

# Oxford Revise | AQA A Level Psychology | Answers

## Chapter 14

All exemplar answers given would achieve full marks or the top level.

### 1. Marks for this question: AO1 = 1

Cortisol

### 2. Marks for this question: AO2 = 6

This question is level-marked:

Level	Marks	Description
3	5–6	<ul style="list-style-type: none"> <li>Knowledge of stress inoculation therapy is clear and generally well detailed.</li> <li>Application is mostly clear and effective.</li> <li>The answer is generally coherent with appropriate use of specialist terminology.</li> </ul>
2	3–4	<ul style="list-style-type: none"> <li>Knowledge of stress inoculation therapy is evident.</li> <li>There is some effective application.</li> <li>The answer lacks clarity in places. Specialist terminology is used appropriately on occasions.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>Knowledge of stress inoculation therapy is limited.</li> <li>Application is either absent or inappropriate.</li> <li>The answer as a whole lacks clarity and has inaccuracies. Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

### Possible AO2 application:

- Rae should reconceptualise the global stressor of 'exams' into smaller parts, which should be viewed as things to overcome.
- He could break down exam anxiety into content knowledge, revision, what to do on the morning of the exam, how he will feel when he is in the exam, having the correct materials for the exam, etc. He will then be thinking about the exams in a more positive way as problems that are manageable to overcome.
- Rae can learn coping skills to deal with exam anxiety that will change his thoughts and behaviours.
- Relevant skills for exam anxiety could be time management, relaxation, positive thinking, and using support networks. Rae can rehearse them with the therapist, but try them in real life, such as in mock exams. This will give him confidence to cope with the real exams.

- Rae can apply the skills in real life by coping with increasingly difficult exam situations, such as informal mock exams, formal mocks exams, and then the real exams.
- He should anticipate situations where the skills are hard to apply and devise coping strategies. E.g. taking himself to a quiet room on the morning of the exam away from the stress of others and doing some breathing exercises or texting a supportive relative.

Credit other relevant applications.

### 3. Marks for this question: AO1 = 4

This question is level-marked:

Level	Marks	Description
2	3–4	<ul style="list-style-type: none"> <li>• Knowledge of the hypothalamic–pituitary–adrenal axis is clear and accurate.</li> <li>• The answer is mostly coherent with effective use of specialist terminology.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>• Knowledge of the hypothalamic–pituitary–adrenal axis is briefly stated with little elaboration.</li> <li>• The answer may include inaccuracies and be poorly organised. Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

#### Possible AO1 content:

- The hypothalamic–pituitary–adrenal system (HPA axis) is a chronic response to a stressor.
- The hypothalamus releases corticotrophin-releasing hormone (CRH).
- This causes the pituitary gland to release adrenocorticotrophin hormone (ACTH) into the bloodstream.
- The ACTH travels to the adrenal cortex, which releases cortisol.
- Cortisol gives the body a quick burst of energy and increases the pain threshold to help deal with the stressor. It also suppresses the immune system.

Credit other relevant material.

### 4. Marks for this question: AO3 = 3

**3 marks** for a clear, coherent limitation of self-report questionnaires as a way of measuring stress, using appropriate terminology.

**2 marks** for a limitation of self-report questionnaires as a way of measuring stress that lacks some clarity or detail.

**1 mark** for a brief or muddled limitation of self-report questionnaires as a way of measuring stress.

#### Possible AO3 evaluation:

- In the SRRS questionnaire, life events have different meanings for different people, e.g. divorce may be a relief for one person but a loss for another. The fixed LCU rating may be unrepresentative of the actual stress.

- Participants had different understandings of the life events on the SRRS (e.g. 'serious illness' varied from a sprained wrist to a heart attack), which lowers the validity of the scale.
- The SRRS questionnaire ignores moderators of stress, such as social support.
- The HSUP questionnaire has over 250 items, making it difficult for respondents to maintain concentration. This was reflected in the low test-retest reliability: 0.48 for severity ratings of hassles and 0.6 for frequency ratings of uplifts.

Credit any valid limitation.

#### 5. Marks for this question: AO1 = 4

This question is level-marked:

Level	Marks	Description
2	3–4	<ul style="list-style-type: none"> <li>• Knowledge of the role of stress in illness is clear and accurate.</li> <li>• The answer is mostly coherent with effective use of specialist terminology.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>• Knowledge of the role of stress in illness is briefly stated with little elaboration.</li> <li>• The answer may include inaccuracies and be poorly organised. Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

#### Possible AO1 content:

Acute stress:

- The release of stress hormones leads to **cardiovascular disorders (CVDs)** and **immunosuppression**.
- Immediate stressors activate the sympathetic nervous system (SNS), which leads to the release of adrenaline (and noradrenaline).
- High levels of adrenaline have negative influences on the heart such as the heart works harder, high blood pressure damages blood vessels, and fatty plaques may be dislodged from blood vessel walls leading to blocked arteries and heart attacks.
- Anger activates the SNS in the same way as stress. A study investigating anger found that people who scored highest on an anger scale were 2.5 times more likely to have had a heart attack than those who scored lowest. This suggests that SNS arousal is closely associated with CVDs.

Chronic stress:

- Ongoing stressors activate the HPA axis, which leads to the release of cortisol. Cortisol reduces the function of the body's immune system, making a person more likely to become ill because their body can't attack invading bacteria and viruses.
- A natural experiment of 75 volunteer first-year medical students gave blood samples a month before their final exams (low stress) and during their exams (high stress) found that NK cell activity was reduced in the blood sample taken during exams (high stress), which suggests that short-term stressors reduce immune functioning, increasing vulnerability to illness.

- Students with high scores for life stressors on the questionnaire had the lowest NK cell levels, which indicates that stress negatively impacts the immune system.

Credit any relevant material.

#### 6. Marks for this question: AO3 = 6

This question is level-marked:

Level	Marks	Description
3	5–6	<ul style="list-style-type: none"> <li>Evaluation of drug therapy as a way of managing and coping with stress is thorough and effective.</li> <li>The answer is clear, coherent, and focused. Specialist terminology is used effectively.</li> </ul>
2	3–4	<ul style="list-style-type: none"> <li>Evaluation of drug therapy as a way of managing and coping with stress is evident but there are occasional inaccuracies/omissions.</li> <li>The answer lacks clarity in places. Specialist terminology is used appropriately on occasions.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>Evaluation of drug therapy as a way of managing and coping with stress is limited.</li> <li>The answer lacks clarity and organisation. Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

#### Possible AO3 evaluation:

- A randomised controlled trial of 250 patients tested BZs against a placebo over 8 weeks and found the drug was superior to the placebo for anxiety and stress.
- A study of 2000 musicians in US symphony orchestras found that 27% reported using BBs and that it made them feel better about their performance. Music critics also consistently judged their performances to be better.
- Overall, drug therapies have been found to be a very effective treatment of short-term stressors, although not all BBs work on subjective feelings of stress.
- Drug therapies are very easy to use, as all a person is required to do is to take a pill. This contrasts with the time, effort, and motivation of using psychological therapies to cope with stress, such as stress inoculation therapy.
- BZs are highly addictive even in low doses and have serious withdrawal symptoms, including seizures and death. Researchers recommend the use of BZs should be limited to a maximum of 4 weeks.
- Side effects of BZs include symptoms that are the opposite of what they are supposed to treat, such as agitation and panic. They may also cause sedative problems, such as slurred speech and low productivity, sexual dysfunction, low mood, and disinhibition.

- Side effects of BBs include feeling dizzy and tired, and having nausea and diarrhoea. Researchers suggest that BBs may also increase the risk of getting developmental diabetes.
- The effect of drug therapy only lasts while a person takes the drugs. Ongoing stressors may benefit from psychological therapies that treat the cause of stress, especially if drug treatment may be addictive and/or have unpleasant side effects.

Credit other relevant evaluations.

## 7. Marks for this question: AO1 = 4

This question is level-marked:

Level	Marks	Description
2	3–4	<ul style="list-style-type: none"> <li>• Knowledge of what is meant by a Type A and a Type B personality is clear and accurate.</li> <li>• The answer is mostly coherent with effective use of specialist terminology.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>• Knowledge of what is meant by a Type A and a Type B personality is briefly stated with little elaboration.</li> <li>• The answer may include inaccuracies and be poorly organised. Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

### Possible AO1 content:

- The characteristics of Type A personalities fall into three main groups: competitiveness, time urgency, and hostility.
- Type A behaviours lead to increased stress hormones, which are linked to coronary heart disease.
- Type B personalities are the opposite of Type A and tend to be relaxed, patient, tolerant, and laid back.
- Type B personalities are less likely to experience coronary heart disease due to the lack of stress hormones released, such as adrenaline and cortisol.

Credit other relevant evaluations.

## 8. Marks for this question: AO1 = 3, AO3 = 5

This question is level-marked:

Level	Marks	Description
4	7–8	<ul style="list-style-type: none"> <li>• Knowledge of one biological method of managing and coping with stress is accurate with some detail.</li> <li>• Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking.</li> <li>• The answer is clear, coherent, and focused. Specialist terminology is used effectively.</li> </ul>

3	5–6	<ul style="list-style-type: none"> <li>Knowledge of one biological method of managing and coping with stress is evident but there are occasional inaccuracies or omissions.</li> <li>Discussion is mostly effective.</li> <li>The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.</li> </ul>
2	3–4	<ul style="list-style-type: none"> <li>Limited knowledge of one biological method of managing and coping with stress is present.</li> <li>Focus is mainly on description. Any discussion is of limited effectiveness.</li> <li>The answer lacks clarity, accuracy, and organisation in places. Specialist terminology is used inappropriately on occasions.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>Knowledge of one biological method of managing and coping with stress is very limited.</li> <li>Discussion is limited, poorly focused or absent.</li> <li>The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

**Note:** only one drug therapy should be discussed, so you could choose either benzodiazepines or beta blockers.

**Possible AO1 content for benzodiazepines (BZs):**

- BZs such as Valium are a group of drugs that reduce anxiety by slowing down the activity in the central nervous system.
- BZs boost the natural effect of the neurotransmitter gamma-aminobutyric acid (GABA). GABA is a natural form of anxiety relief and works by increasing the flow of chloride ions into the post-synaptic neuron, which has an inhibitory effect. The next neuron is less likely to fire, which decreases anxiety.
- BZs work by binding to the GABA receptors on the post-synaptic neuron. This opens a channel to increase the flow of chloride ions in the post-synaptic neuron, increasing the inhibitory/calming effect.

**Possible AO3 discussion for benzodiazepines (BZs):**

- A randomised controlled trial of 250 patients tested BZs against a placebo over 8 weeks and found the drug was superior to the placebo for anxiety and stress.
- BZs are very easy to use, as all a person is required to do is to take a pill. This contrasts with the time, effort, and motivation of using psychological therapies to cope with stress, such as stress inoculation therapy.
- BZs are highly addictive even in low doses and have serious withdrawal symptoms, including seizures and death. Researchers recommend the use of BZs should be limited to a maximum of 4 weeks.
- Side effects of BZs include symptoms that are the opposite of what they are supposed to treat, such as agitation and panic. They may also cause sedative problems, such as slurred speech and low productivity, sexual dysfunction, low mood, and disinhibition.

- The effect of BZs only lasts while a person takes them. Ongoing stressors may benefit from psychological therapies that treat the cause of stress, especially if drug treatment may be addictive and/or have unpleasant side effects.

**Possible AO1 content for beta blockers (BBs):**

- BBs work by binding to the beta-receptors in the cells of the heart and other parts of the body affected by the sympathomedullary pathway (SAM).
- BBs block adrenaline and noradrenaline. The person therefore doesn't have any of the flight or flight responses, such as a pounding heart and sweating, and feels much less anxious
- BBs don't affect mental alertness, so they are an excellent treatment for stage fright. They work very well for sports, such as snooker and golf, where accuracy is important, but they were banned by the Olympic Committee as they would give an unfair advantage

**Possible AO3 discussion for beta blockers (BBs):**

- A study of 2000 musicians in US symphony orchestras found that 27% reported using BBs and that it made them feel better about their performance. Music critics also consistently judged their performances to be better.
- Side effects of BBs include feeling dizzy and tired, and having nausea and diarrhoea. Researchers suggest that BBs may also increase the risk of getting developmental diabetes.
- BBs are easy to use, as all a person is required to do is to take a pill. This contrasts with the time, effort, and motivation of using psychological therapies to cope with stress, such as stress inoculation therapy.
- The effect of BBs only lasts while a person takes them. Ongoing stressors may benefit from psychological therapies that treat the cause of stress, especially if drug treatment may be addictive and/or have unpleasant side effects.

Credit other relevant material.

**9. Marks for this question: AO1 = 3, AO2 = 2, AO3 = 3**

This question is level-marked:

Level	Marks	Description
4	7–8	<ul style="list-style-type: none"> <li>• Knowledge of social support as a way of managing and coping with stress is accurate with some detail.</li> <li>• Application is effective.</li> <li>• Discussion is thorough and effective.</li> <li>• Minor detail and/or expansion of argument is sometimes lacking.</li> <li>• The answer is clear, coherent, and focused.</li> <li>• Specialist terminology is used effectively.</li> </ul>

3	5–6	<ul style="list-style-type: none"> <li>Knowledge of social support as a way of managing and coping with stress is evident but there are occasional inaccuracies/omissions.</li> <li>Application and/or discussion is mostly effective.</li> <li>The answer is mostly clear and organised but occasionally lacks focus.</li> <li>Specialist terminology is used appropriately.</li> </ul>
2	3–4	<ul style="list-style-type: none"> <li>Limited knowledge of social support as a way of managing and coping with stress is present.</li> <li>Focus is mainly on description.</li> <li>Any application/discussion is of limited effectiveness.</li> <li>The answer lacks clarity, accuracy, and organisation in places.</li> <li>Specialist terminology is used inappropriately on occasions.</li> </ul>
1	1–2	<ul style="list-style-type: none"> <li>Knowledge of social support as a way of managing and coping with stress is very limited.</li> <li>Application/discussion is limited, poorly focused, or absent.</li> <li>The answer as a whole lacks clarity, has many inaccuracies, and is poorly organised.</li> <li>Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

**Possible AO1 content:**

- Social support can be derived through family and friends and social media networks.
- Instrumental support is a problem-focused approach where somebody gives practical, tangible help, such as offering a lift to a hospital appointment. It can be given by anyone.
- Emotional support is an emotion-focused approach that doesn't offer practical solutions, but helps the person cope with their anxiety, such as by listening to a friend. It's usually given by family and friends but could be offered by a stranger in an emergency, such as staying with someone who has been in an accident until an ambulance arrives to help them feel less alone and frightened.
- Esteem support is helping somebody believe in themselves so they have more confidence to cope with their stressful situation, e.g. saying 'I know you can get this job; you have all the right qualities and skills.' Esteem support can only be given by someone close to the person. If it was offered by a stranger who doesn't know the person's capabilities, it would feel like a meaningless platitude.
- The three types of social support can overlap and be offered online or face-to-face.

**Possible AO2 application:**

- The person Germaine met at the stag party offers instrumental support because he gives Germaine practical help via a website full of advice.



- Germaine's best friend offers emotional support because he has a chat and listens to Germaine's worries, which makes Germaine feel supported.
- Germaine's dad offers esteem support – his dad knows Germaine is good at public speaking, which boosts Germaine's confidence that he can do it.

**Possible AO3 discussion:**

- Evidence that the effects of social support can be effective and long-lasting comes from a study of patients with malignant melanomas. Those with emotional and instrumental support had better natural killer cell function and were more likely to be alive and cancer-free, than participants in a control group six years later.
- Social support is not always beneficial, especially if it is imposed rather than requested. E.g. a friend insisting on helping with a job application, but their incompetence causes greater stress.
- A review investigating gender differences in the use of social support found that women are more likely to seek and offer social support than men, particularly emotional support. Social support is limited as an explanation of coping with stress as it doesn't apply across genders.
- A review found that the presence of pets had physical and psychological benefits for people of different ages. One study found that talking to pets rather than people was more effective in reducing stress responses. This suggests the benefits of social support might be more to do with not feeling alone.
- Social support might be overvalued – a study investigating the effects of hardiness on stress also included assessments of social support and physical exercise. Social support was the least important factor in reducing stress and hardiness the most important
- Social support wasn't found to always be psychologically or physically beneficial in a review of 64 studies on marital relations. Sometimes the presence of other people can be detrimental, for example if a romantic relationship is ending.

Credit other relevant material.

**10. Marks for this question: AO1 = 6, AO3 = 10**

This question is level-marked:

Level	Marks	Description
4	13–16	<ul style="list-style-type: none"> <li>• Knowledge of hardiness and/or personality types as reasons for individual differences in stress is accurate and generally well detailed.</li> <li>• Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking.</li> <li>• The answer is clear, coherent, and focused.</li> <li>• Specialist terminology is used effectively.</li> </ul>

3	9–12	<ul style="list-style-type: none"> <li>• Knowledge of hardiness and/or personality types as reasons for individual differences in stress is evident but there are occasional inaccuracies/omissions.</li> <li>• Discussion is mostly effective.</li> <li>• The answer is mostly clear and organised but occasionally lacks focus.</li> <li>• Specialist terminology is used appropriately.</li> </ul>
2	5–8	<ul style="list-style-type: none"> <li>• Limited knowledge of hardiness and/or personality types as reasons for individual differences in stress is present.</li> <li>• Focus is mainly on description. Any discussion is of limited effectiveness.</li> <li>• The answer lacks clarity, accuracy, and organisation in places.</li> <li>• Specialist terminology is used inappropriately on occasions.</li> </ul>
1	1–4	<ul style="list-style-type: none"> <li>• Knowledge of hardiness and/or personality types as reasons for individual differences in stress is very limited.</li> <li>• Discussion is limited, poorly focused or absent.</li> <li>• The answer as a whole lacks clarity, has many inaccuracies, and is poorly organised.</li> <li>• Specialist terminology is either absent or inappropriately used.</li> </ul>
	0	No relevant content.

**Possible AO1 content for hardiness:**

- Hardiness is a style of personality that consists of three personality characteristics that protect against the negative effects of stress: control, commitment, and challenge.
- Control: hardy people see themselves as being in control of their life. Rather than things happening to them, they take control of situations (even if they are stressful) to shape the outcome.
- Commitment: hardy people actively engage with people and organisations they are involved with, such as family, relationships, friendships, college, and work. They have a strong sense of purpose and aim to get the most out of their experiences.
- Challenge: hardy people view potential threats as challenges to be overcome or an exciting opportunity for change.
- Key study: an investigation of why similar stress levels in 800 business executives from a Utility company resulted in different illness levels. They completed a version of the SRRS questionnaire to identify their stressful life events from the past 3 years. They also identified illnesses in the same time. 86 men were categorised as high stress/low illness, and 75 as high stress/high illness. 3 months later they completed a hardiness questionnaire.
- The study found that men in the high stress/low illness group scored high on all three characteristics of the hardy personality. Men in the high stress/high illness group scored lower. This suggests that hardiness can moderate the effects of stress on illness.

- In the Bell Telephone company study, where the workforce was greatly reduced, two-thirds of employees had stress-related illnesses, but the remaining one-third thrived. This third was found to be high in hardiness. They perceived the reorganisation as an exciting opportunity to control their environment rather than a threat.

#### **Possible AO3 discussion for hardiness:**

- Laboratory experiments found that participants who scored the highest in hardiness had lower blood pressure when faced with stressors. The autonomic nervous system is not as highly stimulated by stress, so their bodies are not subjected to the high levels of stress hormones that lead to reduced immunity and chronic heart disease.
- Self-report questionnaires to measure hardiness are criticised for being long-winded, with awkward and negatively worded items causing low internal reliability. Although new scales have been developed to address these criticisms, such as the 'personal views survey', low reliability has still been identified for the 'challenge' aspect of hardiness, which emphasizes the problem of measurement through self-report.
- Researchers question whether all three Cs (control, commitment, and challenge) are equally important. A study of Navy personnel found that individuals lower in the challenge aspect showed a weaker immune response. The research suggests that the challenge aspect of the hardy personality may be the most important in relation to ill health.
- Other researchers identify control as the key factor. Participants who felt their lives were unpredictable and uncontrollable were twice as likely to develop colds as those who felt in control. If illness comes from individual characteristics rather than a cluster of traits, then hardiness is not actually a personality type.
- Research into hardiness has been used to develop training programmes for different fields of work. Candidates for the US Navy Seals are screened for hardiness and their training includes commitment, challenge, and control. Researchers found that business managers who completed hardiness training self-reported more hardiness and job satisfaction and less illness than managers who completed a relaxation programme.

#### **Possible AO1 content for personality types:**

- The characteristics of Type A personalities fall into three main groups: competitiveness, time urgency, and hostility.
- Type A behaviours lead to increased stress hormones, which are linked to coronary heart disease (CHD).
- Type B personalities are the opposite of Type A and tend to be relaxed, patient, tolerant, and laid back.
- Type B personalities are less likely to experience CHD due to the lack of stress hormones released, such as adrenaline and cortisol.
- Key study: the Western Collaborative Group Study investigated the link between Type A personality and CHD. Approximately 3000 men without CHD were interviewed to assess whether they were Type As or Bs. 8.5 years later, 257 men had developed CHD, 70% of whom had been assessed as Type As. 12% of Type As had experienced a heart attack compared to 6% of Type Bs. Twice as many Type As had died. Type As had higher blood pressure and higher cholesterol, and engaged in behaviours, such as smoking, that increased their risk of CHD.

- Individuals with a Type C personality are helpful 'people pleasers' who repress their negative emotions. They tend to ignore their own needs and strive to avoid conflict.
- Type C has been linked to cancer. Women with cancerous breast lumps reported far less anger than those whose lumps were non-cancerous. This supports the idea of a link between cancer and suppression of anger.

**Possible AO3 discussion for personality types:**

- A study of Spanish stroke survivors found that there were significantly more Type As in the sample than Type Bs. The findings applied to both men and women and could not be explained by lifestyle factors, such as smoking.
- 22 years after the start of the Western Collaborative Group Study, approximately 15% of the men had died of CHD, but researchers found little evidence of a relationship between Type A and death. However, this could be because the findings from the first study motivated the Type As to make lifestyle changes that reduced their risk of CHD.
- A meta-analysis of 35 studies on Type A personality found no evidence of an association between general Type A personality and CHD but did find an association between CHD and hostility. An analysis of the Western Collaborative Group Study found exceptionally high CHD death rates in men with high hostility scores, suggesting that hostility alone is the personality risk factor for CHD.
- The Western Collaborative Group Study selected only male participants, demonstrating gender bias.
- A study of over 800 men and women with CHD found those who had cardiac counselling and Type A counselling were less likely to have further issues with CHD (13% compared to 28%), suggesting that both men and women have Type A behaviours and benefit from the strategies to reduce them.
- Inconsistent findings in the association between Type C and cancer casts doubt on its validity. A study found no association between emotional suppression and cancer progression but found people had more stressful life events in the months before a cancer diagnosis, suggesting that environmental factors may be more important in developing illness than personality.

Credit other relevant material.

**11. Marks for this question: AO1 = 6, AO2 = 4, AO3 = 6**

This question is level-marked:

Level	Marks	Description
4	13–16	<ul style="list-style-type: none"> <li>• Knowledge of two or more sources of stress is accurate and generally well detailed.</li> <li>• Application is effective.</li> <li>• Discussion is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking.</li> <li>• The answer is clear, coherent, and focused.</li> <li>• Specialist terminology is used effectively.</li> </ul>

3	9–12	<ul style="list-style-type: none"> <li>Knowledge of two or more sources of stress is evident but there are occasional inaccuracies/omissions.</li> <li>Application and/or discussion is mostly effective.</li> <li>The answer is mostly clear and organised but occasionally lacks focus.</li> <li>Specialist terminology is used appropriately.</li> </ul>
2	5–8	<ul style="list-style-type: none"> <li>Limited knowledge of two or more sources of stress is present.</li> <li>Focus is mainly on description. Any discussion and/or application is of limited effectiveness.</li> <li>The answer lacks clarity, accuracy, and organisation in places.</li> <li>Specialist terminology is used inappropriately on occasions.</li> </ul> <p><b>OR</b> one source of stress is present at Level 3/4.</p>
1	1–4	<ul style="list-style-type: none"> <li>Knowledge of two or more sources of stress is very limited.</li> <li>Discussion and/or application is limited, poorly focused or absent.</li> <li>The answer as a whole lacks clarity, has many inaccuracies, and is poorly organised.</li> <li>Specialist terminology is either absent or inappropriately used.</li> </ul> <p><b>OR</b> one source of stress is present at Level 1/2.</p>
	0	No relevant content.

**Note:** the sources of stress are life events, daily hassles, and the workplace. Answers should address two or three of these.

**Possible AO1 content for life events:**

- Life changes are the positive and negative significant events that may happen to us in life, such as getting married or the death of a friend.
- Life events are infrequent and require us to change how we live. Responding to the events requires 'psychic energy', which induces stress.
- Life events are measured through the Social Readjustment Rating Scale (SRRS) questionnaire. A person identifies the life events that have happened over a set period to determine an overall Life Change Unit (LCU) score.
- An LCU score greater than 300 predicts illness the following year is likely.
- Key study: the SRRS was used to investigate the relationship between life events and illness in Navy personnel. A positive correlation was found between LCU and illness scores (+0.118); the more life events in the previous 2 years that they had experienced, the more illness they had at sea.
- The psychic energy required to adapt to changes from life events (positive or negative) creates stress and negatively impacts health.

### **Possible AO3 discussion for life events:**

- There is a wealth of research to support the relationship between life events and ill health. A Finnish study found that high levels of stress from life events was a reliable predictor of the onset of asthma in a sample of 160,000 people who showed no symptoms of asthma before the study.
- Individual differences in the perception of a life event as a source of stress reduces the validity of the explanation. E.g. divorce could create a sense of relief or devastation.
- The SRRS doesn't distinguish between positive and negative life events, but psychologists now believe that positive and negative life events have different effects. Participants pinpointed negative life events to be the greatest indicator of stress, not life events in themselves.
- The reliability of recall for life events has been shown to be strong; 100 participants with a history of childhood abuse were interviewed with 2.2 years between the interviews. Researchers found moderate to good reliability of recall for most childhood experiences.
- Life events are criticised as a source of stress because they tend to be infrequent, and people often receive support when they occur. Researchers have investigated the ongoing minor stressors (daily hassles) as a more significant source of stress.

### **Possible AO1 content for daily hassles:**

- Hassles and uplifts are minor things that occur frequently and sometimes daily.
- Daily hassles cause stress, e.g. an annoying commute, irritating family members.
- Daily uplifts help offset the stress from daily hassles, e.g. a joke with a friend, a hug from a partner.
- Accumulation means that many daily stressors build up to make us feel perpetually frustrated and irritated. This may lead to serious stress reactions, such as anxiety and depression.
- Amplification is when the stress from a life event causes daily hassles to feel more intense.
- Hassles and uplifts are measured using the Hassles and Uplifts Scale (HSUP), a questionnaire where people list items daily as either a hassle or an uplift.
- Key study: 100 participants completed an HSUP questionnaire every month and a life events scale. The study found a negative correlation between frequency of daily hassles and psychological wellbeing. Hassles were a better predictor of psychological problems than life events. Daily hassles were a better predictor of psychological wellbeing than uplifts.

### **Possible AO3 discussion for daily hassles:**

- A study found that minor, everyday stressors are a more valid explanation of sources of stress than infrequently occurring life events. (Participants completed the HSUP and a version of the SRRS and were assessed for general health and absenteeism from work. Daily hassles were a better predictor of poor health and absenteeism compared to life events.
- 320 student participants read a scenario of an individual who had experienced either a life event or daily hassles. They rated the amount of emotional and practical support the individual would receive and seek

from others much higher for the life event than daily hassles. This suggests that daily hassles are not only stressful in themselves, but the lack of support for them could create stress.

- Daily hassles are usually rated for the previous month, which raises issues of reliability of recall; people may simply not remember all the daily hassles once they have passed. In one study, researchers asked 700 participants to write down their minor stressors and feelings of wellbeing, every day for 8 days. This diary method overcame the problem of retrospective reporting.
- The HSUP is a self-report questionnaire that is prone to social desirability bias. People may not want to admit to daily hassles such as poor relationships with family members or sexual difficulty, out of embarrassment. This questions the validity of the data collected.
- Defining hassles objectively is difficult due to gender differences in how they are perceived. Females generally associated pets with uplifts like leisure, whereas men generally viewed them as hassles due to the time and money spent to care for them.

#### **Possible AO1 content for workplace stress:**

- The job-strain model refers to issues of high workload and low job control causing workplace stress and illness.
- Key study: the Whitehall study (1985) investigated 10,000 high- and low-grade UK civil servants to assess workload, job control, and social support. 11 years later, their risk of CHD was assessed as a measure of the effects of stress. They found that high workload was not associated with CHD, but low job control was. The younger workers were more likely to experience job strain (high workload combined with low job control), which wasn't reduced by social support.
- Key study: the Swedish sawmill study compared finishers (high workload, low job control) with maintenance workers (low job strain). Stress was assessed daily by measuring levels of adrenaline in urine, and self-reports of job satisfaction and illness. The finishers had higher levels of adrenaline in their urine even at the beginning of the day, and adrenaline levels increased throughout the day. Self-reporting confirmed a lack of control over work routine or workload, perceptions of stress, and feeling isolated. Their absenteeism records indicated higher illness rates.
- They concluded that job strain causes chronic physiological arousal of the sympathetic nervous system (SNS), which leads to the production of stress hormones even when resting. This leads to the development of stress-related illnesses.

#### **Possible AO3 discussion for workplace stress:**

- Researchers criticise the job-strain model as an oversimplification of workplace stress. It doesn't account for the way different people perceive and cope with stress.
- A study of workers who had the level of function of their immune system measured through their saliva found better immune responses in low control situations for some employees. It was thought that some individuals believe negative work outcomes are their fault, so they don't want the responsibility of having control.
- A study of 16,000 adult employees from 15 European countries found that employees reporting work overload had the highest levels of stress-related illness, supporting the job-strain model. However, they also found that work underload (i.e. they were employed in jobs that were beneath their capabilities) also



had high levels of absence due to stress-related illness. This emphasizes the oversimplification of the job-strain model in explaining workplace stress.

- Most studies investigating workplace stress make use of questionnaires, which are prone to social desirability bias and may also lack validity. Interviews were a more valid way of collecting data from engineers because they were able to identify stressors in their workplace not covered on traditional questionnaires, such as interpersonal conflicts. They also found the engineers tended not mention items like role conflict, which usually appear on questionnaires.
- Societal changes have changed the workplace, meaning that much of the research into workplace stress is outdated. Even before the 2020 pandemic there were changes such as technological advances causing a blurring between work- and home-life. Since the pandemic these changes have further increased, creating a demand for new research in this field.

#### **Possible AO2 application:**

- Eleni is experiencing job strain. It's a busy restaurant (high workload) and she can't control the lazy chef taking vape breaks (low job control).
- Martin's life event of moving in with his girlfriend has caused him to experience illness and take time off work. The life event is positive but has taken psychic energy to change his normal routines.
- Dominique experiences daily hassles (her bus to work often doesn't turn up, she doesn't get time to eat, walking makes her sweaty and late). The accumulation of these things is stressful, and she may not receive any interest or support from others.

Credit other relevant material.

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## Questions on previous content

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### **1. Marks for this question: AO3 = 2**

**2 marks** for a clear and coherent explanation of one limitation of the peer review process, using appropriate terminology.

**1 mark** for a brief or muddled explanation of one limitation of the peer review process.

#### **Possible AO3 evaluation:**

- Finding an expert to do the peer review isn't always easy.
- Peer review is usually anonymous so the reviewer can be objective and honest, but some reviewers may use this anonymity for their own gain. E.g. it could lead reviewers to sabotage good research because they are either a rival or they want to do the research themselves.
- Publication bias: journals tend to publish positive results to improve their reputation. This can lead to misperceptions and exaggerating some findings.
- If peer-reviewed research has been published that was incorrect due to ineptitude or fraud once the views are out in the world it's hard to retract them. E.g. people still believe Andrew Wakefield's fraudulent research on the MMR vaccine causing autism, even though it's been shown to be false.



Credit any valid limitation.

**2. Marks for this question: AO1 = 2, AO2 = 2**

**4 marks** for the correct answer with or without working out.

If the answer is incorrect, marks awarded for correct working out:

$$28 - 13 = 15$$

$$\left( \frac{15}{13} \right) \times 100 = 115.38\%$$

**115.4%** to 4 significant figures.

**3. Marks for this question: AO2 = 4**

**Means:**

**1 mark** for the conclusion: when people watch a horror film before bed, it will increase the number of dreams they have compared to watching a comedy.

**1 mark** for justification/application: this is supported by the difference in the mean number of dreams per night between the conditions (horror/comedy), which show a higher mean number of dreams for horror (28) than watching a comedy (13).

**Standard deviations:**

**1 mark** for the conclusion: the mean number of dreams after watching a horror film is more varied/dispersed/spread out than when watching a comedy.

**1 mark** for justification/application: the higher standard deviation (5.6) for horror films shows the mean number of dreams were more varied than the standard deviation (1.2) for comedy films.