Mental and Physical Health

AP Psychology

Health Psychology and Stress

Health psychology 健康心理学 studies how psychological factors affect physical health.

Stress 压力 is the process by which people appraise and respond to demands. A **stressor** 应激源 is the demand itself. Stress raises susceptibility to illness and is linked to poorer immune functioning and to heart disease.

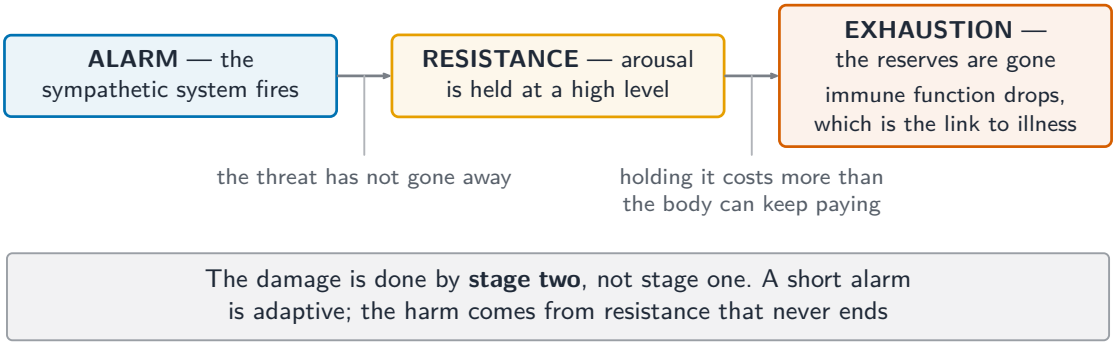
Stressors are not all alike:

- **Eustress** 良性压力 is motivating; **distress** 消极压力 is debilitating.
- Stressors range from **daily hassles** 日常烦扰 to **significant life changes** 重大生活变化 and **catastrophes** 灾难性事件.

The **general adaptation syndrome (GAS)** 一般适应综合征 describes the body's response in three stages: **alarm** 警觉期 (the sympathetic system mobilises), **resistance** 抵抗期 (the body copes at a high but sustainable level), and **exhaustion** 衰竭期 (resources run down and vulnerability to illness rises).

Not everyone responds by fighting or fleeing. **Tend-and-befriend theory** 照料-结盟理论 proposes that some people respond to stress by caring for others and seeking social support.

Coping takes two broad forms. **Problem-focused coping** 问题聚焦应对 treats the stressor as a problem to be solved and works on the cause; it suits situations a person can control. **Emotion-focused coping** 情绪聚焦应对 manages the emotional reaction instead, which suits situations that cannot be changed.



Positive Psychology

Positive psychology 积极心理学 studies what makes life go well rather than what goes wrong. It looks for the factors behind **well-being** 幸福感 and **resilience** 心理韧性.

Three findings are examinable:

- Expressing **gratitude** 感恩 raises **subjective well-being** 主观幸福感.
- People who use their **signature strengths** 标志性优势 report higher objective well-being.
- **Posttraumatic growth** 创伤后成长 is positive psychological change that can follow a struggle with trauma.

Explaining and Classifying Disorders

Deciding that behaviour is disordered involves three considerations: the level of **dysfunction** 功能失调, the person's **personal distress** 个人痛苦, and **deviation from social norms** 偏离社会规范. Because norms differ between cultures and change over time, this judgement is not purely objective.

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

Most psychologists take an **eclectic approach** 折衷取向, drawing on more than one perspective:

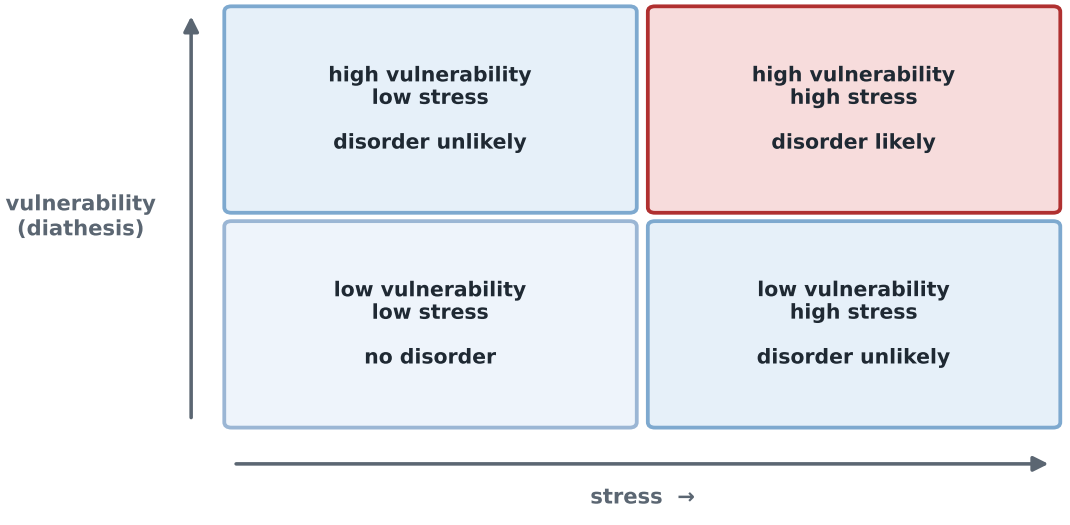
- **Behavioral** 行为主义: disorders come from maladaptive learned associations.
- **Psychodynamic** 精神动力学: from unconscious conflict.
- **Humanistic** 人本主义: from a lack of acceptance and support.
- **Cognitive** 认知: from maladaptive thought patterns.
- **Evolutionary** 进化: from behaviours that were once adaptive.
- **Sociocultural** 社会文化: from the person's social and cultural setting.
- **Biological** 生物学: from physiological and genetic factors.

Two integrating models are examinable. The **biopsychosocial model** 生物心理社会模型 assumes any psychological problem may combine biological, psychological, and social causes. The **diathesis-stress model** 素质-压力模型 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.

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. That is the point the question is usually testing

Categories of Disorders



A vulnerability alone or stress alone may produce no disorder; the model predicts onset where both are present

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

- **Neurodevelopmental disorders** 神经发育障碍 begin during the developmental period, and causes may be environmental, physiological, or genetic.
- **Schizophrenic spectrum disorders** 精神分裂症谱系障碍 involve **positive symptoms** 阳性症状 - **delusions** 妄想 (false beliefs), **hallucinations** 幻觉 (false perceptions), **disorganized thinking** 思维紊乱, and **catatonia** 紧张症 - and **negative symptoms** 阴性症状, the absence of typical behaviour such as **flat affect** 情感淡漠.
- **Depressive disorders** 抑郁障碍 involve sad, empty, or irritable mood with related changes in body and thinking.
- **Bipolar disorders** 双相障碍 involve periods of **mania** 躁狂 alternating with periods of depression.
- **Anxiety disorders** 焦虑障碍 involve excessive fear or anxiety: **specific phobia** 特定恐惧症, **agoraphobia** 广场恐惧症, **panic disorder** 惊恐障碍 with **panic attacks** 惊恐发作, **social anxiety disorder** 社交焦虑障碍, and **generalized anxiety disorder (GAD)** 广泛性焦虑障碍.
- **Obsessive-compulsive and related disorders** 强迫及相关障碍 involve **obsessions** 强迫思维 (intrusive thoughts) and **compulsions** 强迫行为 (repeated actions).
- **Dissociative disorders** 分离障碍 involve dissociation from consciousness, memory, or identity, and are associated with trauma or stress.
- **Trauma and stressor-related disorders** 创伤及应激相关障碍 follow exposure to a traumatic event; **posttraumatic stress disorder (PTSD)** 创伤后应激障碍 is the main example.
- **Feeding and eating disorders** 进食障碍 involve altered consumption or absorption of food.
- **Personality disorders** 人格障碍 are enduring patterns and fall into three clusters: **Cluster A** the odd or eccentric, **Cluster B** the dramatic or erratic, and **Cluster C** the anxious or fearful.

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.

Treatment

Meta-analyses 元分析 of psychotherapy conclude that therapy is effective. The rise of effective **psychotropic medication** 精神药物治疗 also changed care, reducing long hospital stays in favour of community treatment.

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

Therapies follow the perspectives above:

- **Psychodynamic therapies** 精神动力学治疗 use **free association** 自由联想 and dream interpretation to uncover unconscious material.
- **Cognitive therapies** 认知疗法 use **cognitive restructuring** 认知重构 and **fear hierarchies** 恐惧等级表 to change maladaptive thinking.
- **Applied behavior analysis** 应用行为分析 applies conditioning principles, including **systematic desensitization** 系统脱敏 and **token economies** 代币制.
- **Cognitive-behavioral therapies** 认知行为疗法, such as **dialectical behavior therapy** 辩证行为疗法 and **rational-emotive behavior therapy** 理性情绪行为疗法, combine both.
- **Person-centered therapy** 以人为中心疗法, from the humanistic perspective, uses **active listening** 积极倾听 and unconditional positive regard.

Hypnosis 催眠 is effective for pain and anxiety, but research does **not** support its use to recover memories. Medications include **antidepressants** 抗抑郁药, **antianxiety drugs** 抗焦虑药, **lithium** 锂盐, and **antipsychotics** 抗精神病药. More invasive options include **psychosurgery** 精神外科手术, **transcranial magnetic stimulation (TMS)** 经颅磁刺激, and **electroconvulsive therapy (ECT)** 电休克治疗.

Worked example (a real AP exam question). The 2025 Article Analysis Question asked, as one of its six parts, to *"Identify at least one ethical guideline applied by the researchers."* This is an **Identify** part, so it wants a named guideline pointed to in the study, not an essay: *"The researchers obtained informed consent from participants before the study began."* Notice the shape: **Identify** parts are answered in one accurate sentence, and adding explanation earns nothing extra. Save the writing for the **Explain** parts, where a claim must be supported with evidence.

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. Each therapy treats what it **believes causes** the disorder — nothing has to be memorised in pairs

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.