



PSY.OPT30 Sources of Stress, Individual Differences and Managing Stress

AQA 7182 · Calculators not allowed · about 70 minutes

Total Marks

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Name: _____ Date: ____ / ____ / ____

Answer all questions. Questions worth 4 marks or more should be answered in full sentences. Spend approximately 70 minutes on this pack.

- 1** Outline the Social Readjustment Rating Scale (SRRS) as a source of stress in the context of life changes, naming its key feature and purpose.
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(Total for Question 1 is 2 marks)

- 2** Outline Kanner's daily hassles approach as a source of stress, and give one reason why it might be a better predictor of health than major life events.
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(Total for Question 2 is 3 marks)

- 3** Outline Johansson's study of Swedish sawmill workers as an example of workplace stress, giving one key finding.
Outline Johansson's study of Swedish sawmill workers as an example of workplace stress, giving one key finding.

(Total for Question 3 is 3 marks)

- 4** Outline the Type A personality as described by Friedman and Rosenman, and state one way it relates to vulnerability to stress-related illness.
Outline the Type A personality as described by Friedman and Rosenman, and state one way it relates to vulnerability to stress-related illness.

(Total for Question 4 is 4 marks)

- 5** Outline the concept of hardiness as an individual difference in stress resilience, as proposed by Kobasa, naming its three components.
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(Total for Question 5 is 3 marks)

- 6** Outline how benzodiazepines help manage stress, and give one limitation of their use.
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(Total for Question 6 is 2 marks)

- 7** Compare emotional support and instrumental support as forms of social support for someone experiencing stress, giving one example of each.
Compare emotional support and instrumental support as forms of social support for someone experiencing stress, giving one example of each.

(Total for Question 7 is 4 marks)

- 8** Yusuf, a 34 year old teacher, has been waking at night worrying about meeting new targets. He feels tense, is irritable at home, and has started avoiding marking tasks by staying late at school where he feels busy and safe. Using stress inoculation therapy (Meichenbaum), outline a coping strategy you would teach Yusuf and explain how each stage helps him cope. Refer to the individual's situation in your answer.

Yusuf, a 34 year old teacher, has been waking at night worrying about meeting new targets. He feels tense, is irritable at home, and has started avoiding marking tasks by staying late at school where he feels busy and safe. Using stress inoculation therapy (Meichenbaum), outline a coping strategy you would teach Yusuf and explain how each stage helps him cope. Refer to the individual's situation in your answer.

(Total for Question 8 is 6 marks)

- 9** Explain one strength and one limitation of stress inoculation therapy (SIT) as a method of managing stress, referring to practical outcomes or evidence.
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(Total for Question 9 is 4 marks)

- 10** A study finds that workers with higher perceived social support report fewer stress symptoms after organisational change. Identify two plausible reasons, based on social support theory, why social support may reduce stress and briefly explain each reason.

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(Total for Question 10 is 4 marks)

- 11** Explain briefly how β -blockers can be used to manage acute stress symptoms and give one ethical or practical concern about their use in stress management.

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(Total for Question 11 is 4 marks)

- 12** Discuss sources of stress and individual differences in vulnerability to stress. In your answer, make reference to life changes, daily hassles, personality types such as Type A and hardiness, and use evidence where relevant.

Discuss sources of stress and individual differences in vulnerability to stress. In your answer, make reference to life changes, daily hassles, personality types such as Type A and hardiness, and use evidence where relevant.

(Total for Question 12 is 16 marks)

Mark scheme · PSY.OPT30 Sources of Stress, Individual Differences and Managing Stress

Question 1

- **B1** identifies SRRS as a checklist of life events that assigns each event a life-change unit score oe
- **B1** states purpose: to predict likelihood of stress-related illness by summing life-change units over a period oe
- **Answer: SRRS is a checklist that assigns numerical life-change unit scores to events and is used to predict a person's risk of stress-related illness by summing recent life changes.**

Question 2

- **M1** outlines daily hassles as small, frequent irritations and demands of everyday life that accumulate to produce stress oe
- **A1** gives reason: daily hassles are more frequent and thus may have a cumulative effect on health, making them a better predictor of chronic stress oe
- **A1** explains consequence: they may be more closely linked to everyday functioning and wellbeing than rare major events oe
- **Answer: Daily hassles are small, frequent everyday irritations that accumulate and may better predict health because their cumulative, ongoing effect can produce chronic stress that more directly affects daily functioning.**

Question 3

- **M1** outlines the study: compared high stress 'finishers' with lower stress maintenance workers, using sick leave and physiological measures oe
- **A1** states a key finding: finishers had higher rates of absenteeism and more stress-related illness than maintenance workers oe
- **A1** notes that the pattern suggested workplace demands and lack of control contributed to stress oe
- **Answer: Johansson compared highly stressed finishers with lower stress maintenance workers and found finishers had higher absenteeism and more stress-related illness, suggesting high job demands and low control increased workplace stress.**

Question 4

- **M1** outlines Type A: competitive, time-pressured, impatient and hostile behaviour pattern oe
- **A1** links hostility or chronic arousal to increased risk of cardiovascular problems, as observed in the original research oe
- **A1** explains why: persistent high arousal and hostility increase physiological wear and tear, contributing to disease risk oe
- **A1** notes that Friedman and Rosenman associated Type A with higher coronary heart disease incidence in their cohort study oe
- **Answer: Type A is a pattern of competitiveness, impatience and hostility; Friedman and Rosenman linked particularly hostility and chronic arousal in Type A people with higher risk of cardiovascular illness, because persistent arousal increases physiological wear and tear.**

Question 5

- **M1** outlines hardiness as a personality style that protects against stress-related illness oe
- **A1** names the three components: commitment, control and challenge oe
- **A1** briefly explains that these encourage engagement, belief in influence over events and viewing change as growth opportunities oe
- **Answer: Hardiness is a protective personality style with three components: commitment, control and challenge, which together encourage active engagement, belief that one can influence outcomes and viewing change as an opportunity rather than a threat.**

Question 6

- **B1** states mechanism: benzodiazepines enhance the effect of the inhibitory neurotransmitter GABA to reduce anxiety and produce a calming effect oe
- **B1** states limitation: can cause dependence, tolerance or sedation, limiting long term use oe
- **Answer: Benzodiazepines work by enhancing GABA activity to reduce anxiety and produce calming effects. A limitation is the risk of dependence, tolerance and sedation, making them unsuitable for long term management.**

Question 7

- **M1** defines emotional support: expressions of empathy, care and reassurance that help reduce subjective distress oe
- **A1** gives example of emotional support, e.g. a friend listening and reassuring someone worried about redundancy oe
- **M1** defines instrumental support: practical help or services that reduce stressors or their impact oe
- **A1** gives example of instrumental support, e.g. helping with childcare or providing financial assistance during a stressful period oe
- **Answer: Emotional support involves empathy and reassurance, for example a friend listening to worries about job loss. Instrumental support provides practical help, for example offering childcare or money to reduce the stressor's impact.**

Question 8

- **M1** identifies one stage of SIT, e.g. conceptualisation, skills acquisition or rehearsal/practice oe
- **A1** applies conceptualisation: help Yusuf understand his stress, link worrying about targets to avoidance behaviour and insomnia oe
- **M1** identifies second stage, skills acquisition, and names a concrete skill, e.g. cognitive restructuring or relaxation training oe
- **A1** applies skills: teach Yusuf relaxation techniques to reduce tension at night and cognitive techniques to challenge catastrophic thoughts about targets oe
- **M1** identifies rehearsal/practice stage, including role play or graded exposure to stressors oe
- **A1** applies rehearsal: help Yusuf practice marking in short, scheduled sessions with coping statements, reducing avoidance and improving sleep by decreasing bedtime rumination oe
- **Answer: Use SIT stages: conceptualisation to help Yusuf see how worries about targets lead to tension and avoidance; skills acquisition to teach relaxation and cognitive restructuring to reduce night-time arousal and challenge catastrophic thinking; and rehearsal to practice scheduled, short marking sessions with coping self-statements so he stops avoiding work, reduces late-night rumination and improves sleep.**

Question 9

- **M1** states a strength, e.g. SIT provides clients with practical coping skills that can be applied to many situations oe
- **A1** explains why this matters, e.g. skills like relaxation and cognitive restructuring can reduce symptoms across work and home, improving functioning and resilience oe
- **M1** states a limitation, e.g. SIT requires motivation, time and skilled therapists, so access and adherence can be problems oe
- **A1** explains consequence: this reduces ecological validity and may limit long term benefit if clients do not practise skills, unlike simpler interventions such as short term medication oe
- **Answer: Strength: SIT teaches practical coping skills such as relaxation and cognitive restructuring that generalise across situations, improving resilience and functioning. Limitation: it needs motivated clients and trained therapists and regular practice, so access and adherence problems can reduce real world effectiveness.**

Question 10

- **M1** identifies emotional support as a reason and explains that empathy and reassurance reduce perceived threat and physiological arousal oe
- **A1** identifies instrumental support as a reason and explains that practical help reduces demands and the objective load on the worker oe
- **M1** alternative second reason: esteem support improves self-efficacy and perceived control, reducing stress appraisal oe
- **A1** explains consequence: higher self-efficacy changes appraisal from threat to challenge, reducing stress response and improving coping oe
- **Answer: Emotional support reduces perceived threat and arousal through empathy and reassurance. Instrumental support reduces objective demands by providing practical help. Alternatively, esteem support boosts self-efficacy and perceived control, changing appraisal from threat to challenge and reducing stress.**

Question 11

- **M1** explains mechanism: β -blockers reduce the effects of adrenaline on the heart, lowering heart rate and tremor to reduce physical symptoms of acute stress oe
- **A1** applies to acute stress: this helps performers or people facing short term stressors to control somatic symptoms and perform better oe
- **M1** identifies concern: possible side effects or medical contraindications, e.g. asthma or low blood pressure, or masking symptoms that signal a more serious condition oe
- **A1** explains consequence: medical screening and prescription are needed and misuse could be harmful, limiting broad availability as a stress management tool oe
- **Answer: Beta-blockers block adrenaline effects on the heart, reducing heart rate and tremor and so controlling acute physical symptoms of stress; they can help with short term performance anxiety. A concern is side effects and contraindications, such as in asthma or low blood pressure, so medical screening and prescription are required.**

Question 12

- **Level 4** (13-16): Knowledge of sources of stress and individual differences is accurate and detailed. Discussion is thorough and balanced, considering supporting and challenging evidence, methodological strengths and weaknesses and practical implications. Material is used interactively to evaluate explanations and the answer is clearly focused, well structured and uses appropriate terminology.
- **Level 3** (9-12): Knowledge is clear with reasonable detail. Discussion considers strengths and limitations and refers to relevant evidence, but may be less wide ranging or less critically developed. The answer is generally well organised and uses specialist terms appropriately.
- **Level 2** (5-8): Knowledge is present but limited or partially accurate. Discussion is superficial or one sided, with limited reference to evidence or methodological critique. Organisation is basic and use of specialist terms may be inconsistent.
- **Level 1** (1-4): Knowledge is minimal or inaccurate. Little or no discussion or evaluation is offered. The answer is poorly organised and lacks specialist terminology.
- **Level 0** (0): No creditable content.
- **Indicative content:**
 - AO1: Life changes such as those measured by the SRRS involve major events like divorce, bereavement or job loss that require significant readjustment and contribute to stress load when summed over time.
 - AO1: Daily hassles are small, frequent irritations and demands that can accumulate to produce chronic stress and have been argued to predict health outcomes better than rare major events.
 - AO1: Workplace sources such as high demands, low control and job insecurity, illustrated by Johansson's sawmill study, can increase stress and sickness absence.
 - AO1: Individual differences include Type A personality, associated with competitiveness, impatience and hostility, linked in some research to higher coronary risk; and hardiness, comprising commitment, control and challenge, associated with resilience.
 - AO3: Evaluate SRRS - strength is its empirical attempt to quantify stress exposure; limitation is that it treats events as objective and ignores individual appraisal and context, and its predictive power is modest. Briefly note that physiological correlates such as cortisol reactivity have been studied but such biological detail is not required here.
 - AO3: Evaluate daily hassles - strength is focus on everyday experience and cumulative impact, with evidence showing correlation with wellbeing; limitation is measurement reliance on self-report and potential overlap with mood, making causality unclear.
 - AO3: Evaluate workplace research - Johansson provides ecological validity and objective outcomes like sick leave; limitations include generalisability beyond the specific setting and potential confounds such as selection effects.
 - AO3: Evaluate Type A - supporting evidence from early cohort studies linking Type A traits to heart disease, but critiques include inconsistent replication, measurement issues and that hostility rather than whole Type A pattern may be the active component.
 - AO3: Evaluate hardiness - evidence shows hardy individuals report less illness under stress, but critiques note possible overlap with social support and coping skills and issues with causality and self-report measures.
 - AO3: Consider interactionist perspective - individual differences influence appraisal and coping, so the same life event or hassle may produce very different outcomes depending on personality, perceived control and social support.
 - AO3: Practical implications - identifying vulnerable individuals (high hostility, low hardiness) can guide targeted interventions such as SIT, social support enhancement or medical management; however ethical and practical concerns arise when labelling people as vulnerable.
 - AO3: Conclude by weighing evidence: both sources and individual differences matter; an integrative view recognising appraisal, coping and context gives the most complete account and is best for informing prevention and treatment.