Please check the examination details below before entering your candidate information

Candidate surname: StemUp Model Solution | Other names:

Centre Number | Candidate Number

Pearson Edexcel International Advanced Level

Tuesday 9 January 2024

Afternoon (Time: 1 hour 30 minutes) | Paper reference **WPS03/01**

Psychology

International Advanced Level

UNIT 3: Applications of Psychology

You do not need any other materials. | Total Marks

Instructions

- Use **black** ink or ball-point pen.
- **Fill in the boxes** at the top of this page with your name, centre number and candidate number.
- Answer **ALL** questions in Section A, and **ALL** questions from **EITHER** Option 1 criminological psychology **OR** Option 2 health psychology.
- Answer the questions in the spaces provided – *there may be more space than you need.*

Information

- The total mark for this paper is 64.
- The marks for **each** question are shown in brackets – *use this as a guide as to how much time to spend on each question.*
- The list of formulae and statistical tables are printed at the start of this paper.
- Candidates may use a calculator.

Advice

- Read each question carefully before you start to answer it.
- Check your answers if you have time at the end.

Turn over ▶

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FORMULAE AND STATISTICAL TABLES

Standard deviation (sample estimate)

$$\sqrt{\left(\frac{\sum(x-\bar{x})^2}{n-1}\right)}$$

Spearman's rank correlation coefficient

$$1-\frac{6\sum d^2}{n(n^2-1)}$$

Critical values for Spearman's rank

	Level of significance for a one-tailed test				
	0.05	**0.025**	**0.01**	**0.005**	**0.0025**
	Level of significance for a two-tailed test				
N	**0.10**	**0.05**	**0.025**	**0.01**	**0.005**
5	0.900	1.000	1.000	1.000	1.000
6	0.829	0.886	0.943	1.000	1.000
7	0.714	0.786	0.893	0.929	0.964
8	0.643	0.738	0.833	0.881	0.905
9	0.600	0.700	0.783	0.833	0.867
10	0.564	0.648	0.745	0.794	0.830
11	0.536	0.618	0.709	0.755	0.800
12	0.503	0.587	0.678	0.727	0.769
13	0.484	0.560	0.648	0.703	0.747
14	0.464	0.538	0.626	0.679	0.723
15	0.446	0.521	0.604	0.654	0.700
16	0.429	0.503	0.582	0.635	0.679
17	0.414	0.485	0.566	0.615	0.662
18	0.401	0.472	0.550	0.600	0.643
19	0.391	0.460	0.535	0.584	0.628
20	0.380	0.447	0.520	0.570	0.612
21	0.370	0.435	0.508	0.556	0.599
22	0.361	0.425	0.496	0.544	0.586
23	0.353	0.415	0.486	0.532	0.573
24	0.344	0.406	0.476	0.521	0.562
25	0.337	0.398	0.466	0.511	0.551
26	0.331	0.390	0.457	0.501	0.541
27	0.324	0.382	0.448	0.491	0.531
28	0.317	0.375	0.440	0.483	0.522
29	0.312	0.368	0.433	0.475	0.513
30	0.306	0.362	0.425	0.467	0.504

The calculated value must be equal to or exceed the critical value in this table for significance to be shown.

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Chi-squared distribution formula

$$X^2 = \sum \frac{(O-E)^2}{E} \qquad df = (r-1)(c-1)$$

Critical values for chi-squared distribution

	Level of significance for a one-tailed test					
	0.10	**0.05**	**0.025**	**0.01**	**0.005**	**0.0005**
	Level of significance for a two-tailed test					
df	**0.20**	**0.10**	**0.05**	**0.025**	**0.01**	**0.001**
1	1.64	2.71	3.84	5.02	6.64	10.83
2	3.22	4.61	5.99	7.38	9.21	13.82
3	4.64	6.25	7.82	9.35	11.35	16.27
4	5.99	7.78	9.49	11.14	13.28	18.47
5	7.29	9.24	11.07	12.83	15.09	20.52
6	8.56	10.65	12.59	14.45	16.81	22.46
7	9.80	12.02	14.07	16.01	18.48	24.32
8	11.03	13.36	15.51	17.54	20.09	26.12
9	12.24	14.68	16.92	19.02	21.67	27.88
10	13.44	15.99	18.31	20.48	23.21	29.59
11	14.63	17.28	19.68	21.92	24.73	31.26
12	15.81	18.55	21.03	23.34	26.22	32.91
13	16.99	19.81	22.36	24.74	27.69	34.53
14	18.15	21.06	23.69	26.12	29.14	36.12
15	19.31	22.31	25.00	27.49	30.58	37.70
16	20.47	23.54	26.30	28.85	32.00	39.25
17	21.62	24.77	27.59	30.19	33.41	40.79
18	22.76	25.99	28.87	31.53	34.81	42.31
19	23.90	27.20	30.14	32.85	36.19	43.82
20	25.04	28.41	31.41	34.17	37.57	45.32
21	26.17	29.62	32.67	35.48	38.93	46.80
22	27.30	30.81	33.92	36.78	40.29	48.27
23	28.43	32.01	35.17	38.08	41.64	49.73
24	29.55	33.20	36.42	39.36	42.98	51.18
25	30.68	34.38	37.65	40.65	44.31	52.62
26	31.80	35.56	38.89	41.92	45.64	54.05
27	32.91	36.74	40.11	43.20	46.96	55.48
28	34.03	37.92	41.34	44.46	48.28	56.89
29	35.14	39.09	42.56	45.72	49.59	58.30
30	36.25	40.26	43.77	46.98	50.89	59.70
40	47.27	51.81	55.76	59.34	63.69	73.40
50	58.16	63.17	67.51	71.42	76.15	86.66
60	68.97	74.40	79.08	83.30	88.38	99.61
70	79.72	85.53	90.53	95.02	100.43	112.32

The calculated value must be equal to or exceed the critical value in this table for significance to be shown.

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Wilcoxon Signed Ranks test process

- Calculate the difference between two scores by taking one from the other
- Rank the differences giving the smallest difference Rank 1

  Note: do not rank any differences of 0 and when adding the number of scores, do not count those with a difference of 0, and ignore the signs when calculating the difference
- Add up the ranks for positive differences
- Add up the ranks for negative differences
- T is the figure that is the smallest when the ranks are totalled (may be positive or negative)
- N is the number of scores left, ignore those with 0 difference

Critical values for the Wilcoxon Signed Ranks test

	Level of significance for a one-tailed test		
	0.05	0.025	0.01
	Level of significance for a two-tailed test		
n	0.1	0.05	0.02
N=5	0	–	–
6	2	0	–
7	3	2	0
8	5	3	1
9	8	5	3
10	11	8	5
11	13	10	7
12	17	13	9

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SECTION A

Developmental Psychology

Answer ALL questions. Write your answers in the spaces provided.

1 (a) State **one** aim of the study by Bowlby (1944).

(1)

To investigate whether maternal deprivation (prolonged early separation from the mother) increases the likelihood of a child developing a delinquent, affectionless character in adolescence.

(b) Explain **one** strength of the study by Bowlby (1944).

(2)

Bowlby used clinical interviews with each of the 44 thieves and their families to build a detailed case history, which gave rich qualitative data. This gave insight into the early experiences, such as separations, that may have contributed to their delinquency, so the findings have high validity.

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(c) Explain **one** improvement that could be made to the study by Bowlby (1944).

(2)

Bowlby could have used a control group of children who were not classed as emotionally disturbed, as his controls had all been referred to his clinic. This would make the comparison sample more representative, improving population validity so the findings could be generalised to all delinquent children, not only those who were emotionally disturbed.

(Total for Question 1 = 5 marks)

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2 Andrea carried out an investigation to see whether pre-school children would be able to identify basic shapes more accurately with the help of a more knowledgeable other. The shapes included squares, rectangles, and circles. She gathered a sample of three-year-old children who were available on a Thursday at a local nursery.

Andrea used two groups of three-year-old children.

- Condition A: the children played with different shapes by themselves, putting them into a shape sorter.
- Condition B: the children played with different shapes with a teacher, putting them into a shape sorter after the teacher had named the shape.

After playing for 15 minutes, the children in each group were shown the different shapes and asked the question "what shape is this?". The number of times the correct shape was identified by the children was recorded.

The results gathered by Andrea are shown in **Table 1**.

	Condition A: the children who sorted shapes by themselves	**Condition B: the children who sorted shapes with the help of a teacher**
Mean number of times the shapes were correctly identified	3	9

Table 1

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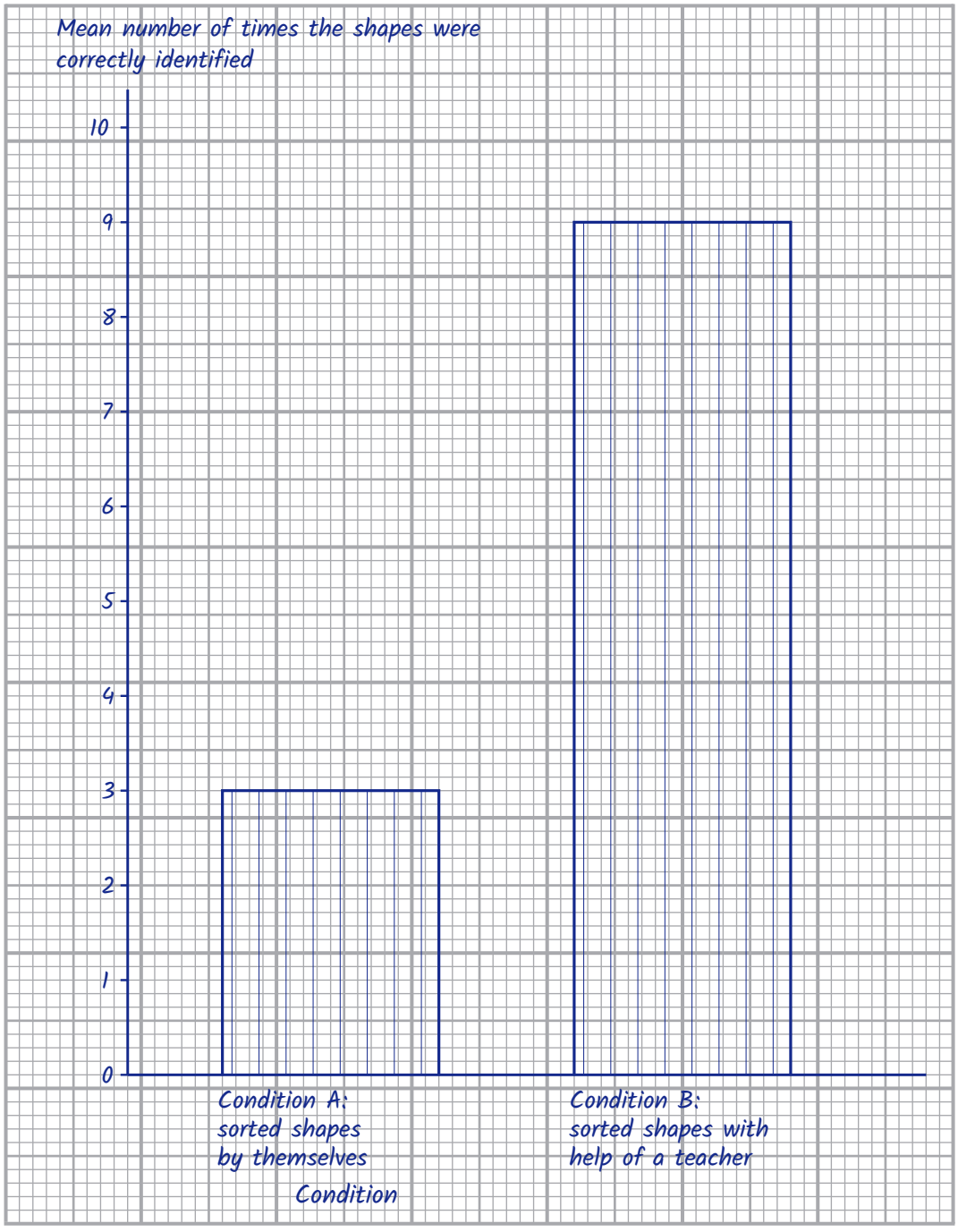
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(a) Draw a suitable graph to show the data from **Table 1**.

(3)

Title

A bar chart to show the mean number of times the shapes were correctly identified by children sorting alone (A) and with a teacher (B)



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(b) Explain **one** conclusion that Andrea can make from the data in **Table 1**.

(2)

Children who sorted shapes with a teacher correctly identified a mean of 9 shapes, three times as many as the mean of 3 for children who sorted them alone. Andrea can conclude that support from a more knowledgeable other (the teacher naming each shape) helped the three-year-olds learn to recognise shapes.

(c) Describe **one** ethical issue that Andrea should have considered when she carried out her research.

(2)

Andrea should protect the children from psychological harm. The children in Condition A who sorted shapes alone may identify far fewer shapes when asked "what shape is this?", so they may feel sad or worried, so she should reassure and praise every child afterwards.

(Total for Question 2 = 7 marks)

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3 Roberto wanted to investigate whether there was a gender difference in the way that children share their toys. He decided to use a structured observation at a local day care centre.

(a) Describe how Roberto could conduct a structured observation into the gender differences in children's toy sharing.

(2)

Roberto would draw up behavioural categories of sharing, such as offering a toy, swapping a toy, taking turns and snatching a toy away. He would then observe boys and girls at the day care centre, eg during a set free-play session with the same toys, and tally each time a behaviour occurs for each gender.

(b) Explain **one** weakness of Roberto using a structured observation to investigate the gender differences in children's toy sharing.

(2)

Some sharing may not fit his categories, eg a child keeping their own toy but handing over a different one, so it would not be recorded. His tallies may then not represent all of the children's sharing, lowering validity, so any gender difference he finds may not be accurate.

(Total for Question 3 = 4 marks)

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4 Mrs Adrier has recently been appointed as the mental health and wellbeing support worker at a local high school. She is concerned because there appears to be a breakdown of relationships within some of the friendship groups. Mrs Adrier has also found that a number of students find it difficult to concentrate for long periods of time and become easily distracted. Some students have also reported feeling very stressed.

Mrs Adrier would like to introduce a mindfulness programme that will provide sessions that are available for all students. She believes this will benefit them psychologically and improve their social skills.

Discuss whether mindfulness can enhance the development of the students at Mrs Adrier's school.

You must make reference to the context in your answer.

(8)

Mindfulness involves training attention to stay in the present moment without judging thoughts and feelings. Mindfulness-based stress reduction (Kabat-Zinn) uses techniques such as breath awareness, body scans and present moment awareness, and school programmes are usually run as about 10 sessions, each lasting about the length of a lesson.

Mrs Adrier's students who report feeling very stressed could benefit, as practising breath awareness and present moment awareness helps them notice worrying thoughts and let them go rather than dwelling on them, reducing their stress. Kuyken et al. (2013) found that secondary school students who took part in the Mindfulness in Schools Project had fewer depressive symptoms and lower stress than a control group.

Mindfulness-orientated meditation also trains attentional control. The students who find it hard to concentrate for long periods and are easily distracted would practise bringing their attention back to one focus, so they should be able to ignore distractions and concentrate for longer in lessons and on homework.

If social and emotional learning (SEL) is built into the programme, the students could develop empathy, emotional regulation and better communication. This could help repair the

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breakdown of relationships within the friendship groups, as students learn to respond calmly rather than react angrily during disagreements, improving their social skills.

However, mindfulness may not enhance every student's development. The sessions are offered to all students, so some may attend because they are told to and not engage with the techniques, meaning they gain little. Kuyken et al. (2022), in the large MYRIAD trial, found school-based mindfulness training was no more effective than normal school provision for wellbeing, partly because many students did not practise outside sessions.

Mindfulness also only targets the students' own responses. If the friendship breakdowns are caused by something such as bullying, mindfulness will not remove the cause, so it may need to be combined with other support.

Overall, mindfulness is likely to enhance the development of students who engage with it, by lowering stress and improving concentration and relationships, but the benefits for Mrs Adrier's school depend on students practising regularly rather than simply attending.

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(Total for Question 4 = 8 marks)

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5 In your studies of developmental psychology you will have learned about the classic study by Van iJzendoorn and Kroonenberg (1988).

Assess how far Van iJzendoorn and Kroonenberg's (1988) study on attachment has furthered our understanding in psychology.

(8)

Van IJzendoorn and Kroonenberg (1988) carried out a meta-analysis of 32 studies from 8 countries that had used Ainsworth's Strange Situation procedure, giving a total of 1,990 Strange Situation observations of mothers and their infants. Strict criteria were used, eg samples of children over two years old were excluded. Secure attachment (Type B) was the most common type in every country, about 65% overall, with avoidant (Type A) about 21% and resistant (Type C) about 14%. Avoidant attachment was relatively more common in West Germany, while resistant attachment was relatively more common in Israel and Japan. Variation within cultures was about 1.5 times greater than the variation between cultures.

The study has furthered our understanding because it shows that secure attachment is the norm across very different cultures, supporting Bowlby's view that attachment is innate and universal. Pooling such a large sample from 8 countries, all using the same standardised Strange Situation, makes the findings reliable, so we can be more confident that our understanding of attachment applies cross-culturally.

Excluding children over two years old also increases validity, as attachment types are normally formed between about 6 to 8 months and 18 months to 2 years, so the procedure measured attachment at the right age. The finding of large differences within cultures also shows that factors such as social class and parenting matter, not just culture.

However, all of the studies only looked at mother and infant interaction, so the findings cannot be generalised to fathers or other caregivers and do not explain how attachments

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form with all carers. The Strange Situation is also a Western (American) procedure, so it may be imposed etic. Miyake et al. (1985) found that Japanese infants showed high levels of insecure attachment because they are rarely separated from their mothers, so the classification may reflect cultural parenting styles rather than poor development. The sample sizes from each country were also very unequal, with 18 of the 32 studies from the USA, so the pattern for some countries is based on few infants.

Overall, the study has furthered our understanding to a large extent by showing that secure attachment is universal, but its reliance on mothers and a Western procedure means it explains cultural differences less well.

(Total for Question 5 = 8 marks)

TOTAL FOR SECTION A = 32 MARKS

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SECTION B

Answer ALL questions from EITHER OPTION 1: CRIMINOLOGICAL PSYCHOLOGY OR OPTION 2: HEALTH PSYCHOLOGY.

Indicate which option you are answering by marking a cross in the box ☒. If you change your mind, put a line through the box ☒ and then indicate your new question with a cross ☒.

If you answer OPTION 1, put a cross in the box ☒ .

OPTION 1: CRIMINOLOGICAL PSYCHOLOGY

6 State how attractiveness of the defendant may influence jury decision-making.

A defendant whom the jurors judge to be physically attractive is less likely to be found guilty and may receive a more lenient sentence than an unattractive defendant.

(Total for Question 6 = 1 mark)

7 Cognitive behavioural therapy (CBT) is used as a therapy for offenders.

Explain **one** strength and **one** weakness of using cognitive behavioural therapy (CBT) as a treatment for offenders.

Strength

CBT teaches offenders self-help strategies, such as recognising and challenging the thoughts that trigger offending, which they can keep using after therapy ends, so it may succeed long term. Lipsey (2009), analysing 548 studies, found CBT was more effective than other interventions at reducing reoffending.

Weakness

CBT requires offenders to be motivated to change their thought processes, so it may not work for all offenders, eg those with antisocial personality disorder. Howells et al. (2005) found anger management based on CBT did not significantly reduce aggression in violent offenders.

(Total for Question 7 = 4 marks)

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8 Paulo wants to carry out an investigation at a young offender's institution. He wants to see if an anger management programme is an effective treatment for the young offenders. The programme aims to reduce levels of anger through managing emotions that trigger angry and aggressive behaviour.

(a) Describe how Paulo could have used a volunteer sampling technique to gather his participants from the young offender's institution.

(2)

Paulo could put up a notice or send an invitation to all the young offenders who will attend the anger management programme, asking if they would be willing to take part in his investigation. Those who choose to reply would be given a time and place to meet him and become his sample.

(b) Explain **one** weakness of Paulo using a volunteer sample for his investigation.

(2)

There may be volunteer bias, as only the young offenders who are keen to engage with the anger management programme may volunteer. The sample would not represent all young offenders, as those who do not engage are left out, so the programme may seem more effective than it really is.

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Paulo asked the young offenders to rate their levels of anger before and after they completed the programme. He used a scale where 1 is low levels of anger and 10 is high levels of anger.

Paulo carried out a statistical test on the data for before and after the programme to see if there was a significant change in the scores for anger.

(c) Justify which statistical test Paulo could use on his data.

(3)

Paulo should use a Wilcoxon Signed Ranks test. This is because he is looking for a difference in anger scores before and after the programme, rather than a relationship. It is a repeated measures design, as the same young offenders rated their anger both before and after the programme. The anger ratings on a 1 to 10 scale are subjective, so they are ordinal level data, which suits this test.

(Total for Question 8 = 7 marks)

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9 Belinda was walking through the town centre when she heard an alarm ringing from the jewellery shop and lots of people shouting and screaming. As she stopped to look at what was happening, two people ran out of the jewellery shop, pushing her to the ground as they ran past.

The police have advised Belinda that several pieces of jewellery were stolen from the jewellery shop. They have asked if she would come to the police station to provide a witness statement.

Explain **two** ways that stress and trauma may influence the reliability of Belinda's eye-witness memory.

1 *Belinda's cortisol levels may have risen when she heard the alarm and people shouting, as her body prepared for fight or flight. This may narrow her selective attention onto the central event, making some details more reliable. Al'Absi et al. (2002) found cortisol disrupts working memory but enhances selective attention.*

2 *Being pushed to the ground was traumatic, so Belinda may have fixated on her own fear rather than the peripheral details, such as the thieves' faces and clothing, so her memory may be less reliable. Christianson (1992) found emotional witnesses fixate longer on the traumatic stimulus.*

(Total for Question 9 = 4 marks)

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10 Evaluate the self-fulfilling prophecy as an explanation for crime and anti-social behaviour.

(8)

The self-fulfilling prophecy (SFP) occurs when a person is given a label, comes to believe it and then behaves in the way that is expected of them. A teacher, police officer or parent may hold an expectation that a young person is antisocial, often based on stereotypes about characteristics such as gender, ethnicity, appearance or family background. They then treat the person differently, eg watching them more closely, and the person internalises the label "criminal" and acts on it, so the original belief is confirmed. However, not everyone internalises the labels given to them.

Rosenthal and Jacobson (1968) support the idea that expectations change behaviour. Teachers were told some randomly chosen children were "bloomers", and these children made larger IQ gains than their peers, suggesting that if someone is labelled as criminal they may also live up to it. Jahoda (1954) studied the Ashanti, where boys born on a Wednesday are given a name implying aggression; they were responsible for 22% of violent offences compared with about 7% for Monday-born boys, who are labelled calm. Madon et al. (2004) found parents' expectations about their children's alcohol use predicted the children's later drinking.

However, much of the evidence is not about crime. Rosenthal and Jacobson studied IQ in schools, so it may not generalise to criminal behaviour, and Jahoda's data are correlational, so other factors in how Wednesday boys were raised may explain the result. SFP also cannot explain why the label is given in the first place, so it does not explain initial offending.

Recidivism rates for juvenile offenders in the UK were about 31% in January 2021, so nearly 70% did not reoffend, despite being labelled as offenders. This suggests many people reject

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the label. Social learning theory offers an alternative: criminal behaviour may be copied from role models and vicariously reinforced, rather than caused by an internal belief. Biological explanations, such as brain differences, also suggest some offending has little to do with labels.

In conclusion, the SFP explains how labelling may maintain and increase antisocial behaviour, but the evidence for crime is limited and correlational, so it is best seen as one contributing factor alongside learning and biological factors.

(Total for Question 10 = 8 marks)

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11 Assess the usefulness of the cognitive interview technique with witnesses.

(8)

The cognitive interview (CI), developed by Geiselman et al. (1985), uses four stages to improve recall: mentally reinstating the context of the crime, reporting every detail however trivial, recalling events in a different order and changing perspective, eg imagining the scene from another witness's position. It takes longer than a standard interview, and police officers need additional training to use it.

The CI is useful because reinstating context encourages the witness to use all their senses, such as what they heard and felt, which triggers context-dependent memories and so improves the accuracy of recall. Asking the witness to report everything is also useful, as details that seem unimportant can trigger key information about the crime. Geiselman et al. (1985) found that the CI produced more correct information than a standard police interview without increasing errors, and Kohnken et al. (1999), in a meta-analysis, found the CI increased the number of correct details recalled.

However, the CI may be less useful in practice. It takes a long time, and Kebbell and Wagstaff (1999) found police officers often did not use the CI techniques, even in serious crimes, because of time constraints. It depends on specially trained officers building a rapport with the witness; if rapport is not formed, the witness may not engage with the four stages, leading to less accurate recall. Kohnken et al. also found a small increase in incorrect details, so more information is not always better, and changing perspective may encourage guessing.

The CI is also less useful for some witnesses, such as young children who may not understand instructions like changing perspective, and much of the supporting research uses lab-based mock crimes, which lack the stress of a real crime.

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Overall, the CI is a useful technique because it reliably increases accurate recall, but its usefulness is limited by time and training costs, so it is most useful for serious cases with cooperative adult witnesses.

(Total for Question 11 = 8 marks)

TOTAL FOR SECTION B OPTION 1 = 32 MARKS

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SECTION B

If you answer OPTION 2, put a cross in the box ☒ .

OPTION 2: HEALTH PSYCHOLOGY

12 State how appraisal focusing may be used as a coping strategy.

Appraisal focusing is when a person changes the way they think about a stressor, eg seeing it as a challenge, to help them cope with a problem that has no straightforward solution.

(Total for Question 12 = 1 mark)

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13 Cognitive behavioural therapy (CBT) is used as a therapy for anxiety disorders.

Explain **one** strength and **one** weakness of using cognitive behavioural therapy (CBT) as a treatment for anxiety disorders.

Strength

CBT targets the irrational thoughts that cause anxiety rather than only the symptoms, so it may be more effective long term than drug therapy. Hofmann et al. (2012), in a meta-analysis of 106 studies, found CBT was particularly effective for anxiety disorders.

Weakness

CBT is not a quick fix and needs commitment to many sessions and homework, unlike simply taking medication. A patient who is very anxious may not feel able to attend or face their fears, so they may drop out and the therapy will not reduce their anxiety.

(Total for Question 13 = 4 marks)

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14 Paulo wants to carry out an investigation at a local health centre. He wants to see if an anxiety management programme is an effective treatment for the patients. The programme aims to help patients manage the emotions that are the triggers for their anxiety.

(a) Describe how Paulo could have used a volunteer sampling technique to gather his participants from the local health centre.

(2)

Paulo could put up a notice in the health centre or send an invitation to all patients who will attend the anxiety management programme, asking if they would be willing to take part. Those who choose to reply would be given a time and place to meet him and become his sample.

(b) Explain **one** weakness of Paulo using a volunteer sample for his investigation.

(2)

There may be volunteer bias, as only patients who feel able to cope with the programme may volunteer. The sample would not represent all anxious patients at the health centre, as those who struggle to take part are left out, so the programme may seem more effective than it really is.

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Paulo asked the patients to rate their levels of anxiety before and after they completed the programme. He used a scale where 1 is low levels of anxiety and 10 is high levels of anxiety.

Paulo carried out a statistical test on the data for before and after the programme to see if there was a significant change in the scores for anxiety.

(c) Justify which statistical test Paulo could use on his data.

(3)

Paulo should use a Wilcoxon Signed Ranks test. This is because he is looking for a difference in anxiety scores before and after the programme, rather than a relationship. It is a repeated measures design, as the same patients rated their anxiety both before and after the programme. The anxiety ratings on a 1 to 10 scale are subjective, so they are ordinal level data, which suits this test.

(Total for Question 14 = 7 marks)

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15 Belinda has recently been to visit her doctor as she is experiencing high levels of stress. She has difficulty sleeping and regularly suffers with illnesses such as colds and stomach aches.

The doctor asked Belinda to describe her current situation. She told the doctor that she had moved to a new house because she has recently divorced. Belinda also said that her new neighbours are very noisy, often playing loud music until the early hours of the morning.

Explain **two** ways that life events and daily hassles may have influenced Belinda's levels of stress.

1 *Belinda's divorce and moving house are major life events, which require a lot of readjustment and may have caused her high stress. On Holmes and Rahe's Social Readjustment Rating Scale, divorce scores 73 and change in residence 20 life change units, and higher scores are linked to illness.*

2 *Her noisy neighbours playing loud music until the early hours are a daily hassle, which stops her sleeping and adds to her stress every day. Kanner et al. (1981) linked daily hassles to illness, and Cohen et al. (1991) found higher stress increased the chance of catching colds, like Belinda.*

(Total for Question 15 = 4 marks)

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16 Evaluate the use of positive and negative techniques as coping strategies for stress.

(8)

Positive coping techniques are healthy ways of managing stress, such as asking others for help, maintaining emotionally supportive relationships, exercise and lowering expectations. Negative techniques reduce stress in the short term but are unhealthy, such as smoking, drinking alcohol, avoidance and chewing fingernails. Positive and negative emotions can be measured with self-report questionnaires such as the PANAS-SF, and personality theories such as the Big Five identify positive traits, eg being adaptable, and negative traits, eg being aggressive, which may affect the strategies people use.

Positive techniques such as social support are supported by biological evidence. Ozbay et al. (2007) found that resilience to stress occurred when HPA activity was dampened, as stress-induced cortisol was reduced when social support was given. This suggests positive techniques reduce the physiological stress response itself, which is a strength. Magyar-Moe (2009) suggests clinicians can use the PANAS questionnaire week to week to find the most suitable coping strategies for each client, so the approach has practical application.

Negative techniques may lower stress briefly but cause further harm. Siqueira et al. (2000) found higher stress in adolescents was correlated with greater use of negative coping such as smoking, showing stress may be managed but not in a healthy way. However, this is correlational, so stress and smoking may both be caused by another factor.

The success of a strategy may also depend on personality. Martinez et al. (2021), using the Big Five inventory, found that nurses high in negative affect were less adaptive in their coping, whereas those with positive affect used positive strategies successfully. This suggests simply telling people to use positive techniques may not work for everyone. Self-report

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measures such as the PANAS may also suffer from social desirability bias, as people may under-report smoking or drinking.

In conclusion, positive techniques are generally more effective and healthier than negative ones, but their use depends on individual differences, so coping strategies should be tailored to the person.

(Total for Question 16 = 8 marks)

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17 Assess the use of selective serotonin reuptake inhibitors (SSRIs) as a treatment for anxiety.

(8)

Selective serotonin reuptake inhibitors (SSRIs), such as sertraline and fluoxetine, increase serotonin levels by blocking the reuptake of serotonin into the presynaptic neuron, so more remains in the synapse to stimulate the postsynaptic receptors. They are taken as tablets, prescribed at the lowest dose thought to improve symptoms, can be given to adults and children with anxiety disorders, and usually take between 2 and 4 weeks to become beneficial.

SSRIs are useful because low serotonin is linked to anxiety, so by raising serotonin levels they help regulate the patient's mood. They are cheap, easy to take and need little effort from the patient, so they suit people who are too anxious to attend talking therapy, and sertraline is recommended as a first-line drug for generalised anxiety disorder. Strawn et al. (2018) found SSRIs produced a more rapid treatment response in children by week eight than SNRIs, so they are considered more useful for children.

However, even low doses can cause side effects such as diarrhoea, blurred vision and dry mouth, and anxiety can increase at first, so patients may stop taking the tablets and the treatment will not work. The delay of 2 to 4 weeks also means they are not useful for immediate relief.

SSRIs may only treat the symptoms rather than the cause of the anxiety, such as irrational thoughts or a stressful environment, so symptoms may return when the drug is stopped. Patients may therefore need to combine SSRIs with a talking treatment such as CBT for long-term effectiveness. Not all patients respond, which suggests serotonin is not the only cause of anxiety, so the biological explanation behind SSRIs may be reductionist.

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Overall, SSRIs are a useful, accessible treatment for reducing anxiety symptoms, but side effects and relapse limit their usefulness, so they are most effective alongside a psychological therapy.

(Total for Question 17 = 8 marks)

TOTAL FOR SECTION B OPTION 2 = 32 MARKS
TOTAL FOR PAPER = 64 MARKS

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