1989; Tobias, 1985). From a social learning model they are factored deficits study skills (1).

Another approach that addresses the test anxiety is Rational Emotive Therapy (RET), which focuses on cognitive restructuring from the modification of irrational thoughts. School failure associated with anxiety presented by the demands that the person is itself regarding the demands of the school environment and irrational beliefs that disturb on family and social environment.

We want to address the latter approach because teaching experience we know that sometimes the student against a manifest irrational ideas that limit their performance review. The student may feel pressured by family demands, economic, employment or academic standing; thus, their school performance begins to unravel as it is overtaxing himself and pressed. Then manifest changes in mood and behavior; eg retracts, is irritable, it fails to achieve tasks or low performance and therefore gets disapproving or minimally passing grades. Inadvertently, the student enters a vicious circle formed by demand and performance requirements; the more irrational is their position on the academic demands

are more unreasonable demands and less personal is its performance; and among lower performance is linked more to the demands and unreasonable demands of his thought.

FROM ANXIETY THERAPY Rational-emotive (TREC)

In general, psychotherapeutic approaches are similar in their conception of anxiety, but each approach has particularities in the analysis and intervention. Therefore, the next obvious question is: How do you explain the TREC anxiety?

Ellis (2005), any emotional disorder stems from three aspects: innate, contextual and personal. Is biologically innate tendency to think, feel and act; cultural and social circumstances which may coexist factor of accomplishment and emotional balance or anxiety can trigger the imbalance between what is desired and not desired; and personal modes from how do you choose to think, feel and act. The anxiety stems from these three aspects that come together in the person from their decisions and their rational and irrational beliefs.

Anxiety is evolutionary because it is inherent to the human condition. Anxiety, fear and uncertainty have always been part of human history. Ellis (2010) states that anxiety has been beneficial for human evolution that has allowed him to overcome risks and fears, as well as temporary and circumstantial face challenges. Anxiety becomes a problem when the person takes the "extreme" their fears, inventing irrational ideas that govern their thinking, feeling and acting.

For Ellis there are two forms of anxiety. In a couple of texts written in 1979 and 1980, he mentioned the disturbing anxiety and anxiety of self. Both are emotional intentions, one associated with the idea of duty and have; and the other, with moods of the person. Ellis defines each:

... I define the disturbing anxiety and emotional stress that occurs when people feel (1) that your comfort (or life) is threatened, (2) to be or have to get what they want (and should not or need not get what you do not want), and (3) that is horrible or catastrophic when they do things right and / or are not approved by others as are supposed to or should be. I anxiety is a dramatic or intense feeling that usually seems

overwhelming, it is often accompanied by feelings of severe depression, shame, guilt and inability; and often it leads people therapy or suicide! (Ellis, 1990, 1231).

In another text published eighteen years later, Ellis kept his thesis two types of anxiety, now recognized as healthy and unhealthy anxiety. Assumes an evolutionary and rational position because healthy anxiety has been developed in human history and has served to preserve life and the human species; Unhealthy anxiety is an elaboration of the person from the way they choose to live their lives. Each has different features:

a) healthy Anxiety (restlessness). Preserves life remains active and vigilant because the person on the risks it faces to survive. Provides control of emotions, it helps people achieve their accomplishments and accept that some goals are unrealistic. As Ellis expressed, it helps you get more of what you want and less of what does not. It provides caution, active surveillance and alert to situations and realistic beliefs.

b) unhealthy Anxiety (worry). It is destructive because it causes the person to lose control of their emotions, it weakened in achieving its aims and encourages disastrously that addresses risks; the person has more than you do not want and less of what you want. Causes panic, you have phobias, fear, horror, terror, pain and psychosomatic disorders, may become ill because of their own irrational beliefs, which may even lead her to suicide.

If anxiety is part of the human condition: what time you go from healthy to unhealthy anxiety? Ellis replied that healthy anxiety is protective but when becomes hiperprotectora possibly becomes unhealthy anxiety. This happens when the fear becomes irrational when creating overgeneralizations facts are exaggerated and when you see everything in black and white with unreal and incorrect thoughts. Anxiety is detected when other symptoms appear: respiratory, intestinal, muscle, skin reactions and pressure.²

¹ Este texto se publica en inglés en 1980, citamos la primera edición publicada en español en 1990.

² Ellis breaks down each symptom as follows: "respiratory symptoms and chest: shortness of breath, rapid breathing, shallow breathing, wheezing, chest tightness, throat tightened, choking sensations and stuttering; Skin reactions: sweating, itching, palpitations, fainting or fainting, blood pressure increases and decreases in blood pressure; intestinal symptoms: loss of appetite, nausea, vomiting and intestinal discomfort and pain; muscle symptoms: tremors, involuntary blinking, nervous tics, jumpiness, twirling around from side to side, wavering legs, stiffness and insomnia" (Ellis, 2010, 35).

RET has a clear goal for the settlement of anxiety: re-educate the person handling your healthy unhealthy reactions to control your reactions. Thus able to control anxiety and anxiety prevent the control to it. Cognitive and emotional reeducation consisting of anxiety-generated while it is self-generated by the person (Ellis, 2000).

A CASE OF test anxiety

In the following case the cognitive-emotional rehabilitation is proposed. In the model exposes the personal, family and social contexts where demands that "propel" the person to have irrational beliefs that subsequently govern their thoughts, feelings and actions arising autogenerándose anxiety.

1. Identification data

Name: Javier

Age: 20 years

Schooling Student's degree in education (fourth semester)

Occupation: store clerk and student

Hours: University (7:00 am-13: 00 pm) and Labor (3:00 pm-10: 00 pm)

Family: Just married with a son of a year old.

2. Brief history of life

Javier comes from a low income family with two sisters who still live with their parents. Being the eldest son, his dad has always said that you have an obligation to support his sisters and take up the family, that the purpose of that study is that. Javier demand for Dad is an obligation to be met, but feels he can not and therefore often feel stressed.

When he entered the degree he met Agnes and soon got engaged. To hold unprotected, she became pregnant and therefore decided to marry. Ines does not have a steady job, is employed part-time at a cafe in Punta del Cielo. Javier costs, Agnes and her young son are greater than your income, so constantly borrow Agnes's mother. The mother of Javier says that he leave the "school" and get to work because he has to support his family. That idea sometimes does not leave him alone, so thought of dropping out.

Javier's daily routine begins at 5:30 am, when preparing to attend college. He leaves home at 6:00 am with Agnes and her son to his mother encargárselo and then go to college. His classes end at 1:00 p.m., eat something light and if you get a little time reading or advancing in school assignments. Reach their workplace at 3:00 pm. -a large abarrotes-store, serving customers, merchandise and makes accommodates the toilet, leaving at 10:00 pm, arriving home at 11:00 pm., dinner, and if you are tired it is set to study for the next day. When he gets tired you sleep and often gets up to study before preparing to leave. Lack of time is often stressed that no complete assignments and readings that let you University.

3. Functional analysis

Javier is a young man under stress thinking: "I do not know what to do; I want to study but my father and mother in law require me to work harder and stop studying. And I think they are right, I searched this and now I must respond. " He feels angry and sad at the same time, angry because he wants to continue his studies and sad because it pays them as wanted.

Javier tend to feel more anxious when you are at exam time. During the semester notes that gradually advancing and fulfilling, which has no such trouble at that time; but when the exam period begins to feel ill it arrives. She says she is overwhelmed with so many obligations and begins to doubt whether he can pass the exams. When the present tense and sweating a lot, feels very nervous, especially because he is required to comply with all deliver for her father and show his mother he is a man capable.

His grades are falling despite their efforts. Sometimes spending more time thinking about how you will fix things that do them, and severely judged by their situation, constantly berating himself for having been careless with the use of contraceptive methods, and he has even come to fantasize held back time .

During the days of examinations fight with Agnes, he gets angry all, is confused and stays at home without visiting their parents or in-laws. He prefers to stay overnight, arguing that feels very tired. He has what he calls a panic attack, because breathing is difficult and low pressure, making you feel dizzy. I used to go out with friends, but now I do not feel like going out because they end up asking about school.

4. Diagnostic Inventory anxiety

There are several parameters to assess anxiety and perhaps the most widely used is that of Beck, which assesses the cognitive, emotional and physiological symptoms through 20 questions that provide a range of scores from 0 to 63. The responses are organized scale type Likert, comprising the values (0) for at all, (1) slightly (2) moderately and (3) severely. The performance ranges are three: moderate (16 to 25) and severe anxiety mild minimum level (0 to 7), (8 to 15) (26 to 63). Other existing instrument is the Hamilton scale, which assesses somatic anxiety and psychological anxiety. One plus is the scale of anxiety and depression Goldberg.

For the specific case of the evaluation of test anxiety there are also several instruments. Furlan (2006) mentioned in an article four types of scales: German Test Anxiety Inventory of Hoddap, and Performance Anxiety Questionnaire Aguilar, Cognitive Test Anxiety Scale Questionnaire Cassady and test anxiety (CAEX) Valero.

Valero (1999) mentions instruments as Sarason Test Anxiety Scale, Anxiety SuinnTest Suinn Behavior Scale, Ware Test Anxiety Inventory, Self-Assessment Inventory of Ayora, Plake Achievement Test Anxiety, Sport Competition Anxiety Test Cheathan, among others. Faced with the range of existing instruments we opted for the Questionnaire test anxiety (CAEX) Valero (1999), because it integrates the different dimensions of anxiety, apply to upper level students and Spanish-speaking population. According to the words of its author, CAEX aims to find the answers that are manifested in the behavior of the person:

We present here a questionnaire specifically designed to capture the range of verbal, cognitive and motor physiological responses that accompany these problems, along with the type of more frequent exams. Thus, rather than focusing on aspects of personality traits or anxiety as a construct, we focus on the description of the behavioral characteristics of the problem (225).

The questionnaire consists of 50 items divided into two scales type Likert.³ One measures how often happens when assessing anxiety avoidance responses, concern, physiological and situational, while the other measures the degree of subjective anxiety. The score ranges

³ Questionnaire attached.

from 0 to 250, grouped into four ranges that qualify anxiety level: very low (0-45), low (50-99), medium (100-149), high (150-199), and higher (200-250).

Javier this instrument, the result is placed in the range of high anxiety was applied. The summary of factors by factor puntuaciones items and is presented in the following table:

Table 1. Summary of areas, items and grades

Área	Ítems	Total	Rango	Puntuación	Porcentaje
Preocupación	8, 13, 15, 16, 17, 19, 21, 24, 25, 30, 31, 37, 38, 39	14	0-79	54	77
R. Fisiológica	1, 2, 3, 6, 7, 9, 10, 11, 20, 26, 27, 28, 29, 33, 34	15	0-75	48	64
Situaciones	5, 32, 36, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50	14	0-70	44	63
R. Evitación	4, 12, 14, 18, 22, 23, 35	7	0-37	8	29
TOTAL		50	0-250	154	

Fuente: Valero (1999).

As shown, the high anxiety Javier is located in the factors of concern, and physiological response situations. This coincides with the clinical interview because it expresses irrational beliefs, which will generate physiological problems according to the situation on tests. The avoidance response factor was not high, it interpreted Javier despite their anxiety facing exams with all its emotional tensions.

4. Proposal for reeducation TREC test anxiety

From the clinical interview and the questionnaire results, we proceeded to design a program of cognitive-emotional rehabilitation retaking the Ellis model.⁴

a) Entrenamiento formal en TREC

Javier show emotions you experience are a result of what he thinks about your problems. His mood is generated by their way of seeing the demands of his dad, the demands of his mother and his anxiety about exams. Your worth as a person is not in question.

b) Reasoning to solve

Javier raise a number of arguments that has stuck in irrational thoughts:

⁴ For purposes of this article the program designed for the specific case of Javier is offered, but not the application is presented to show that what matters is the ability to change irrational beliefs. This program can be replicated considering the personal situation of the client, and its duration depends on progress in each session.

- Meet the expectations of your dad's hard because they are not yours. What do you think about this?
- Meeting the demands of your mother is not something catastrophic to the extent that you achieve what you intend according to your possibilities: Is this true or not? Why?
- What it is the worst that can happen if you fail a test and how positive can have the same result for you in relation to your plans?

c) ABC scheme

This aims to Javier build your interpretive framework of the three trigger events of his anxiety and see how they are thinking and acting, and realize the imbalance between their thoughts, emotions and behaviors.

d) Contrast between the rational and irrational.

For Javier manage your anxiety and pass an unhealthy to a healthy anxiety, should work the game of the rational and irrational:

- Javier recalls a moment of anxiety before an exam recently.
- Javier has to identify a rational belief or preference (Rb) and an irrational belief or heavy taxation (Ib); eg Rb have studied enough for this test and can approve, in case you get another chance to retest study and accredit higher rated; Life goes on and I will enjoy my moments with my family, no accredited examination shall not prevent me from being happy; Ib at all costs have to pass the exam, otherwise my mother will start to talk and reason because I am worthless because neither can do a test well, showing me that I am good for nothing failed.
- Now Javier has to think of a recent time when you have felt anxious, expressing rational thoughts and irrational ideas Rb Ib. You must remember the most potential. For example: I Rb.- wish with all my strength to finish my studies to get a good job and give better life to my son and wife, but if not successful will have other options. The truth is that go out later, enjoying the love of my wife and son. Example Ib.- If I do not finish my degree will not be one in life, only a failure, and my wife and son leave me to care for my incompetence.

- Continue until Javier automatically recognize when their irrational ideas govern and when they strengthen their rational beliefs. That way you will realize that their rational beliefs represent what you want and what you do not want, while their irrational beliefs are all "would," "should" and so on.

e) Strengthening the gains and managing relapses

Once Javier has managed to manage your anxiety, it is important to strengthen the gains and continue preparing to deal with possible relapses. Strengthening is achieved by returning to the past in search of rational beliefs (Rb) to assess changes in the actions and feelings, thus returning to Rb reaffirm the achievements and management of healthy anxiety; for the management of relapses, the first thing is to accept that they are part of life and are useful because located the problem must be resolved, thus contrasted Rb-Ib-Rb, which means that part of a rational belief that is related or similar to the irrational belief to prove his inconsistency and move to a rational belief.

f) Once the person is already trained in the management of anxiety, it is recommended to perform a form of self-help in order to keep a healthy anxiety. This form is developed by the Albert Ellis Institute (Ellis, 2010), consisting of four aspects: 1. identify the trigger element that can be real or imaginary, and be part of the present, past or future; 2. identify irrational beliefs (IB) (dogmatic demands, drama, frustration and negative judgments) and corresponding disputes (question the rationale, scope and accuracy of the IB); 3. work the consequences from identifying unhealthy negative emotions and destructive behavior); and 4. development of rational beliefs (not dogmatic preferences, assess the negative, frustration tolerance and not judging globally) and development of new effects (new healthy negative emotions and new constructive behaviors).

TREC importance of rehabilitation as a program of the person

RET is a successful therapy in the treatment of test anxiety that is a rehabilitation of the person handling your beliefs, emotions and behaviors, the person involved will have control of herself before the control anxiety , having the possibility, as Ellis says to be happy. With the re-education program it is to achieve this because:

- Restructuring of thoughts is performed, making the development of rational beliefs impact on the management of negative emotions and maintaining constructive behaviors.
- Training of communication with oneself is promoted. Self-knowledge and self-help is developed to overcome anxiety.
- Assertive actions are achieved by setting clear limits. You learn to set limits to irrational beliefs, negative emotions unhealthy and self-destructive attitudes.
- Rational solutions arise. Prepare questions about their own irrational certainties to think more rationally.
- Change in behavior and emotional stability to meet targets is achieved rationally.

Bibliography

Ellis, A. Y Russell Gringer (1990). Manual de terapia racional-emotiva, Vol. 2. Bilbao: Editorial Desclée.

Ellis, A. (2000). Usted puede ser feliz. Terapia racional emotiva conductual para superar la ansiedad y la depresión. Barcelona: Paidós.

Anónimo (2005). Cómo vivir con un neurótico en casa o en el trabajo. Barcelona: Ediciones Obelisco.

Anónimo (2010). Cómo controlar la ansiedad antes de que lo controle a usted. Madrid: Paidós.

Furlan L. (2006). Ansiedad ante los exámenes ¿Qué se evalúa y cómo? *Evaluar*, Núm. 6.
Recuperado de:
<http://revistas.unc.edu.ar/index.php/revaluar/article/download/533/473>

Hernández-Pozo, M. (2008). Desempeño académico de universitarios en relación con ansiedad escolar y autoevaluación. *Acta Colombiana de Psicología* 11 (1).
Recuperado de:
http://portalweb.ucatolica.edu.co/easyWeb2/files/23_3219_v11n1-art1.pdf

Menéndez, I. (2004). Fracaso escolar. *PsicoPedagogía.com*. Recuperado de:
<http://www.psicopedagogia.com/articulos/?articulo=454>

OCDE (2013). Informe de resultados PISA 2012. Recuperado de:
http://www.oecd.org/centrodemexico/medios/Mexico%20Country%20Note_SPANISH_final%20GR1_EGcomments_02_12_2013%20final.pdf

Vargas, G. (2010). Relación entre rendimiento académico y ansiedad ante las evaluaciones en los alumnos del primer año de la Facultad de Educación de la Universidad Nacional de la Amazonía Peruana: Ciclo 2009-I. Tesis para obtener el grado de Magíster en Educación con mención en Maestría en Docencia en el Nivel Superior.
Recuperado de:
http://webcache.googleusercontent.com/search?q=cache:RS--JZhmc-AJ:cybertesis.unmsm.edu.pe/bitstream/cybertesis/1684/1/vargas_rg.pdf+&cd=4&hl=es&ct=clnk&gl=mx&client=safari

Valero, L. (1999). Evaluación de la ansiedad ante los exámenes. Datos de aplicación y fiabilidad de un cuestionario CAEX. Anales de psicología Vol. 15, Núm. 2, Universidad de Murcia. Recuperado de: http://www.um.es/analesps/v15/v15_2pdf/08v97_10caex.PDF

ANEXO

Anexo

CUESTIONARIO DE ANSIEDAD ANTE EXÁMENES

L. Valero (1999)

Depto. Psicología Social y Personalidad, Universidad de Málaga

NOMBRE _____ FECHA _____

En cada uno de los ítems o situaciones que se describen señale con una puntuación de 0 a 5 el grado de ansiedad o malestar que siente en esas situaciones. Utilice para ello los siguientes criterios:

- 0 No siento nada
- 1 Ligera ansiedad
- 2 Un poco intranquilo
- 3 Bastante nervioso
- 4 Muy nervioso
- 5 Completamente nervioso

1. En los exámenes me sudan las manos.	4
2. Cuando llevo un rato haciendo el examen siento molestias en el estómago y necesidad de defecar.	3
3. Al comenzar a leer el examen se me nubla la vista y no entiendo lo que leo.	1
4. Si llego cinco minutos tarde a un examen ya no entro.	1
5. Las condiciones donde se realiza un examen (por ejemplo, demasiado ruido, calor, frío, sol, etcétera) me afectan aumentando mi nerviosismo.	5
6. Cuando termino el examen me duele la cabeza.	4
7. Cuando llevo un rato haciendo el examen, me falta el aire, tengo mucho calor y tengo la sensación de que me voy a desmayar.	4
8. Me siento nervioso si el profesor se para junto a mí, así que ya no puedo seguir contestando.	5
9. Me pongo nervioso al ver al profesor con los exámenes antes de entrar.	5
10. En el examen siento rígidas las manos y los brazos.	3
11. Antes de entrar al examen siento un "nudo" en el estómago, que desaparece al comenzar a escribir.	1
12. Al comenzar el examen, nada más leer o escuchar las preguntas me salgo y lo entrego en blanco.	1
13. Después del examen lloro con facilidad, al pensar lo mal que lo he hecho aunque sepa el resultado.	0
14. Suelo darle muchas vueltas antes de decidir presentarme al examen.	1
15. Mientras estoy realizando el examen, pienso que lo estoy haciendo muy mal.	4
16. Me siento nervioso si los demás comienzan a entregar antes que yo el examen.	4
17. Pienso que el profesor me está observando constantemente.	5

18. Siento grandes deseos de fumar durante el examen.	1
19. Suelo mordirme las uñas o el bolígrafo durante los exámenes.	5
20. Tengo grandes ganas de ir al cuarto de baño durante el examen.	3
21. No puedo quedarme quieto mientras hago el examen (muevo los pies, el bolígrafo, miro alrededor, miro la hora, etcétera).	4
22. Me pongo malo y doy excusas para no hacer un examen.	1
23. Para mí supone una tranquilidad o alivio cuando, por cualquier razón, se aplaza un examen.	2
24. Pienso que no voy a poder aprobar el examen, aunque haya estudiado.	4
25. Antes de hacer el examen pienso que no me acuerdo de nada y voy a suspenderlo.	4
26. No consigo dormirme la noche anterior al examen.	3
27. Me pone nervioso que el examen sea multitudinario.	1
28. He sentido mareos y náuseas en un examen.	1

Evaluación de ansiedad ante exámenes: Datos de aplicación y fiabilidad de un cuestionario CAEX 231

29. Momentos antes de hacer el examen tengo la boca seca y me cuesta tragar.	4
30. Si me siento en las primeras filas aumenta mi nerviosismo.	3
31. Si el examen tiene un tiempo fijo para realizarse, aumenta mi nerviosismo y lo hago peor.	4
32. Me siento nervioso en los auditorios muy grandes.	1
33. Cuando estoy haciendo un examen el corazón me late muy deprisa.	4
34. Al entrar en la sala donde se va a realizar el examen me tiemblan las piernas.	4
35. Me siento nervioso en las clases demasiado pequeñas.	1
36. Los grupos comentando el examen antes de que este dé comienzo, me ponen nervioso.	1
37. Al salir, tengo la sensación de haber hecho muy mal el examen.	4
38. Pienso que me voy a poner nervioso y se me va a olvidar todo.	4
39. Tardo mucho en decidirme por contestar la mayoría de las preguntas, o en entregar el examen.	4

Califique con la misma escala (0-5) el grado de ansiedad o nerviosismo que sentiría si tuviese que realizar algunos de los siguientes tipos de examen:

40. Un examen de entrevista personal.	1
41. Un examen oral en público.	4
42. Una exposición de un trabajo en clase.	2
43. Un examen escrito con preguntas alternativas.	4
44. Un examen escrito con preguntas abiertas.	5
45. Un examen escrito de desarrollo de un tema completo.	3
46. Un examen tipo oposición ante un tribunal.	5
47. Un examen de cultura general.	5
48. Un examen de cálculo o problemas matemáticos.	5
49. Un examen con pruebas físicas o gimnásticas.	2
50. Un examen práctico (escribir a máquina, manejar ordenador, realizar un proyecto, dibujo, etcétera).	1

	Puntuación	Porcentaje
Factor 1 Preocupación		
Factor 2 R. Fisiológicas		
Factor 3 Situaciones		
Factor 4 R. Evitación		
TOTAL		

Anales de Psicología, 1999, 15(2)