SimplyPsychology

Mark scheme — A-level Psychology 7182/3

Paper 3 · Section C option · Stress

A-level topic mock · 2026 · Maximum mark: 48

Stress is A-level only (AQA spec 4.3.7) — it is a Paper 3 option and is not assessed at AS. Indicative content is not exhaustive; credit any other valid points. Levels-based questions (Q10 and Q11) require holistic judgement using the descriptors — match the answer to the band that best fits, then fine-tune within it. Specialist vocabulary (general adaptation syndrome, sympathomedullary pathway, hypothalamic-pituitary-adrenal system, cortisol, immunosuppression, life changes, daily hassles, workload, control, Social Readjustment Rating Scale, skin conductance response, Type A/B/C, hardiness, stress inoculation therapy, biofeedback, social support) follows AQA's 2025 wording. **Note (2025 spec):** the *named* drugs (benzodiazepines, beta blockers) have been removed from the specification — generic "drug therapy" remains, so a 2026 question will not require named drugs (they are credited if used as examples).

C Stress

0 1

AO1 · 1 mark · multiple choice

> *Which one of the following is the correct order of the stages of Selye's General Adaptation Syndrome?*

Answer: B — Alarm, resistance, exhaustion.

Selye's GAS describes the body's response to prolonged stress in three stages: *alarm* (initial fight-or-flight arousal), *resistance* (the body adapts and copes) and *exhaustion* (resources are depleted and stress-related illness can result).

0 2

AO1 · 1 mark · multiple choice

> *Which one of the following is used to measure stress caused by life changes?*

Answer: C — The Social Readjustment Rating Scale.

The SRRS (Holmes & Rahe) measures life changes in "life change units". A (Hassles and Uplifts Scale) measures daily hassles; B (skin conductance response) is a physiological measure; D is a personality measure, not a stress scale.

0 3

AO1 · 1 mark multiple choice

> *Which one of the following is a characteristic of the Type A personality?*

Answer: B — Time urgency and competitiveness.

Type A is characterised by competitiveness, time urgency and hostility. A describes Type B (relaxed/easy-going); C describes hardiness (commitment, challenge, control); D (suppression of emotions) is associated with Type C.

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0 4

AO1 · 3 marks short answer

> *Outline the sympathomedullary pathway (SAM) as a response to acute stress.*

Marks for this question: AO1 = 3 marks

- **1 mark** — an **acute (sudden) stressor** activates the **sympathetic branch of the autonomic nervous system (ANS)** via the hypothalamus.
- **1 mark** — the sympathetic nervous system stimulates the **adrenal medulla**, which releases **adrenaline** (and noradrenaline) into the bloodstream.
- **1 mark** — this produces physiological arousal for **fight-or-flight** (e.g. increased heart rate, blood pressure and breathing); when the threat passes, the **parasympathetic** branch returns the body to rest ("rest and digest").

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0 5

AO2 · 4 marks application

> *Use your knowledge of workplace stress to explain why Raj feels stressed. Refer to workload and control.*

Marks for this question: AO2 = 4 marks

- **4 marks** — clear explanation engaging with both workload and control, linked to the stem and using accurate terminology.
- **3 marks** — both covered, one less developed.
- **2 marks** — one factor explained and applied.
- **1 mark** — brief/partial.

Indicative content:

- **Workload**: handling "a very high number of calls each day" is a high job demand — a recognised source of workplace stress.
- **Control**: having "no say over when he can take his breaks or how he is allowed to deal with customers" = **low job control**, which is strongly linked to stress (**Marmot et al.'s Whitehall study** found low-control workers had more stress-related illness).
- **Interaction**: the combination of **high demand and low control** (Karasek's job demand–control model) best explains why Raj feels "constantly stressed and worn out".

Full marks require both workload and control to be tied to specific details of Raj's job.

0 6

AO2 · 4 marks application

> *Use your knowledge of personality types to explain the difference between Diane and Bethany. Refer to Type A and Type B.*

Marks for this question: AO2 = 4 marks

- **4 marks** — both personality types accurately identified and applied to the stem, with a link to stress.
- **3 marks** — both applied, one less developed.
- **2 marks** — one type applied accurately.
- **1 mark** — brief/partial.

Indicative content:

- **Diane = Type A**: "ambitious and competitive", "short of time… impatient", "hostile when things do not go her way" map directly onto the three Type A characteristics (competitiveness, time urgency, hostility). Type A individuals show greater sympathetic arousal and are at higher risk of stress-related illness, e.g. coronary heart disease (**Friedman & Rosenman**).
- **Bethany = Type B**: "relaxed and easy-going… rarely feels rushed" describes Type B, who experience lower physiological stress responses and lower associated health risk.

Credit explicit linkage of each personality to its stress/health consequences.

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0 7

AO1 · 4 marks short answer

> *Outline the hypothalamic-pituitary-adrenal (HPA) system and the role of cortisol in the response to chronic stress.*

Marks for this question: AO1 = 4 marks

- **1 mark** — for **chronic (ongoing) stress**, the **hypothalamus** releases **CRH** (corticotrophin-releasing hormone).
- **1 mark** — CRH stimulates the **pituitary gland** to release **ACTH** (adrenocorticotrophic hormone).
- **1 mark** — ACTH stimulates the **adrenal cortex** to release **cortisol**.
- **1 mark** — cortisol mobilises energy (raises blood glucose) and helps the body cope, but **prolonged high cortisol suppresses the immune system**; a **negative-feedback** loop normally regulates cortisol levels.

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0 8

AO1 · 3 marks short answer

> *Outline one self-report scale and one physiological measure used to measure stress.*

Marks for this question: AO1 = 3 marks

- **Self-report scale** (up to 2): the **Social Readjustment Rating Scale** (Holmes & Rahe) — respondents tick life events from the past year, each weighted in "life change units" (LCUs); a higher total predicts greater stress-related illness. (Credit the **Hassles and Uplifts Scale** as an alternative.)
- **Physiological measure** (up to 2): the **skin conductance response (SCR)** — electrodes measure tiny changes in sweat-gland activity, which rise with sympathetic arousal/stress. (Credit cortisol assays or heart-rate/blood-pressure measures.)

Award up to 3 marks: at least 1 for each type of measure, 3rd mark for additional accurate detail.

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0 9

AO1 · 3 marks short answer

> *Outline life changes and daily hassles as sources of stress.*

Marks for this question: AO1 = 3 marks

- **Life changes**: significant, relatively infrequent events that require major **readjustment** (e.g. marriage, divorce, bereavement, moving house). Even positive changes are stressful because they demand adaptation; measured by the SRRS.
- **Daily hassles**: the minor, everyday irritations and demands of life (e.g. traffic jams, losing keys, queues) that **accumulate** over time to produce stress.

Award up to 3 marks: credit a clear definition of each plus an example or the accumulation/readjustment idea.

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1 0

AO1, AO3 · 8 marks 8-mark

> *Discuss research into the role of stress in illness. Refer to immunosuppression and/or cardiovascular disorders, and to at least one strength and one limitation.*

Marks for this question: AO1 = 4 marks, AO3 = 4 marks

Level	Marks	Descriptor
4	7–8	Knowledge of the stress–illness relationship is accurate and well detailed. Evaluation includes at least one strength and one limitation, both effectively explained. Clear, coherent, focused; specialist terminology used effectively.
3	5–6	Knowledge generally accurate; evaluation mostly effective but limited in places. Reasonable structure.
2	3–4	Some accurate knowledge. Evaluation limited; mainly descriptive.
1	1–2	Knowledge limited or muddled. Little or no evaluation.
0	0	No relevant content.

Indicative AO1 content:

- **Immunosuppression**: chronic stress raises **cortisol**, which suppresses immune function (reduced lymphocyte/natural-killer-cell activity), leaving the body more vulnerable to infection. **Kiecolt-Glaser et al. (1984)**: medical students showed reduced NK-cell activity during exams; **Kiecolt-Glaser et al. (1995)**: carers' wounds healed more slowly than controls'.
- **Cardiovascular disorders**: chronic stress raises heart rate and blood pressure and increases cortisol; over time this damages blood vessels and contributes to **hypertension** and **coronary heart disease (CHD)**. Stress may also promote unhealthy behaviours that further raise CVD risk.

Indicative AO3 content (any combination):

- **Strength — controlled supporting evidence**: Kiecolt-Glaser's natural experiments (exam stress, wound healing) provide objective, replicable evidence linking real-life stressors to measurable immune change, increasing the validity of the stress–illness link.
- **Strength — real-world application**: understanding the link justifies stress-management interventions to reduce illness and CVD risk, with benefits for the NHS and the wider economy.
- **Limitation — much research is correlational**: many studies cannot establish that stress *causes* illness, because cause and effect are not manipulated; third variables (e.g. age, lifestyle) may be responsible.
- **Limitation — the link is indirect/mediated**: stressed people often smoke, drink and sleep less, so illness may stem from these behaviours rather than the physiological stress response itself.
- **Limitation — individual differences**: not everyone exposed to stress becomes ill (personality, hardiness and social support moderate the effect), so a simple stress→illness account is incomplete.

1 1

AO1, AO2, AO3 · 16 marks 16-mark

> *Discuss ways of managing and coping with stress. Refer to the case of Omar as part of your discussion.*

Marks for this question: AO1 = 6 marks, AO2 = 4 marks, AO3 = 6 marks

Level	Marks	Descriptor
4	13–16	Knowledge of ways of managing/coping with stress is accurate and generally well detailed. Application to Omar is effective and integrated across the stem. Discussion is thorough and effective. Clear, coherent and focused; specialist terminology used effectively.
3	9–12	Knowledge evident with some accuracy. Application mostly effective. Discussion mostly effective but limited in places.
2	5–8	Some accurate knowledge of one or more methods. Application limited. Discussion superficial / mainly descriptive.
1	1–4	Knowledge limited; little or no application or discussion.
0	0	No relevant content.

Indicative AO1 content — credit any of the methods (a good answer covers two or more):

- **Drug therapy**: anti-anxiety drugs reduce the **physiological** arousal of stress (e.g. by enhancing GABA activity or by blocking the effects of adrenaline on the heart). *Named drugs are no longer required by the spec but are credited as examples.*
- **Stress inoculation therapy (SIT — Meichenbaum)**: a **cognitive-behavioural** method with three phases — **conceptualisation** (understanding the stressor), **skills acquisition and rehearsal** (learning coping techniques), and **real-life application**.
- **Biofeedback**: the person is given real-time feedback about a physiological function (e.g. heart rate) and learns, through operant conditioning and relaxation, to bring it under **voluntary control**.
- **Social support**: **instrumental** (practical help), **emotional** (comfort/reassurance) and **esteem** (encouragement that boosts self-worth) support buffer the effects of stress.

Indicative AO2 content — engagement with Omar:

- **Drug therapy**: "medication to reduce his physical symptoms of stress".
- **SIT**: the "stress inoculation programme" that helps him "change the way he thinks about and prepares for stressful situations".
- **Social support**: "joining a support group" (esteem/emotional support) and his "close circle of friends and family" (emotional/instrumental support).

Indicative AO3 content:

- **Drug therapy — strength**: fast-acting, effective at reducing symptoms and requires little effort/commitment, so it suits someone who is acutely unwell. **Limitation**: side effects and the risk of **dependence**; it treats the symptoms, not the cause, so stress can return when the drugs stop.

- **SIT — strength**: tackles the underlying way of thinking and builds **long-lasting resilience** that transfers to future stressors. **Limitation**: time-consuming, expensive and requires high motivation — which may be hard for someone signed off with stress.
- **Biofeedback — evaluation**: no side effects and gives a sense of control, but needs equipment and may only address the physical, not cognitive, side of stress.
- **Social support — evaluation**: research supports the **buffering hypothesis**; note **gender differences** (Taylor's "tend-and-befriend" — women may seek support more readily).
- **Psychology and the economy**: effective stress management reduces **workplace absenteeism** and returns people to work sooner, benefiting productivity and reducing costs to employers and the NHS.

Top-band answers will (1) describe at least two ways of managing/coping with stress accurately; (2) map Omar's medication onto drug therapy, his "stress inoculation programme" onto SIT, and his support group/friends and family onto social support; (3) evaluate with explained strengths and limitations (ideally contrasting a physiological method with a psychological one); and (4) reach a clear conclusion — typically that a combination of approaches is most effective, with drug therapy treating symptoms quickly while SIT and social support address the cause and build resilience.

END OF MARK SCHEME · Maximum mark: 48