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

1 Health Psychology and Stress

Health Psychology and Stress

Stressors are not all alike:

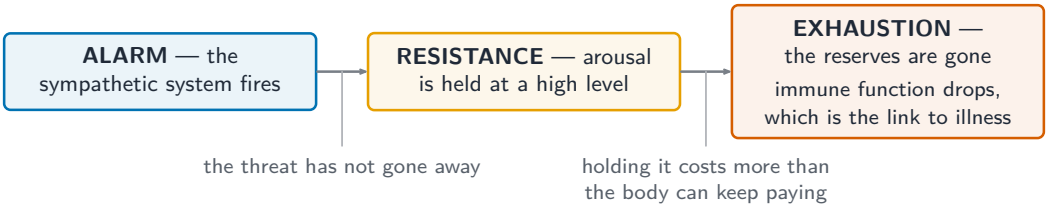
- **Eustress** 良性压力 is motivating; **distress** 消极压力 is debilitating.
- Stressors range from **daily hassles** 日常烦扰 to **significant life changes** 重大生活变化 and **catastrophes** 灾难性事件.

Health Psychology and Stress, continued

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).

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.

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 压力	the process by which people appraise and respond to demands
stressor 应激源	the demand itself – the two words are not interchangeable
the cost	prolonged stress raises susceptibility to illness, through the immune system
problem-focused 问题聚焦应对	treat the stressor as a problem and work on the cause – suits situations you can control
emotion-focused 情绪聚焦应对	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.

2 Positive Psychology

Positive Psychology

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.

Positive psychology

the shift	studies what makes life go well, rather than only what goes wrong
well-being 幸福感	subjective well-being combines life satisfaction with the balance of positive and negative **affect** 情感
broaden-and-build 拓展-建构理论	positive emotions broaden thinking and build lasting personal resources
gratitude 感恩 and resilience 心理韧性	studied as trainable, not fixed
post-traumatic growth 创伤后成长	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.

3 Explaining and Classifying Disorders

Explaining and Classifying Disorders

- **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.

How a disorder is explained, and how it is defined

eclectic approach 折衷取向	most psychologists draw on more than one perspective rather than committing to one
biopsychosocial model 生物心理社会模型	biological, psychological and social factors together – the standard framing
diathesis–stress 素质-压力模型	a vulnerability plus a stressor; neither alone is sufficient
deviation from social norms 偏离社会规范	one definition of abnormality – and a culturally loaded one
dysfunction and distress 功能失调与痛苦	the more defensible test: does it impair functioning or cause suffering?

DSM-5-TR 精神障碍诊断与统计手册 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** 污名 and change how a person is treated. Diagnosis requires specialised training and evidence-based criteria.

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.

What makes it a disorder?

- **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.

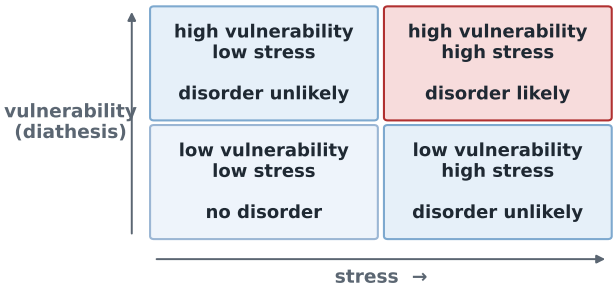
What makes it a disorder?, in detail

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

4 Categories of Disorders

Vulnerability alone is not a disorder



- **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).

Categories of Disorders

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

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- **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.

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 分离障碍	dissociation from consciousness, memory or identity – associated with trauma or stress
feeding and eating disorders 进食障碍	altered consumption or absorption of food
personality disorders 人格障碍	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.

5 Treatment

Treatment

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

- **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.

Treatment: cognitive and biomedical

- **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.

What the evidence says about treatment

meta-analyses 元分析	of psychotherapy conclude that therapy is effective
psychotropic medication 精神药物治疗	its rise changed practice, and moved much treatment out of institutions
hypnosis 催眠	effective for pain and anxiety; research does not support using it to recover memories
antidepressants 抗抑郁药	mostly act on serotonin – SSRIs are reuptake inhibitors
antianxiety drugs 抗焦虑药	typically enhance GABA, the inhibitory transmitter
antipsychotics 抗精神病药	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** 精神动力学 – free association; unconscious conflict
- **cognitive** 认知 – restructure the interpretation
- **behavioural** 行为 – 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

6 Recap

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