

Mental and Physical Health

AP Psychology ■ Unit 5

AP Psychology



What we will cover

- 1 Health Psychology and Stress
- 2 Positive Psychology
- 3 Explaining and Classifying Disorders
- 4 Categories of Disorders
- 5 Treatment



Health Psychology and Stress

Stressors are not all alike:

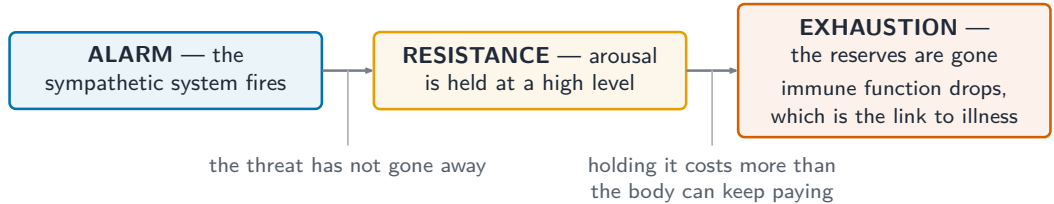
- **Eustress** is motivating; **distress** is debilitating.
- Stressors range from **daily hassles** to **significant life changes** and **catastrophes** .

Health Psychology and Stress, continued

The **general adaptation syndrome (GAS)** describes the body's response in three stages: **alarm** (the sympathetic system mobilises), **resistance** (the body copes at a high but sustainable level), and **exhaustion** (resources run down and vulnerability to illness rises).

Tend-and-befriend theory - proposes that some people respond to stress by caring for others and seeking social support.

The stress response



The damage is done by **stage two**, not stage one. A short alarm is adaptive; the harm comes from resistance that never ends

Stress, and the two ways of coping

stress

the **process** by which people appraise and respond to demands

stressor

the demand **itself** – the two words are not interchangeable

the cost

prolonged stress raises susceptibility to **illness**, through the immune system

problem-focused

treat the stressor as a problem and work on the **cause** – suits situations you can control

emotion-focused

work on your **reaction** instead – suits situations you cannot change

Neither style is better in general. The mark is for matching the style to the **controllability** of the stressor.



Positive Psychology

Three findings are examinable:

- Expressing **gratitude** raises **subjective well-being** .
- People who use their **signature strengths** report higher objective well-being.
- **Posttraumatic growth** is positive psychological change that can follow a struggle with trauma.

Positive psychology

the shift

studies what makes life **go well**, rather than only what goes wrong

well-being

subjective well-being combines life satisfaction with the balance of positive and negative **affect**

broaden-and-build –

positive emotions **broaden** thinking and **build** lasting personal resources

gratitude and resilience

studied as trainable, not fixed

post-traumatic growth

positive change reported *following* severe adversity

The claim is not that negative emotion is bad. It is that a psychology built only on disorder describes half its subject.



Explaining and Classifying Disorders

- **Behavioral** : disorders come from maladaptive learned associations.
- **Psychodynamic** : from unconscious conflict.
- **Humanistic** : from a lack of acceptance and support.
- **Cognitive** : from maladaptive thought patterns.
- **Evolutionary** : from behaviours that were once adaptive.

How a disorder is explained, and how it is defined

eclectic approach

most psychologists draw on **more than one** perspective rather than committing to one

biopsychosocial model

biological, psychological and social factors together – the standard framing

diathesis–stress –

a vulnerability plus a stressor; **neither alone** is sufficient

deviation from social norms

one definition of abnormality – and a culturally loaded one

dysfunction and distress

the more defensible test: does it impair functioning or cause suffering?

DSM-5-TR classifies; it does not explain. Diagnosis and cause are separate questions, and the exam checks you keep them apart.

Explaining and Classifying Disorders, continued

Classifying a disorder has both benefits and costs. A diagnosis guides treatment and gives access to support, but a label can also carry **stigma** and change how a person is treated. Diagnosis requires specialised training and evidence-based criteria.

The **diathesis-stress model** - proposes that a disorder appears when an underlying vulnerability meets sufficient stress – which explains why two people with the same vulnerability may have different outcomes.

What makes it a disorder?

- **Behavioral** : disorders come from maladaptive learned associations.
- **Psychodynamic** : from unconscious conflict.
- **Humanistic** : from a lack of acceptance and support.
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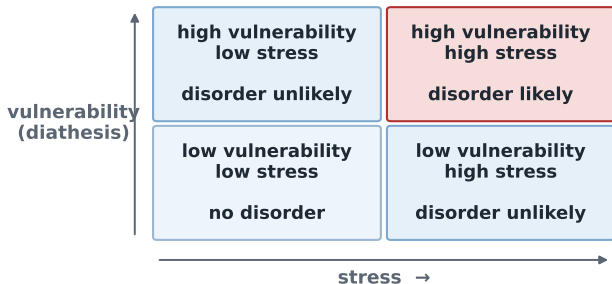
What makes it a disorder?, in detail

CRITERION	WHAT IT ASKS	WHY IT IS NOT ENOUGH
DEVIANCE	is it unusual in this culture?	an unusual talent is also unusual
DISTRESS	does it cause suffering?	some conditions cause the person none
DYSFUNCTION	does it prevent ordinary life?	needs a judgement about what is ordinary
DANGER	is there risk of harm?	rare, and its absence proves nothing

No criterion is sufficient alone, and culture enters all four



Vulnerability alone is not a disorder



- **Neurodevelopmental disorders** begin during the developmental period, and causes may be environmental, physiological, or genetic.
- **Schizophrenic spectrum disorders** involve **positive symptoms** - **delusions** (false beliefs), **hallucinations** (false perceptions).

Categories of Disorders

The CED names a limited set of categories, each with its own features and possible causes.

- **Neurodevelopmental disorders** begin during the developmental period, and causes may be environmental, physiological, or genetic.
- **Schizophrenic spectrum disorders** involve **positive symptoms** – **delusions** (false beliefs), **hallucinations** (false perceptions), **disorganized thinking**, and **catatonia** – and **negative symptoms**, the absence of typical behaviour such as **flat affect**.
- **Depressive disorders** involve sad, empty, or irritable mood with related changes in body and thinking.
- **Bipolar disorders** involve periods of **mania** alternating with periods of depression.
- **Anxiety disorders** involve excessive fear or anxiety: **specific phobia**, **agoraphobia**, **panic disorder** with **panic attacks**, **social anxiety disorder**, and **generalized anxiety disorder (GAD)**.

Categories of Disorders, continued

For every category, the exam expects the same two-part shape: the defining features, and the possible causes – biological, genetic, social, cultural, behavioral, and cognitive.

The remaining disorder categories

dissociative disorders

dissociation from consciousness, memory or identity – associated with **trauma or stress**

feeding and eating disorders

altered consumption or absorption of food

personality disorders

enduring patterns, in three clusters

Cluster A

the **odd or eccentric** – paranoid, schizoid, schizotypal

Cluster B

the **dramatic or erratic** – antisocial, borderline, histrionic, narcissistic

Cluster C

the **anxious or fearful** – avoidant, dependent, obsessive-compulsive

“Enduring” is what separates a personality disorder from an episode. It is a pattern across situations and years, not a state.

Diagnosis, and two treatments of last resort

What makes it a disorder

Dysfunction, deviance, and **personal distress** – and the harm to daily functioning that distinguishes a disorder from an unusual habit.

OCD and related

Obsessive-compulsive and related disorders: intrusive thoughts and the rituals that briefly reduce the anxiety, which is what maintains them.

PTSD

Posttraumatic stress disorder (PTSD): re-experiencing, avoidance, hyperarousal and negative mood after a traumatic event.

Biomedical treatments

Lithium stabilises mood in bipolar disorder; **electroconvulsive therapy (ECT)** is used for severe depression that has not responded to anything else.

Emotion-focused coping changes the reaction, problem-focused coping changes the situation. Which is better depends entirely on whether the stressor is controllable.



Treatment

Clinicians must follow ethical principles, including **informed consent** , **confidentiality** , and working within their competence.

- **Psychodynamic therapies** use **free association** and dream interpretation to uncover unconscious material.
- **Cognitive therapies** use **cognitive restructuring** and **fear hierarchies** to change maladaptive thinking.
- **Applied behavior analysis** applies conditioning principles, including **systematic desensitization** and **token economies** .

Treatment: cognitive and biomedical

- **Cognitive-behavioral therapies** , such as **dialectical behavior therapy** and **rational-emotive behavior therapy** , combine both.
- **Person-centered therapy** , from the humanistic perspective, uses **active listening** and unconditional positive regard.

What the evidence says about treatment

meta-analyses

of psychotherapy conclude that therapy **is effective**

psychotropic medication

its rise changed practice, and moved much treatment out of institutions

hypnosis

effective for **pain and anxiety**; research does **not** support using it to recover memories

antidepressants

mostly act on serotonin – SSRIs are reuptake inhibitors

anxiety drugs

typically enhance GABA, the inhibitory transmitter

antipsychotics

block dopamine receptors

Notice the loop back to unit 1: each drug class is an agonist, antagonist or reuptake inhibitor for a named transmitter. The mechanism is the mark.

Worked example – an “identify” part

2025 Article Analysis: *“Identify at least one ethical guideline applied by the researchers.”*

- **Full marks:** *“The researchers obtained informed consent from participants before the study began.”*
- **Identify** wants a named guideline pointed to *in the study* – not an essay on ethics.

Read the command word first. Identify, describe and explain want three different lengths of answer, and writing more than asked can cost time without earning a mark.

Exam tips

- Use the three considerations together – **dysfunction**, **distress**, **deviation** – when a question asks what makes behaviour disordered.
- For **diathesis-stress**, name both halves. A vulnerability with no stressor, or a stressor with no vulnerability, is the point of the model.
- Keep **positive** and **negative** symptoms straight: positive means something *added* (hallucinations), negative means something *missing* (flat affect).
- Match therapy to perspective. Free association is psychodynamic; cognitive restructuring is cognitive; systematic desensitization is behavioral.
- **Obsessions** are thoughts, **compulsions** are actions.
- Read the task verb. **Identify** wants a name, **Describe** wants detail, **Explain** wants a reason with evidence.

Therapies, by what they blame

- **psychodynamic** – free association; unconscious conflict
- **cognitive** – restructure the interpretation
- **behavioural** – unlearn the response

Match the therapy to what it blames.

Therapies, by what they blame, in detail

APPROACH	THINKS THE PROBLEM IS	SO IT
PSYCHODYNAMIC	unresolved conflict outside awareness	brings it into awareness and interprets it
HUMANISTIC	a self blocked from growing	provides acceptance so growth resumes
BEHAVIOURAL	a learned response	unlearns it — exposure, conditioning
COGNITIVE	the way events are interpreted	tests and replaces the interpretation
BIOMEDICAL	a difference in brain chemistry	changes the chemistry — medication

Read the middle column and the third follows



Unit 5 – key takeaways

1

Disorder

dysfunction + distress +
deviation

2

Diathesis–stress

need *both* vulnerability and a
stressor

3

Symptoms

positive = added; negative =
missing

4

Therapy

match the method to the
perspective

Check yourself

- 1 Hallucinations: positive or negative symptom?
- 2 Free association belongs to which perspective?
- 3 Obsession vs compulsion?
- 4 Why is vulnerability alone not a disorder?

Answers: positive ▪ psychodynamic ▪ thought vs action ▪ diathesis–stress needs a stressor too