

L3 Lead Examiner Report 2001

January 2020

**L3 Qualification in Applied
Psychology**

**Unit 3: Health Psychology
(21333L)**

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A grade boundary is where we set the level of achievement required to obtain a certain grade for the externally assessed unit. We set grade boundaries for each grade, at Distinction, Merit and Pass.

Setting grade boundaries

When we set grade boundaries, we look at the performance of every learner who took the external assessment. When we can see the full picture of performance, our experts are then able to decide where best to place the grade boundaries – this means that they decide what the lowest possible mark is for a particular grade.

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Unit 3: Health Psychology (21333L)

| Grade | Unclassified | Level 3 | | | |
|---------------|--------------|---------|----|----|----|
| | | N | P | M | D |
| Boundary Mark | 0 | 17 | 27 | 37 | 47 |

Introduction

The 2001 January series was the second external assessment for this unit and for the qualification as a whole. Centres and learners had clearly taken on board the feedback given from the summer series with many areas of the paper showing improvements from the previous summer. Overall learners appeared to have good knowledge across the three topic areas assessed, although there were still areas which need improvement. Extended open responses still seem to pose a challenge to learners, although there were a number of level 3 answers across the three topic areas which was pleasing to see.

For this unit learners were able to use psychological approaches, theories and studies and apply them to three different contexts taken from section B: namely, physiological addiction, behavioural addiction and stress. In this assessment the two addictions assessed were smoking and gambling. Each section has a mix of short and extended open responses with one section heavier in terms of marks (30) which also included two six-mark questions. Centres should note that this 30-mark section could be on any of the three areas noted above.

Responses at the pass level tended to show superficial knowledge of theories, approaches and studies. The pass level candidate would be able to use their knowledge to answer direct knowledge questions successfully such as being able to explain what is meant by a key term but found application to scenario and evaluation more of a challenge. In terms of extended open responses, pass candidates were able to show knowledge of the model/theory/approach used within the question but showed little to no evaluative skills restricting them to level 1.

Responses that gained higher marks were able to apply accurate and thorough knowledge and understanding of approaches, theories and studies to the contexts, showing ability to critically evaluate across both short and extended responses. These learners were also able to make judgements about the appropriateness of approaches, theories and studies to the contexts given in the assessment, making judgements about their effectiveness. Level three answers also showed a balance between strength and weaknesses, and also discussed alternative approaches and theories within their answers, often using evidence to strengthen their points.

More detail of the above can be found in the individual question section of the report.

Introduction to the Overall Performance of the Unit

All questions across the three assessed areas were attempted by a large majority of learners with varying success, showing that all content within the specification had been covered by centres; something that is often a challenge for the January series.

Timing did seem to be a slight issue with this assessment however as there were a number of responses for the last essay which were either missing or only two to three lines. There were some good answers seen in the last extended open response which was pleasing to see. One difference noted between the June 2019 series and the January 2020 series is the detail learners gave for the one- and two-mark questions. Whereas in the previous series a number of learners wrote far too much detail for the marks available, this was not the case in this series. There was also evidence of a few learners who showed evidence of rushing Section C as a whole, especially the last three questions. For these learners it is worth emphasising the substantial number of marks available for the last three questions on the assessment, namely 21 marks, so timing is crucial to ensure students are not disadvantaged by being short of time.

The majority of learners showed effective exam technique by addressing the command verb in the question. For example, the command verbs **state or identify** only required a short answer and learners often completed these successfully. There were some minor errors such as a minority of learners just rewording the term “daily hassle” rather than giving a definition of it. It is clear, however, that understanding of key terminology has grown since the summer 2019 series.

There was a noticeable improvement in performance on the two and three mark **explain** questions, especially when questions were based upon applying studies/theories to a particular scenario. This was a particular concern in the summer 2019 series, but the gaps in knowledge identified in this series have been reduced significantly. The main issues identified in the January 2020 series centred around learners not writing enough to be able to achieve full marks. For example, Question 3, which asked students to explain how Rotter’s study could help determine the likelihood of Charlie being able to give up shopping. Many could identify concepts from the study such as that internals are more likely to be able to change behaviour, and then identify that Charlie had an external locus of control but then did not go on to explain the consequence of this. The explain questions which asked for strengths and weaknesses once again caused a problem with many students unable to evaluate theories/studies, with some students discussing the wrong theory/study completely. The three mark

describe question was answered well, and learners showed excellent knowledge of aversion therapy and were able to apply it to context well.

The command verbs in extended open responses are still proving more challenging, although more level 3 answers were seen in this series which was pleasing. Evaluate questions are still more successfully completed than assess questions although the differential is getting smaller. Still, it may be worth teachers ensuring that learners have a thorough understanding of the requirements of command verbs for future series.

In terms of study-based questions, namely Aberousie and Rotter in this assessment, there was an improvement in standard across learners. Although some gaps of knowledge were shown especially in terms of evaluation. It is imperative that evaluation should be taught for all named studies on the specification as any of these studies can be assessed in future series. It is worth noting that although learners are not required to have in depth knowledge of the methodology used in the study i.e. whether it is an experiment/review article etc. this methodology CAN be used to evaluate the studies. One clear example of this is Rotter who used secondary sources in his review article, this can be used as a weakness of the study due to problems with lack of knowledge of how the studies were done possibly compromising reliability. Unfortunately, the majority of learners wrote their evaluation as it was a primary research method and often used generic statements which could be applied to any piece of research. In addition, learners should be able to talk about the procedure of a study, but it should be noted again that this will never form part of an extended open response question. Having said this, having knowledge about a studies procedure will help them to have greater understanding of the findings/conclusions/evaluation. This is particularly pertinent for the evaluation of studies which often need the context of the procedure to be meaningful.

In terms of extended open responses, a minority of learners achieved level 3 in any one essay, with even fewer achieving level 3 across all three essays. In contrast to previous series, however, a large number of learners did achieve at least a mid-level 2 with many showing excellent knowledge of the topic in hand and were able to select information from the scenario to support their knowledge. The weakest element once again was the evaluation/assessment although it was pleasing to see more learners attempting this element rather than focusing purely on AO1/2; with some learners balancing their evaluation/assessment and coming to an informed conclusion which allowed them to access the higher mark bands. The extended response question which performed consistently highest was question 4 about the learning approach. This was not surprising as students would have had experience of answering questions on the learning approach on Unit 1. What was pleasing was many students used elements of

the whole specification in many of the essays, even some that were not expected, this is a higher-level skill and shows a good understanding of the whole of the specification.

Finally, the one question which performed poorly on the assessment was the 6 mark discuss question about stress as a physiological response. Unfortunately, the majority of learners misinterpreted this question and just discussed their ideas about psychological elements of the stress response which actually were still part of the physiological response itself. Some learners did interpret the question correctly but still only able to make some superficial points about cognitive elements/gender differences and did not really provide any depth. It is worth teachers, therefore, emphasising the importance of what is quite a substantial part of the stress section on the specification.

Individual Questions

Question 1.

This question asked learners to select one example of mood alteration from the scenario. This was specifically linked to Griffith's six components of addiction. This consisted of 1 AO2 mark. Most learners were able to correctly identify an appropriate example from the scenario however it needs to be noted that mood alteration is a consequence of performing the behaviour rather than not performing the behaviour so answers relating to restlessness due to not shopping were not creditworthy (and would be more appropriate for withdrawal).

This response gained 0 marks.

Boredom/restlessness not creditworthy.

1 One of Griffiths six components of addiction is mood alteration.

Identify **one** example of mood alteration from the scenario.

One example of mood Alteration from this scenario is when
charlie ~~doesn't~~ go shopping @.g. feelings of boredom and
restlessness

This response gained 1 mark.

Correct identification of mood alteration from the scenario.

1 One of Griffiths six components of addiction is mood alteration.

Identify **one** example of mood alteration from the scenario.

when Charlie goes shopping the sounds and
smell of the store give him a buzz of
excitement

Question 2

This three mark explain question asked learners to identify one concept from the theory of planned behaviour (TPB) and then apply it to the context of Charlie's

shopping addiction. It comprised of 1 AO1 mark and 2 AO2 marks. Most learners were able to identify a concept from the TPB and apply it to context, although superficially which tended to cap them at one of two marks. For three marks learners needed to identify the concept, apply that concept to the context in some way and then suggest how this applies to Charlie's shopping behaviour i.e. that it would mean Charlie would carry on/less likely to give up. Some learners used concepts from other models such as the Health Belief Model which were not creditworthy. A minority of learners showed good knowledge of the TPB however did not contextualise it to Charlie, meaning that they were only able to get one mark.

This answer gets 0 marks.

This is about Social Learning Theory and modelling therefore is not creditworthy.

2 The Theory of Planned Behaviour (Ajzen 1985) is one model used to predict an individual's behaviour.

Explain Charlie's shopping addiction using *one* concept from the Theory of Planned Behaviour.

Charlie's friends also like shopping and get the same excitement. This is showing vicarious reinforcement which is where he is seeing his friends being rewarded which is them feeling excited when they buy something and so he wants the same thing feeling and so copies them.

This answer gets one mark.

First part gets no marks as perceived benefits is not part of the TPB. However, the second part, although muddled just about gets the mark for the idea that his friends encourage the behaviour and feeling the same way (so the idea of subjective norms.)

- 2 The Theory of Planned Behaviour (Ajzen 1985) is one model used to predict an individual's behaviour.

Explain Charlie's shopping addiction using **one** concept from the Theory of Planned Behaviour.

perceived ^{benefits} ~~concept~~ ^{behaviour} - the thought of shopping takes away any negative thoughts and makes him happy and excited to be out. His friends also encourage this behaviour and feel the same way, normalising this thought for Charlie, making it a normal situation.

This answer gets 3 marks

One for the concept of subjective norms, a further mark for the idea linked to scenario with Charlie being reinforced by his peers who see the behaviour as positive, and a final mark for explaining the consequences of this on his shopping addiction which is that his addiction may grow.

- 2 The Theory of Planned Behaviour (Ajzen 1985) is one model used to predict an individual's behaviour.

Subjective
Norms.

Explain Charlie's shopping addiction using **one** concept from the Theory of Planned Behaviour.

The idea of Subjective norms applies to Charlie's ~~Addiction~~ as his friends all shop as well. This leads to Charlie seeing how much he shops as normal, because he feels reinforced by the people around him who also view the act as positive. This means he would be less likely to stick to treatments. It also means he has been desensitised by his friends to the amount he shops, causing Charlie's addiction to continue to grow.

Question 3a.

This question asked learners to apply the findings of Rotter's study to the context, in particular the likelihood that he will be able to give up shopping. This question comprised of 1AO1 and 2AO2 marks therefore learners needed to identify a finding of Rotter's study (both results and conclusions are creditworthy) and then apply it to context (such as stating Charlie is an external as he blames his parents/friends) and finally explain whether this means Charlie would be able to give up shopping. Most learners were able to identify a finding from Rotter's study and then apply it to context, with many then going on to suggest whether this would mean Charlie giving up shopping so gaining all three marks. Errors on this question included not applying it to context and just talking about results and therefore only accessing 1 mark, and not saying whether Charlie was an external or internal so often only accessing two marks.

This response gets 0 marks.

This is just a definition of internal and external so has no relevance to the question therefore 0 marks

3 Rotter (1966) investigated the effects of internal and external locus of control on behaviour.

(a) Explain, using **one** finding of Rotter's (1966) study, how psychologists could determine the likelihood of Charlie being able to give up shopping.

(3)

Internal Locus of Control is the impact one has on themselves and External Locus of Control is the impact from the environment.

This response gets 1 mark.

Just one mark for the identification of a finding from Rotter's study. This was actually really nicely put so a real shame that there was no link to Charlie so can only get 1 mark.

3 Rotter (1966) investigated the effects of internal and external locus of control on behaviour.

(a) Explain, using **one** finding of Rotter's (1966) study, how psychologists could determine the likelihood of Charlie being able to give up shopping.

(3)

Rotter found that people with an external locus are risk-takers and less likely to give up an addiction. In comparison, people with an internal locus are more likely to give up the addiction.

This answer got 3 marks

One mark for the identification mark that internals are less susceptible to persuasion, a further mark for applying to Charlie saying that he has an external locus of control as he was easily persuaded by his friends (nice), and the final marks by explaining that Charlie will not easily be able to give up shopping (because he is easily persuaded).

3 Rotter (1966) investigated the effects of internal and external locus of control on behaviour.

- (a) Explain, using **one** finding of Rotter's (1966) study, how psychologists could determine the likelihood of Charlie being able to give up shopping.

(3)

Rotter found that people with internal locus of control were less susceptible to persuasion. But given looking at Charlie's situation is conclusive that he has external locus of control as he was easily persuaded by his friends. Given this it can be said that psychologists might determine that Charlie won't be able to easily give up shopping. This is because of his external LOC which means he believes things are out of his control.

Question 3b

This 4-mark question asked learners to provide one strength and one weakness of Rotter's study. This did not have to be linked to scenario therefore comprised of 2AO1 and 2AO3. Learners therefore had to identify a strength and a weakness, and then provide some justification of why it is a weakness for a total of four marks. This question was not answered well with many learners only managing to get two marks. The strengths were answered better than the weaknesses with issues such as applicability to treatment the most common answer seen. Weaknesses were an issue with many learners seeing Rotter's study as a primary research method and therefore not gaining marks. Stronger learners were able to talk about the problems of review articles and these learners were often able to access all four marks.

This response gets 0 marks.

This was a common issue with this question where gaps of knowledge about the study were clear, and therefore generic evaluation points were used which aren't creditworthy, so 0 marks.

(b) Explain **one** strength and **one** weakness of Rotter's (1966) study on internal and external locus of control.

(4)

Strength

Rotter's Study is Subjective. This means that it is focused on the participants. This increases the validity and also means that the study can be done again and it is

Weakness

Rotter's Study may not be ethical due to the fact of how his participants were. He may have put them in an even difficult place, rather than trying to help them.

This response gets 2 marks.

One mark for identifying that Rotter's study is applicable to treatments with a further mark for suggesting that people can be treated differently dependent on their locus of control. No creditworthy material for the weakness as not only is it generic but also suggest the study uses a primary research method which is not the case.

(b) Explain **one** strength and **one** weakness of Rotter's (1966) study on internal and external locus of control.

(4)

Strength

One strength of Rotter's study is that it is applicable to treatments as it could show that people should be treated differently depending on their locus of control as people with an internal LOC ~~show~~ would suit internal treatments, while people with an external locus of control may be better suited to external treatments (drugs).

Weakness

One weakness of Rotter's 1966 study is that it has low ecological validity as it was an artificial setting, which may cause results that don't show what would actually happen in a real world situation.

This response gets 4 marks

For the strength it gets one mark for identifying that it has practical application, and a further mark for elaborating on this suggesting that changing external to internal locus of control through therapy can help stop drinking. For the weakness, one mark for identifying that it was a review article, and then a further mark for elaborating that errors such as social desirability would be apparent in Rotter's study. Nice answer.

(b) Explain **one** strength and **one** weakness of Rotter's (1966) study on internal and external locus of control.

(4)

Strength

A strength of Rotter's findings is that it has practical application. This is because it suggests that therapy aiming to switch people's LOC from external to internal may make them believe they have more control and can stop drinking.

Weakness

One weakness of Rotter is that it was a review. This means that any errors, such as social desirability would also be apparent in Rotter's review - he is interpreting the studies.

Question 4

This 9-mark extended open response question required learners to assess the extent to which the learning approach can explain Charlie's shopping addiction. As is constant on these questions there are 3AO1, 3AO2 and 3AO3 marks on offer. With an assess question learners are also required to come to some judgement about the approach in question and write a supported conclusion. This was the best answered extended open response question on the assessment, with nearly all learners showing good knowledge of the learning approach and being able to apply it to context well. The weaker element of the question was the AO3 element with many learners only attempting the assessment element of the question, which often limited them to bottom/mid-level 2.

Learners were able to achieve mid-level 2 without assessment although learners would have to show solid level 3 knowledge and application for this to be the case.

This response gets level 1 and 2 marks.

This answer shows isolate knowledge and understanding about the learning approach with some weak points about role models, and idea of shopping to take away boredom which can be classed as negative reinforcement. Some slight references to context such as friends/shopping/boredom, but not assessment. Ao1 knowledge therefore is level 1, as is AO2 application but nothing for AO3 assessment so mid-level 1 and 2 marks.

- 4 When Charlie attended therapy to try and overcome his shopping addiction, the therapist suggested that his addiction may have been learnt rather than being due to internal factors.

Assess the extent to which the learning approach can explain Charlie's shopping addiction.

(9)

As Charlie's friendship group like to go shopping and get the same exciting effect from doing so, Charlie is constantly surrounding himself with those people which will influence him to shop. With the therapist suggesting that it is more a behaviour that he has learnt from others and is not self inflicted, it would make it harder for Charlie to ~~relapse~~ try and overcome his addiction to shopping. Charlie may also see his friends as role models which he looks up to and if they shop then he would want to be like them and shop as well. As well as this, on TV there are lots of adverts that Charlie will probably watch that will make him want to go out and spend money. With his parents questioning his behaviour, this makes Charlie want to shop even more and he blames his friends for them encouraging him to shop. When Charlie isn't shopping, he feels bored and lonely and this is not a feeling that Charlie would want to feel and would therefore go out shopping to make him feel better.

This response gets level 2 and 5 marks.

This is an example of a learner who showed thorough knowledge and understanding of the learning approach, with a number of different elements including SLT, and positive and negative reinforcement. There is one minor error when talking about relapse as positive rather than negative reinforcement but still a solid level 3 for AO1, AO2 is also level 3 as it is linked to the case study throughout. Unfortunately, there really isn't any assessment which limits the answer to level 2 and 5 marks.

- 4 When Charlie attended therapy to try and overcome his shopping addiction, the therapist suggested that his addiction may have been learnt rather than being due to internal factors.

Assess the extent to which the learning approach can explain Charlie's shopping addiction.

(9)

The learning approach suggests that ~~addiction~~ Shopping addiction can be learnt through a role-model (~~the person~~) and suggests that seeing these people get rewarded for their behaviour acts as an incentive, this is called vicarious reinforcement. Initiation occurs when the person wants to get these same rewards so they go purchase ~~the same thing~~ to do so. Suggesting that seeing someone you admire ~~purchase~~ purchase something will trigger you to ~~do so~~ initiate the. Additionally suggesting that the amount of others society puts on people to always have the best gear also adds to initiation. In Charlie's case his role-model would be his friends as he has learnt this behaviour from them. This theory suggests that maintenance takes place ~~as the person experiences~~ such as anxiety ~~as the person experiences~~ as the ~~person experiences~~ compliments act as a positive reinforcement which makes them want to continue the behaviour. The negative feelings such as anxiety and stress act as negative reinforcement which would mean they would continue shopping to avoid those feelings. This leads to relapse as ~~the person~~ when the addict stops shopping ~~they~~ and is confronted with their reality then.

feel like their sadness is due to them not shopping ~~the sad~~ financial problems combined with the feeling that returning back to the behaviour will make things better leads to the addict returning to the behaviour. In Charlie's case he feels bored and sad when he is not shopping so he would return to the behaviour in hopes of being happy again and avoiding withdrawal symptoms. Additionally operant conditioning is responsible for relapse as they ~~are~~ no longer ~~enjoy~~ the compliments and artificial happiness shopping brings to them, therefore the use act as positive reinforcement therefore they will return to the behaviour.

(Total for Question 4 = 9 marks)

This response gets level 3 and 7 marks.

The knowledge and understanding on this response is accurate and thorough with lots of different elements well explained and really there isn't a lot more that they could have included here. References to Charlie are present throughout the response with clear links to the theories explained. Both of these elements are solid level 3 responses. The assessment is weaker with an explained point about the cognitive approach, and the use of Pavlov to support classical conditioning which is absolutely fine and is therefore assessment. As knowledge and application are level 3 and assessment level 2 the response is placed at bottom of level 3 and gets 7 marks.

- 4 When Charlie attended therapy to try and overcome his shopping addiction, the therapist suggested that his addiction may have been learnt rather than being due to internal factors.

Assess the extent to which the learning approach can explain Charlie's shopping addiction.

SCT OC 1C

the brain

(9)

Charlie's addiction initiation and maintenance can be explained through the learning approach with the use of Social Learning Theory, Operant Conditioning and Classical conditioning. The learning approach suggests we adopt our behaviours through the external stimuli, leading to association, recreation and consequences.

An example of this would be social learning theory, which could explain the cause of Charlie's addiction. SCT suggests we adopt our behaviours through by imitating role models. So, Charlie's friends would be the role models. As Charlie shops with them, he can see the excitement (vicarious reinforcement) that they get out of it, so, observes their behaviours and retains that information. Charlie would then imitate their behaviours, in the hope to get the same buzz they do, leading to an increased amount of shopping.

This could also be explained through classical conditioning. Classic conditioning is the association of stimuli, leading to a conditioned response. So in the case of Charlie, the smells and sounds of the shops have been associated with the excitement of buying new things. This would maintain his addiction, as the smell of the shop cues and ^{primes} the thought of buying

Something. Ivan Pavlov's study, investigating Classical conditioning within dogs would support this, as he conditioned the dogs to associate the ringing of a bell with food, leading to salivation when the bell was rung. This ~~study~~ supports the fact that Charlie's addiction can be explained by elements of the learning approach. A final component of the learning approach is operant conditioning. This suggests we learn through consequences. For example, if it results in something good, we are more likely to do that behaviour, and vice versa when punished. When applied to Charlie, it explains both the maintenance and relapse within his addiction. By getting a positive buzz out of buying new things, it increases the ^{frequency and size} ~~amount~~ of his purchases, getting the same buzz. And when he doesn't shop, he feels restless and bored, so has to

(Total for Question 4 = 9 marks)

step to remove these withdrawal symptoms (negative reinforcement). This shows his addiction can be ~~explained~~ explained through the learning approach.

As a whole, Charlie's addiction can be explained ~~the~~ through the learning approach, with the studies of Skinner, Bandura and Pavlov to support it. But it could be explained ~~was~~ using another approach, for example, the cognitive approach. This could explain his loss of control, and the fact he has 'no control'.

Overall, the learning approach is fairly effective at explaining Charlie's addiction, and the components within it.

Question 5

This was a 2-mark question asking learners to explain what was meant by the peripheral route. This comprised of 2 AO1 marks. The most common way of answering this question was through the use of an example to expand on the identification of what was meant by the peripheral route. Some learners were able to do both elements well and get full marks, but the majority either got 0 or 1 mark either due to a lack of understanding of what the peripheral route meant, or by not using an appropriate example. Some learners would give the example of “attractiveness” as their expansion point. This on its own is not creditworthy we would need learners to explain that the messenger would have to be more attractive/credible etc. Learners need to ensure that their points are explained in enough detail to get full marks.

This response gets 0 marks.

This learner talks of the Leys cognitive model so no creditworthy material so 0 marks.

- 5 The Elaboration Likelihood model of persuasion discusses how Sarah may use two different ways of processing information from her GP: the central route and the peripheral route.

Explain what is meant by the peripheral route.

The peripheral route is when you only take note of the first and last words that the GP says.

This response gets one mark.

This learner starts off well by talking about the idea that they believe that what is being said is irrelevant to them which is fine for the first mark. Unfortunately, this learner just repeats their first sentence meaning they do not get any further marks.

- 5 The Elaboration Likelihood model of persuasion discusses how Sarah may use two different ways of processing information from her GP: the central route and the peripheral route.

Explain what is meant by the peripheral route.

Peripheral route is about the individual who doesn't take interest in what's been said because they believe it's irrelevant to them meaning Sarah wouldn't take interest in what's been said as she believes it's irrelevant.

(Total for Question 5 = 2 marks)

This response gets 2 marks.

One mark for the idea that this is when the message is not directly related to the individual and one further mark for the idea that the quality of message is not as important as the person delivering it such as attractiveness. This gets the mark for attractiveness as it is qualified by the sentence previously.

- 5 The Elaboration Likelihood model of persuasion discusses how Sarah may use two different ways of processing information from her GP: the central route and the peripheral route.

Explain what is meant by the peripheral route.

The peripheral route is what's when the message isn't directly related to that individual, then the person for example the person delivering the message can be more important: such as attractiveness. The quality of the message doesn't matter as much.

(Total for Question 5 = 2 marks)

Question 6

This was a 4-mark question which asked learners to explain two reasons why the influence of role models may be a cause of Sarah's alcohol addiction. This question comprised of 4 AO2 marks and therefore each reason needed to be applied to context. This question looked for concepts such as observation and imitation/vicarious reinforcement/identification applied to context; for this question the use of the word's friends/mother is enough to be contextualised. As expected, many learners talked about the idea of imitation and observation of Sarah's mother/friends. However, the most

common error is that learners have used the same reason twice only applied it to the mother first and then to her friends. Some learners did use other concepts such as identification due to same sex, and vicarious reinforcement but unfortunately this was in the minority. It is vital that when learners are asked for two reasons that they are aware that two DIFFERENT reasons need to be given.

This answer gets 2 marks

Two marks for the first reason which talks about Sarah seeing (okay for the idea of observation) her mother drink, retaining and reproducing it. Nothing for the second reason as there is nothing creditworthy as it only mentions role models which is in the question.

6 Explain two reasons why the influence of role models may be a cause of Sarah's addiction to alcohol.

1 we look up to our role models and copy their behaviour - because we believe how they behave is correct. So when Sarah sees her mother drink she retains the information and reproduces it at a later date.

2 Sarah's friends could of also been role models to her so when they would be drinking as students so would she which be the start of her addiction.

This answer gets 4 marks.

The first reason gets 2 marks for the idea of observation and imitation of those you class as role models. The link to context is there as it mentions her friends and mum, which is the minimum accepted for contextualisation. The second reason also gets four marks for the ideas of witnessing role models such as her mum have positive effects

from drinking, and this leads to Sarah drinking to feel the same effects. This is the idea of vicarious reinforcement which shows that learners do not have to use the terminology as long as the explanation is clear enough for identification of the context.

6 Explain two reasons why the influence of role models may be a cause of Sarah's addiction to alcohol.

1 social learning says the observation of people which you class as role models (in her case her friends and mum) makes ^{her} ~~it~~ likely to imitate the behaviour. ~~There is evidence that this has positive effects like being able to be so she thinks it will be the same for her.~~

2 she witnesses the role models such as her mum ~~to~~ having positive effects from drinking such as allowing her to calm down. This could lead Sarah to drink as she wants to feel the same effects.

(Total for Question 6 = 4 marks)

Question 7a.

This question asked learners for a description of how aversion therapy could be used to treat Sarah's addiction to alcohol. This comprised of 3AO2 marks therefore there had to be application to context within the answer. This was answered relatively well with many learners achieving two or three marks. The main error within the response was that learners did not explain the idea of not wanting to drink alcohol any more as Sarah did not want the negative feelings of being sick, with many literally just saying that it will make her not want to drink anymore which was not enough for the third mark.

This response gets 0 marks.

Unfortunately, nothing creditworthy in this answer.

7 Aversion therapy is one method used to help individuals overcome addiction.

(a) Describe how aversion therapy could be used to help Sarah overcome her addiction to alcohol.

(3)

Aversion therapy is when a negative behaviour is replaced by a positive behaviour. For example, to help Sarah overcome her addiction to alcohol they could replace the alcohol with non-alcoholic drinks. Therefore, the negative (alcohol) is replaced with a positive (the non-alcoholic drinks).

This response gets 1 mark.

One for the idea that Sarah could be made to associate drinking with a negative thing such as a shock. Almost a second mark at the end but would need to have added something after "less inclined to turn to the bottle" such as "because they would not want to receive the shock again."

7 Aversion therapy is one method used to help individuals overcome addiction.

(a) Describe how aversion therapy could be used to help Sarah overcome her addiction to alcohol.

(3)

aversion therapy could help Sarah by making her associate drinking with a negative thing such as an electrical shock or a shower of ice cold water. This would make Sarah less inclined to resort to the bottle.

This response gets three marks.

One mark for the idea that a drug would be taken with alcohol which make her vomit. A second mark for Sarah associating alcohol (CS) with vomiting (CR) and the final mark for her staying away from alcohol as it will remind her of vomiting, and the thought of drinking will make her feel ill. Nice answer.

7 Aversion therapy is one method used to help individuals overcome addiction.

(a) Describe how aversion therapy could be used to help Sarah overcome her addiction to alcohol.

(3)

Aversion therapy involves classical conditioning. Before she drinks, she would have to take a drug so that she vomits after drinking. This would make Sarah associate ~~drinking~~ alcohol, as a conditioned stimulus, with vomiting, a conditioned response. Therefore, the thought of drinking would make her feel ill as she would be reminded of vomiting, resulting in her staying away from alcohol as a whole, and likewise overcome her addiction.

Question 7c.

This question asked learners to explain one weakness of aversion therapy. This question asked learners to identify a weakness and justify why it was a weakness. This question was answered well with ethics, as expected, the most common response. Where errors were made it was due to learners just saying that one weakness was ethical issues without specifying which ethical issue was a problem. It is worth teachers making it explicit that just identifying ethical issues is not enough to get a mark, they have to show knowledge of specific ethical issues i.e. possible harm. The other reason learners didn't achieve full marks is that they did not explain WHY possible harm was an issue. Better answers would suggest that deliberately making someone vomit/get pain from a shock was not ethical and breached the ethical guideline of harm to the participants/pain and distress.

This response gets 0 marks.

This is something for teachers and learners to be careful of during an assessment. This response could apply to any form of treatment so is totally generic and therefore achieves 0 marks. It is important that learners do not just use generic responses which have no identifiable features from the treatment asked about in the question.

(b) Explain **one** weakness of aversion therapy. (2)

One weakness of aversion therapy is that it ~~may~~ may not work for everyone due to individual differences. For example, it may work very effectively for some people, but will have no effect on others. It does not take individual differences into account.

This response gets one mark.

A good example of what has been previously said. This response gets the one mark for highlighting that it may cause Sarah harm, but not justification of why this is the case so one mark only.

(b) Explain **one** weakness of aversion therapy. (2)

Some people may believe it is against a person's rights as it may cause Sarah harm.

This response gets two marks.

This is fine for two marks. One mark for the idea of Aversion Therapy causing physical and psychological harm, and then a further mark for the justification which is the idea of the shock hurting you and negatively affecting your mental health.

(b) Explain **one** weakness of aversion therapy.

(2)

Aversion therapy can cause harm to the body whether it is causing sickness or giving electrical shocks. These reactions may cause both physical harm - electric shocks hurting you as well as psychological harm as it may negatively affect an individual's mental health.

(Total for Question 7 = 5 marks)

Question 8.

This extended open response question asked for an assessment of the usefulness of physiological and psychological methods to help Sarah adhere. This comprises of 3AO1, 3AO2 and 3AO3 marks. This question asked learners to look at BOTH physiological and psychological methods, apply them to context and then assess their usefulness. Once again, the AO1 was stronger than the other elements of the question. Learners seem to find the AO2 difficult here despite clear threads within the scenario for example they can use the loss of her job to support financial incentives, her depression to support medication and Lustman's study on fluoxetine, and low self-esteem to link to social support etc. A minority of learners picked up on these threads, but it was not often. The AO3 was very weak with some making superficial points about individual differences without explanation i.e. that some drugs can cause side effects for some people and not others/they may not have the desired effect for some people etc. Evaluation is a skill which needs to be improved across the majority of cohort and learners needs to be aware that it can include studies; points about ethics in terms of drugs and side effects; the ethics of giving a person money to give up an addiction; whether a particular treatment gets to the root cause of the issue. The other main error on this question was a misunderstanding of what is physiological and what is psychological, and often only doing EITHER physiological OR psychological and not both.

This response gets level 1 and 2 marks.

This response gets mid-level 1 with some isolated knowledge about treatments such as showing Sarah the physical harm nonadherence will do (links to fear arousal but weak). The second paragraph is repetitive really. The AO2 is superficial and only really includes names so mid-level 1. The assessment is of similar standard with one brief point about not the methods discussed not being time consuming and one about not being effective unless Sarah really believes in being ill (links o health belief model) but they are very superficial and therefore mid-level one. So, 2 marks overall.

- 8 Doctors use physiological and psychological methods to improve adherence to medical advice. ^{2 points}
 Assess the usefulness of physiological and psychological methods in making sure Sarah will adhere to medical advice and give up drinking. ^{3 marks}
- Handwritten notes:* Physiological → stress, anxiety etc. Psychological → show pictures of liver

(9)

A physiological method to make sure Sarah adheres is ~~show~~ by ~~explaining~~ that showing Sarah the physical harm she has already done to her body and how unhealthy her drinking problem is making her. This means that she will want to stop doing physical harm to herself. Therefore she is more likely to stop drinking. Also, by giving Sarah medication that might make her feel sick or sweet such as tablets, she is also more likely to want to stop drinking.

A psychological method to make sure Sarah adheres to her medical advice is by showing her pictures of what can happen to her body if she does not stop drinking, such as liver failure. This will make Sarah feel uneasy that it will happen to herself and make her want to stop drinking. Therefore, she is more likely to want to adhere to medical advice and overcome her addiction.

A strength of these methods is that they are effective and aren't time consuming. Therefore, using these methods are effective in helping Sarah to adhere to medical advice.

However, a weakness of these methods is that they may not be

effective unless Sarah believes that it will happen to her. Therefore, if she thinks her health is not at risk she is less likely to achieve.

In conclusion, these methods are only effective to an extent, but as will not work for many people if they don't believe they are at risk.

(Total for Question 8 = 9 marks)

This response gets level 2 and 4 marks.

Knowledge and understanding is accurate if not thorough at all times so top-level 2. There are a number of aspects discussed such financial incentives, medication, blood alcohol tests through some are brief in nature. Application is top level 1; just brief mentions of Sarah and alcohol with no mention of her losing her job/low self-esteem etc. Assessment is top level 1. You can count Volpp's study as AO3 as it supports the idea of financial incentives but still limited so top level 1. Just enough for level 2 overall on the strength of the AO1 but at the bottom end so 4 marks.

- 8 Doctors use physiological and psychological methods to **improve adherence** to medical advice.

Assess the usefulness of physiological ^{use of blood tests (volpp)} and psychological ^{Medication} methods in making sure Sarah will adhere to medical advice and give up drinking. ^{Financial incentives (volpp)} ^{few}

(9)

There are many ways to make sure that Sarah adheres to her medical advice to give up drinking. These include both Physiological and Psychological methods.

Physiological methods that can be used to adhere to advice given to someone by a GP can include a blood alcohol test which can detect alcohol in the blood of an individual. This can lead onto further adherence methods such as fines. In addition to the blood tests used another method would include Medication which is used to counter withdrawal symptoms and does not cause a factor for wanting to need ~~also~~ alcohol anymore. This can help adhere to the rules of medical advice.

On the other hand there are psychological methods that can be used which were tested by Volpp in a study regarding smoking addiction. In this study, financial incentives were used such as a bonus of money if an individual was to abstain from using that form of addiction for a while. This would cause a psychological reason why Sarah would adhere to the advice of

her GP.

Additionally, fear can be used to make people adhere to advice or warnings however this form of psychological adherence is highly unethical as it is against human rights and would result in a doctor losing their job.

(Total for Question 8 = 9 marks)

This response gets level 3 and 7 marks.

This is a good response. The knowledge and understanding is accurate and at times thorough with financial incentives and treatments for depression discussed in detail although there are some irrelevancies therefore mid-level 3. The Application is level 2 there is some reference to Sarah losing her job and a supposition that anti-depressants will help relieve her anxiety but not a lot more; still enough for level 2 though. Ao3 is good and references Volpp's study to support financial incentives, and Lustman's study (although not named) to support anti-depressants and some judgements were made although throughout; again, mid-level 3. The weaker AO2 takes the mark down from mid to bottom level 3 and 7 marks.

- 8 Doctors use physiological and psychological methods to **improve adherence** to medical advice.

Assess the usefulness of physiological **and** psychological methods in making sure Sarah will adhere to medical advice and give up drinking.

(9)

Physiological + psychological methods are useful when trying to improve adherence.

^{sarah}~~people~~ may be reluctant to listening to the doctors advice perhaps because she doesn't have a good relationship with the doctor. ~~B~~ to improve that she could switch and find a doctor who she trusts and who will empower her as well as making sure she could ~~be~~ able to afford treatment such as counselling or any medication that doesn't run on the NHS, so that cost isn't an issue. Also ^{looking at physiological methods} Viscop carried ^{a few} out a study in which he paid people who smoked to stop, and ~~just that~~ instead told the rest of the people he had gathered to stop. The findings were that ~~the~~ most of the people who were paid stopped, where as hardly any of the people who didn't get paid continued. Therefore if Sarah finds it too hard to stop perhaps they could offer her money to do so which will benefit her further as she has lost her job. Also to prevent cost of treatment being an issue the GP or nurse could try and refer her to treatment

that runs on the NHS. Also another study ^{for psychological aspects} was carried out for people who suffered from both diabetes, and depression which it caused. There was a group of people and two blind experiments were carried out where half ~~that~~ were given a placebo drug and half were given anti-depressants. The findings were that the people on anti-depressants felt way better and it also helped their diabetes where as the people on the placebo didn't. Therefore Sarah could be provided with anti-depressants so that her drinking may stop and her health would get alot better due to the reduce in stress + Alcohol consumption. (Total for Question 8 = 9 marks)

TOTAL FOR SECTION B = 20 MARKS

Question 9a.

This question asked learners to state what is meant by the term daily hassle. This comprised of 1 AO1 Mark. The majority of learners correctly answered this question. The major error on this was not highlighting that it was a minor irritation that cause stress every day. In fact, a few learners put that it could be a major life event which is incorrect.

This response got 0 marks.

This is incorrect.

9 Kanner (1981) believes that daily hassles are important factors when looking at whether an individual will suffer from high levels of stress.

(a) State what is meant by the term 'daily hassle'.

(1)

A daily hassle is a everyday task that you overcome everyday most days.

This response got 1 mark.

9 Kanner (1981) believes that daily hassles are important factors when looking at whether an individual will suffer from high levels of stress.

(a) State what is meant by the term 'daily hassle'.

(1)

Everyday factors that add to stress levels, these are minor events.

This response gets 1 mark.

9 Kanner (1981) believes that daily hassles are important factors when looking at whether an individual will suffer from high levels of stress.

(a) State what is meant by the term 'daily hassle'.

(1)

*A daily minor negative
A daily minor negative experience that causes stress.*

Question 9b

This question asks learners to identify an example of a daily hassle from the scenario therefore comprises of 1AO2 mark. This was answered correctly by the vast majority of learners with the only errors being learners who identified a major life event rather than a daily hassle; this did not happen often.

This response gets 0 marks.

This is not a daily hassle.

(b) Give **one** example of a daily hassle from the scenario. (1)

Her husband works away.

(Total for Question 9 = 2 marks)

This response gets 1 mark.

(b) Give **one** example of a daily hassle from the scenario. (1)

couldn't find her car keys.

(Total for Question 9 = 2 marks)

Question 10.

This question asked learners to explain why perceived ability to cope could be a factor in Jamelia's levels of stress. This comprised of 2AO2 marks. For this question learners should identify what is meant by perceived ability to cope and then expand on this for the second mark. The usual way of this is by giving an example from the scenario to expand on the previous point. The most common error is that learners would give the meaning of perceived ability to cope i.e. the belief/view that they cannot cope but then did not expand on this answer with reference to the scenario and Jamelia. It is important that learners are aware of how to achieve the second mark in this sort of 2 mark explain question.

This response gets 0 marks.

This response really just re-words the question and therefore gets 0 marks.

10 Psychologists suggest that one important factor in whether an individual has high levels of stress is perceived ability to cope.

Explain why perceived ability to cope could be a factor in Jamelia's high level of stress.

Jamelia may have a low perceived ability to cope and would therefore get more stressed over an acute stressor.

This response got 2 marks

One mark for the meaning of perceived ability to cope i.e. the belief that she cannot deal with stress, and one further mark the expansion linked to Jamelia not

10 Psychologists suggest that one important factor in whether an individual has high levels of stress is perceived ability to cope.

Explain why perceived ability to cope could be a factor in Jamelia's high level of stress.

perceived ability to cope is one's belief in their ability to deal with stress. Jamelia does not believe she can deal with small stressors which can contribute to her high stress levels as she feels incapable and not in control of handling situations.

(Total for Question 10 = 2 marks)

believing she can cope with small stressors and feeling not in control.

Question 11a.

This question asked students to explain one result from Abernethy's study. This question comprised of 2AO1 marks. Learners therefore had to identify one result of the study and then expand/elaborate for a further mark. The elaboration could be an expansion of what this result actually means, in terms of stress/self-esteem or any figures from the study. This question was answered well by most learners, with almost all learners able to identify a result with very few errors. There were very few learners who gave a result for a different study, which is pleasing to see. Some learners did not expand on the result, limiting them to one mark. It is vital

that learners write enough in their answer to gain the full amount of marks for the question.

This response got 0 marks

Not a result from this study so 0 marks.

11 Aberousie (1994) studied sources of stress in relation to locus of control and self-esteem in university students.

(a) Explain **one** result from Aberousie's (1994) study. (2)

Students' blood pressures were higher

This response got 1 mark.

For the result from Aberousie's study, for the second mark the learner would need to have expanded and explained that this may be due to the lack of control over their lives that externals fell.

11 Aberousie (1994) studied sources of stress in relation to locus of control and self-esteem in university students.

(a) Explain **one** result from Aberousie's (1994) study. (2)

The study discovered that those with an external locus of control suffered more stress than internal locus of control.

This response got 2 marks.

One mark for the identification of the result which showed that females had higher stress levels than males and a further mark for the (correct) means of each group.

11 Aberousie (1994) studied sources of stress in relation to locus of control and self-esteem in university students.

(a) Explain **one** result from Aberousie's (1994) study.

(2)

Gender differences in levels and sources of stress showed that female stress levels were higher than male stress levels where female's accounted for a mean of 102.99 compared to that of male with a mean of 93.25

Question 11b.

This three mark explain question asked for one weakness of Aberousie's study. For this question learners had to identify a weakness and then suggest why this is a weakness in terms of the study, and then for the third mark explain the consequence of the weakness. For example, you would gain one mark for generalisability as a weakness, then a further mark for saying why this was the case in the study (only university students) and then the final mark for saying that it would therefore not be applicable to the wider population who were not university students/were of a different age group. Most students used generalisability in their answers and were able to apply that to the study well and therefore achieved 2 marks. Where learners lost marks is the final point about the consequence of the weakness. Many literally put that it was not applicable to others which is too vague; who are the others? It is vital that each point is explained well enough to gain all three marks.

This response gets 0 marks.

Aberousie's study was not a meta-analysis so 0 marks.

(b) Explain **one** weakness of Aberousie's (1994) study.

(3)

It was a meta-analysis therefore he was assuming that all the ethics of previous studies were correct. However he didn't know if any ethics had been broken in previous studies meaning the data may have been unreliable

This response gets 2 marks

One for the identification of the weakness which is that it is not generalisable, and a further mark for explaining that this is due to the fact that it was only conducted on university students. Nothing for the last point that it is not applicable (to the rest of the population); we need to see that they know who it wouldn't be applicable to; who do they mean by the rest of the population.

(b) Explain **one** weakness of Aberousie's (1994) study.

(3)

This is not generalisable to the rest of the population as it was only conducted on university students therefore it cannot be applicable.

This response gets 3 marks

One mark for the identification of the weakness which is that it is not generalisable, a further mark for the reason why i.e. that it was only conducted on university students and the final mark for the consequence in that you may have for different results if the study had been conducted on adults who work/wider group of people.

(b) Explain **one** weakness of Aberousie's (1994) study.

(3)

It is not generalisable. This is because the study was conducted on university students only. The results may be different if the study was conducted on adults who work, or a wider group of people. There ~~are~~ ^{are} much more reasons to ~~stress~~ ^{stress} why people stress other than study.

Question 12.

This is a six-mark medium open response question which consists of 2 AO2 marks and 4 AO3 marks. Therefore, each strength and each weakness need to be linked to context at some point. Learners needed to identify one strength and one weakness of life events as a way to measure stress, then say why this is a strength/weakness and then the consequence of this strength/weakness, very similar in format to the question above. The response on this question were mixed. If learners identified that to measure life events you could use the life events scale by Holmes and Rahe then they performed relatively well on this question, however if students just used life events as whole then the strengths tended to be very weak, although the weaknesses performed better across both groups of learners. The most common answers tended to be the problems with using self-reports for weakness or the different interpretation of life events, and research to support life events as a measurement for a strength. Often learners did enough for two out of three marks on the strengths and weaknesses but often missed out on either saying why it is a strength/weakness, or the consequence of that strength/weakness.

This response gets 1 mark

Nothing for the strength but one for the weakness which talks about life events not being as accurate as daily hassles to measure stress. For further marks this would need to link to the idea that Jamelia found losing her keys etc more stressful

than life events such as her wedding, and then link to research such as Kanner which suggest Daily hassles are more accurate.

12 One way to measure levels of stress is to look at the number of life events a person experiences.

Explain **one** strength and **one** weakness of using life events as a way of measuring Jamelia's level of stress.

Strength

Jamelia getting married is a life event which lowers her stress because it made her happy.

Weakness

A weakness of using life events as a way of measuring Jamelia's level of stress is that it is not as accurate as using daily hassles to measure her level of stress.

This response gets 3 marks.

Nothing for the strength as it is too vague and actually research has shown it probably isn't a good representation, and also in relation to the scenario Jamelia was more stressed by daily hassles so definitely not a good representation of her stress levels. Three marks for a good weakness. One for the idea that people may interpret life events differently, a further mark for application to context that Jamelia may score an event lower than another person and the final mark for suggesting therefor it is not a true representation of Jamelia's stress meaning its unreliable.

12 One way to measure levels of stress is to look at the number of life events a person experiences.

Explain **one** strength and **one** weakness of using life events as a way of measuring Jamelia's level of stress.

Strength

Gives an opportunity to see what Jamelia has been through, therefore showing a good representation of why she is so stressed.

Weakness

People may interpret different life events differently, therefore Jamelia may score an event lower than someone else meaning it isn't a true representation as people have different stress levels, leading to Jamelia's results being unreliable.

(Total for Question 12 = 6 marks)

This response gets 5 marks.

Two for the strength. One for the idea that looking it will allow psychologists to understand why Jamelia is stressed (practical application) and a further mark for applying this to context, and a final mark for talking about the consequence of this strength saying that this will allow coping strategies to be put in place. Two for the weakness. One for the idea that life events were not the main cause of Jamelia's stress, on further mark for the excellent application to context. The final sentence is almost a rewording of the first point so no further marks.

12 One way to measure levels of stress is to look at the number of life events a person experiences. *→ Rane & Rane + Holmes SRS survey*

Explain **one** strength and **one** weakness of using life events as a way of measuring Jamelia's level of stress.

Strength

It allows psychologists to understand why people may feel particularly stressed. This means psychologists are then able to consider coping strategies and techniques to lower Jamelia's stress levels. For example it may be the fact her husband works away from home making her feel lonely which is causing her stress.

Weakness

One weakness is that by measuring life events and experiences aren't the main cause of Jamelia's stress as she planned a massive life event ^(Planning a wedding) which didn't stress her out, however small things like her oven turning off and not finding her car keys cause high levels of stress. This means that looking at life events may not help Jamelia figure out the cause of her stress.

(Total for Question 12 = 6 marks)

Question 13.

This is a six-mark extended open response question which comprises of 2AO1 and 4AO2 marks. This question asked learners to discuss the idea that seeing stress as purely a physiological response is too simplistic. Unfortunately, this was probably the weakest question on the paper with most learners not getting to grips with the requirements of the question. For this question learners were expected to show that they realise that factors which affect the stress response such as cognition, personality, gender differences, differences in reactions to the same stressors, freeze response (suggest cognitive), maladaptive stress response all mean that stress could not just be physiological as everyone would have the same response to the same stressors; which is not the case. Some learners did talk about personality and cognition especially etc but very briefly and with very little contextualisation, and certainly don't discuss so we are left again with isolated knowledge. It is vital that learners are able to understand the expectation for these types of questions and that teachers give students enough knowledge in order to answer these questions fully. The most common marks on this question were one or two marks.

This response gets 0 marks.

No creditworthy material, as actually the psychological responses are all part of a physiological response anyway.

13 Psychologists suggest that seeing stress as a purely physiological response may be too simplistic.

Discuss the limitations of seeing Jamelia's high levels of stress only as a physiological response. — Acne,

— illness, pain, tiredness.

~~physiological~~

physiological responses are things like acne, these may occur in Jamelia but she ~~probably~~ has some psychological ~~eg~~ responses too, such as sweating and feeling sick and becoming upset and increased heart rate. ~~As~~ As a result of these reactions, it proves that ~~there~~ she does have psychological responses, not just physiological.

This response gets level 2 and 3 marks.

This response talks about different personality types but this is really more of a statement that people do have different personality types without linking it back to the limitations. Same with cognitive paralysis as there is no discussion of why this is a limitation. The point about how stress is maladaptive and makes health worse is relevant and well explained. Therefore, knowledge and understanding is level 2, link to context is level 1 as it tends to just her name only more than anything. There is some attempt at linking points together although not consistently so level 2. This makes low2 level 2 overall so three marks.

13 Psychologists suggest that seeing stress as a purely physiological response may be too simplistic.

Discuss the limitations of seeing Jamelia's high levels of stress only as a physiological response.

gender
cognitive paralysis
flight or flight
behaviour

The physiological response to stress include different personality types. Jamelia is Type A personality as she is self critical and easily annoyed when a Type B are more calm and collective. Jamelia may also respond to stress as having cognitive paralysis when she feels much blame and freeze because she just can't deal with it. Lastly a limitation of a physiological response is modern day flight or flight because her heart beats so fast, she started sweating and she felt sick. Your body sometimes cannot do fight or flight as you may experience maladaptive health which make it worse. Therefore there are limitations of seeing Jamelia stress level as a physiological response.

(Total for Question 13 = 6 marks)

Question 14

This is a nine-mark extended open response comprising of 3AO1, 3AO2 and 3AO3 marks. This question asked learners to evaluate the use of psychological stress management techniques to reduce stress. Learners mainly used social support and stress inoculation therapy as part of their AO1, although some learners did use techniques such as meditation and CBT which are creditworthy. Evaluative issues would include issues such as time/cost/effectiveness/research support/motivation etc. The AO1, as with other essays, was stronger than the AO3 especially which limited marks. The main error seen with this question was that learners mixed up physiological and psychological and therefore only talked about physiological techniques such as drug therapy which meant that they achieved very few marks. It is vital that learners are aware of the different terminology surrounding physiological and psychological treatments of stress and addiction and are aware of which category each treatment comes under. Contextualisation was apparent in most essays with some learners talking about how social support, especially esteem support, can help someone with depression and how irrational thoughts surrounding small minor hassles can be worked through with CBT which is pleasing but many learners still only contextualised through name only which would only get level 1 for that element.

This response gets level 1 and 2 marks.

This learner shows accurate understanding of stress inoculation therapy and would be bottom of level 2 for knowledge. There is no reference to context, however. The learner also makes one brief but relevant point about the use of drugs only reducing symptoms whereas SIT would get to the root cause of the problem so this would be top level 1. The knowledge shown means it can get 2 rather than 1 mark.

14 Evaluate the use of psychological stress management techniques to reduce Jamelia's levels of stress.

(9)

One psychological stress management technique is stress inoculation therapy, this is broken down in to ^{three} ~~2~~ stages that are cognitive preparation, skill acquisition and the follow through. Stress inoculation therapy is used to find and understand what is causing the stress, then discuss how it is best to deal with it based on the patient. The patient is then taught the techniques to use to overcome the stress and must self report how they feel it is helping. Once the patient has found how to cope with stress they continue to use the skills acquired to prevent it in the future. This is a positive stress management technique as is helping the patient overcome the stress and eliminate it from their life where as drugs can only make you feel better and not remove stress.

This response gets level 2 and 4 marks.

All elements of this response are level 2. Although this doesn't have the breadth of knowledge across treatments what this learner has said about social support is accurate with the use of key terminology such as instrumental support. The links to context are okay with links to her friend's ability to give her esteem support which is nice so bottom level 2. The evaluation consists of an alternative theory which is fine, and the point made about the use of drugs to relieve anxiety is quite nice but relatively brief; just enough to get it into level 2. Therefore, as all elements are level 2, with application and evaluation bottom level 2 this response will get 4 marks.

14 Evaluate the use of **psychological** stress management techniques to reduce Jamelia's levels of stress.

(9)

Drug therapies

Biofeedback

Social Support — instrumental, emotional, esteem

Stress inoculation therapy

A01 - Recall

(3)

A02 - link to Jamelia (3)

A03 - Evaluate

(3)

compare to
physiological

Social support comes in three forms; instrumental support, emotional support and esteem support.

It is done with a therapist as well as friends

and family. This stress management

technique would be quite useful to Jamelia

as she has friends who know what she goes

through and how easily ~~the~~ Jamelia becomes

stressed. Her friends could offer her some really

good emotional support because of this. A therapist

could offer Jamelia some instrumental support

which is practical help, to help Jamelia find

different ways of doing things. For example if

she becomes more organised and leaves her keys

in the same place everyday she is less likely

to become stressed.

In comparison to psychological stress management

techniques, there are also physiological

stress management techniques. Jamelia may find herself getting anxious because of the stress she is experiencing and therefore drug therapies^{or} could be a ~~more~~ more useful technique for her to try.

^{or} like benzodiazepines or beta blockers.

(Total for Question 14 = 9 marks)

TOTAL FOR SECTION C = 30 MARKS
TOTAL FOR PAPER = 70 MARKS

This response gets level 2 and 6 marks.

This learner has showed accurate and mostly thorough knowledge and understanding. This response contains a number of different techniques including CBT, Stress Inoculation therapy (SIT) and social support. This would be level 3 for this element. The application to context is rather superficial though and consists mainly on names and "she's" and therefore is top level 1. There is some evaluation within the response although brief and mainly focussed on practical issues such as time and cost, which is fine but rather narrow and does not have the depth to take it into level 3; so top level 2. As knowledge is level 3, application is level 1 and evaluation level 2 this would keep at top level 2 and 6 marks.

14 Evaluate the use of **psychological** stress management techniques to reduce Jamaica's levels of stress.

→ CBT

(9)

One psychological stress management that could be used to reduce Jamaica's stress level is with the use of cognitive behavioural therapy (CBT). This is where Jamaica would sit down and talk to the therapist about why she gets stressed, how it makes her feel and then she would be taught ways to deal with the stress e.g. coping strategies. Jamaica could also know how to react in certain stressful situations which is a benefit of this treatment. However, this form of therapy can be expensive and can take a long time. Another example of a stress management technique is stress inoculation therapy. This will teach Jamaica how to deal with certain stressors before she even encounters them so she can prepare herself. However, this can take a long period of time and can be expensive. Jamaica could also use social support for example contacting a specialist that will listen and be sympathetic about the various problems, speaking to her friends about her

problems that mean her self-esteem can be boosted. There's also emotional support which means that Jameia can replace her negative thought process with positivity. This method is cheap however it requires trust in the other person to tell them the various problems or it will not work effectively.

(Total for Question 14 = 9 marks)

TOTAL FOR SECTION C = 30 MARKS

TOTAL FOR PAPER = 70 MARKS

Summary

- Learners need to be aware of the importance of the last three questions on the paper which contribute 21 of the 70 marks on offer. There was evidence of a number of learners running out of time on some of these questions, with a number of gaps present on the last extended open response question especially. Practicing answering papers within the time allowed should be an integral part of exam preparation.
- Ensure that learners write enough within their responses to be able to access all marks awarded on a question. This is especially true of the three mark explain questions such as the evaluation of studies. Too often learners would only write a response which could access two out of the three marks.
- Related to the above, learners need to be aware that using phrases such as “therefore it is not applicable” will not be enough to gain marks in evaluation questions; learners need to explain 1) what is it about the sample which makes it not applicable i.e. only done on university students and 2) who does this make it not applicable too i.e. adults who work, people of varying ages ranges etc.
- Learners need to work on the evaluative/assessment aspects of open extended response questions. Learners showed some accurate and thorough knowledge of the topic areas across the whole of the paper but were often let down by this aspect of a question; especially in the extended open responses. Practicing skills would enable learners to access the top mark bands on these questions.
- Learners should make sure they read the question thoroughly. There were a number of questions where learners misunderstood the requirements of the question such as question 13 on the physiological response to stress, and the evaluation of psychological stress management techniques. This often meant that some learners could not access more than a few of the 15 marks on offer on those two questions.
- Key terms are still a problem with the short definition style questions often losing learners marks. It is important that key terminology forms an integral part of the teaching of this unit.

- Although this unit has no synoptic element it was pleasing to see many learners using their knowledge from unit 1 and 2 to answer questions; especially extended open responses. Although this is by no means expected learners need to be aware that they will be credited if they are able to do this, where relevant.



Llywodraeth Cynulliad Cymru
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