

Mental and Physical Health

AP Psychology ■ Unit 5

AP Psychology



A demand, an interpretation and a response

Opening scenario

Two students face the same deadline. One reorganises a timetable; another feels overwhelmed and seeks support. What is the demand, and how does each response differ?

Use concepts to explain evidence. A classroom scenario is not a clinical diagnosis.

1

Health Psychology and Stress

Separate the demand from the process

Stressor 应激源

The deadline is the demand.
Stressors can include daily pressures,
life changes and traumatic events.

Stress 压力

Stress is the process of appraising
and responding to demands. People
can appraise the same demand
differently.

Health psychology studies how psychological factors relate to physical health.

A demand is not always experienced the same way

Eustress 良性压力

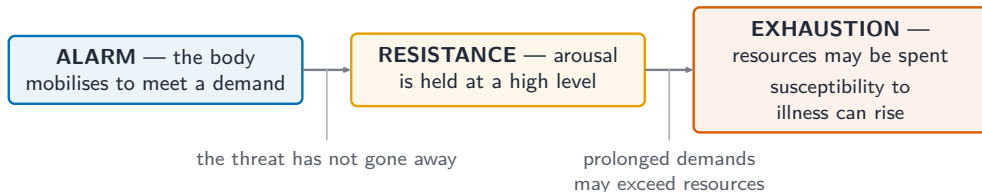
A manageable challenge can motivate effort. A student views a deadline as a reason to organise revision.

Distress 消极压力

The same deadline can feel overwhelming when demands exceed perceived resources.

Daily hassles can accumulate; duration, circumstances and support matter. Do not infer an inevitable illness.

The general adaptation syndrome



Alarm, resistance and exhaustion describe a model over time; they are not a fixed timetable or a diagnosis.

Coping can target different things

Problem-focused coping 问题聚焦应对

Reorganising a timetable acts on the source of a controllable demand.

Emotion-focused coping 情绪聚焦应对

Managing the emotional reaction while waiting for an unchangeable result acts on distress.

Both can be combined. Controllability is relevant without determining one universally best response.

Connection and support

Tend-and-befriend theory 照料-结盟理论

Some people react to stress by caring for themselves or others and seeking connection. Asking a friend for support illustrates this proposed response pattern.

Do not assume that everyone responds only by fighting or fleeing.

Your turn: coping and control

Original practice — attempt before the check

A student can reorganise revision but cannot speed up a delayed result. Propose one problem-focused and one emotion-focused response. Explain the target of each.

Check: explain what the response changes

Revision timetable

Planning revision acts on a controllable source of pressure: problem-focused coping.

Waiting for a result

A calming routine can manage the emotional reaction: emotion-focused coping.

The distinction is the main target, not whether one response is always better.

2

Positive Psychology

What helps life go well?

Positive psychology 积极心理学

The field studies factors related to **well-being** 幸福感, positive emotion and **resilience** 心理韧性. It complements the study of distress and disorder.

A positive outcome needs an identified measure and an appropriate research design.

A finding and the measurement behind it

Gratitude 感恩

Gratitude activities can support **subjective well-being** 主观幸福感. Ask how well-being was measured and whether groups were compared.

Signature strengths 标志性优势

People using characteristic strengths report greater happiness and well-being. A self-report remains a subjective measure.

Reported association alone does not establish cause; an intervention requires its own evidence.

A strength in context

Original teaching example

A student uses a characteristic strength to help classmates understand a difficult idea. Ask which strength is being used and how any change in well-being would be measured; do not infer causation from one anecdote.

The CED groups strengths around wisdom, courage, humanity, justice, temperance and transcendence. These are a framework, not six guaranteed routes to happiness.

Growth after adversity is not guaranteed

Posttraumatic growth 创伤后成长

Positive psychological change may follow a struggle with trauma or stress. This does not mean trauma was beneficial, growth is inevitable or distress has disappeared.

Distinguish a possible outcome from a universal claim.

Research practice: complete study description

Fictional study — not a published experiment

Eighty adult volunteers consented to a seven-day writing study. Researchers randomly assigned them to gratitude reflections or neutral daily descriptions, ten minutes each day. Participants could withdraw; reports used codes.

Outcome: change in a 0–10 self-report well-being rating. The next page gives the fictional results.

Research practice: supplied results

Writing condition

Gratitude reflections

Neutral descriptions

Mean rating change

+0.8 scale points

+0.2 scale points

No variability, significance test or longer follow-up data are supplied.

Your turn: analyse the study

Original practice — attempt before the check

Identify one ethical procedure using the supplied evidence. Calculate the difference in mean change. Explain what random assignment supports and one limit on the conclusion.

Check: evidence and calculation

- 1 **Ethics.** Informed consent is evidenced by consent before participation. Withdrawal rights and coded reporting are also supplied.
- 2 **Difference.** Mean-change difference = $0.8 - 0.2 = 0.6$ scale points.
- 3 **Design.** Random assignment supports comparing effects of the writing conditions within this study.

Do not invent an ethical procedure that the description does not report.

Check: qualify the conclusion

What the means show

The gratitude group had a larger average increase on the supplied rating measure.

What remains uncertain

Means alone do not establish statistical significance. Volunteer sampling, self-report and a short study limit wider claims.

Fictional data teach analysis; they are not new evidence that this intervention works.

3

Explaining and Classifying Disorders

Assessment needs context

CRITERION	WHAT IT ASKS	CONTEXT AND LIMIT
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 impair functioning?	assess functioning in context
RISK ASSESSMENT	a separate clinical task	not a fourth diagnostic requirement

Assessment needs context and evidence; the three considerations are not an all-three checklist.

Unusual does not by itself mean disordered

Unusual preference

An uncommon hobby may differ from a social norm without causing distress or impairing functioning.

Assessment question

What is the person experiencing, how is functioning affected, and what is the cultural context?

Specialised training and evidence-based criteria are needed for diagnosis.

Classification has uses and consequences

Potential benefits

A diagnosis can support communication, treatment planning and access to help.

Possible costs

Labels may carry **stigma** 污名 and discrimination. Effects vary with the person and social setting.

Classification and explanation are different tasks. A label does not establish a single cause.

Classification and explanation differ

Classification tools

The DSM and ICD provide frameworks for classifying disorders using evidence-based criteria. Diagnosis requires specialised training.

An explanatory question

Why did a particular person develop difficulties? A category name alone cannot establish biological, psychological or social causes.

Use a framework to organise assessment; use evidence to investigate causes.

Explain one scenario through two perspectives

Behavioral account

A learned association can link a situation with fear; avoidance may continue through its consequences.

Cognitive account

A person's interpretation of the situation can influence emotional responses and behavior.

These are possible explanations to investigate, not proof of a cause from a short vignette.

Other perspectives ask different questions

Perspective

Psychodynamic

Humanistic

Biological

Sociocultural

Evolutionary

Possible focus

Unconscious experience and conflict

Support, acceptance and fulfilment of potential

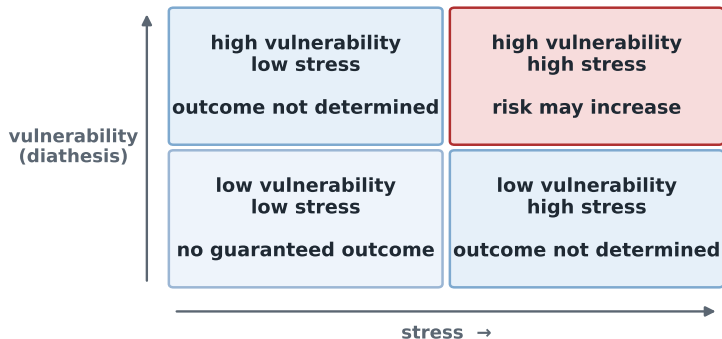
Physiological and genetic factors

Social and cultural relationships

Adaptation and survival

An eclectic approach draws on more than one perspective. A theoretical focus is not an established cause in every case.

Vulnerability and stress interact



This is an illustrative model, not measured probabilities or a diagnostic test.

Two integrating models

Diathesis-stress model 素质-压力模型

Underlying vulnerability interacts with stressful life experience. The CED emphasises genetic vulnerability.

Biopsychosocial model 生物心理社会模型

Biological, psychological and sociocultural factors can combine. Interpretation and social support may affect outcomes.

Neither model guarantees that a person will develop a disorder.

Your turn: explain different outcomes

Original practice — attempt before the check

Two fictional people have similar underlying vulnerability but different stressful experiences and support. Explain why their outcomes may differ using both integrating models.

Check: interacting factors

- 1 Diathesis-stress considers vulnerability together with stressful experience; similar vulnerability need not produce the same risk in different circumstances.
- 2 Biopsychosocial reasoning also considers psychological interpretation and social support.
- 3 These models suggest factors to investigate. They do not identify a diagnosis or guarantee an outcome from the information given.

4

Categories of Disorders

Development and mood: course-selected examples

Neurodevelopmental disorders 神经发育障碍

Onset occurs in the developmental period. The CED selects ADHD and ASD; developmental context matters.

Depressive disorders 抑郁障碍

Sad, empty or irritable mood combines with physical and cognitive changes that impair functioning. The CED selects major and persistent depressive disorders.

A single isolated behavior or brief sad mood is not enough to establish a disorder.

Positive and negative symptoms

Positive symptoms 阳性症状

Added or altered experiences, including **delusions** 妄想, **hallucinations** 幻觉 and **disorganized thinking** 思维紊乱.

Negative symptoms 阴性症状

Reductions in typical functioning, such as **flat affect** 情感淡漠. "Negative" does not mean morally bad.

Schizophrenic spectrum disorders involve several symptom areas; a symptom example alone does not diagnose schizophrenia.

Movement requires a careful distinction

Catatonia 紧张症

Catatonia concerns movement and responsiveness. The CED distinguishes excited movement from reduced responsiveness or stupor. Do not assign every manifestation to the positive-symptom category.

Classify the described feature, rather than relying only on a category name.

Bipolar disorders: avoid a fixed cycle

Bipolar disorders 双相障碍: I

Bipolar I includes **mania** 躁狂.
Depressive episodes may occur but are not required for its definition.

Bipolar II

Bipolar II involves hypomanic and depressive episodes. Episodes need not follow a fixed alternating schedule.

Clinical qualification: NIMH, Bipolar Disorder. A brief mood change is not sufficient evidence.

Anxiety: specify what the fear concerns

Course category

Specific phobia

Agoraphobia

Panic disorder

Social anxiety disorder

Generalized anxiety disorder

Main feature to distinguish

A particular object or situation

Feared situations such as transport, crowds or being outside alone

Panic attacks and their clinical pattern

Fear of judgement or scrutiny

Prolonged worry across concerns

Describe the relevant pattern. One episode or short scenario does not establish a diagnosis.

Obsessions and compulsions

Obsessions 强迫思维

Intrusive unwanted thoughts, urges or images. They are not simply ordinary preferences.

Compulsions 强迫行为

Repetitive behaviors or mental acts. A ritual need not be visible to an observer.

The course also selects hoarding disorder. Related categories do not all have an identical symptom pattern.

Dissociation and trauma

Dissociative disorders 分离障碍

Disruption of consciousness, memory or identity. The course selects dissociative amnesia and dissociative identity disorder.

Posttraumatic stress disorder (PTSD) 创伤后应激障碍

Distress after trauma may involve intrusive re-experiencing, avoidance, arousal and mood changes.

The categories are distinct. Trauma exposure does not imply that every person develops the same disorder.

Eating and enduring personality patterns

Feeding and eating disorders 进食障碍

Altered consumption or absorption that impairs health or psychological functioning. The CED selects anorexia nervosa and bulimia nervosa.

Personality disorders 人格障碍

Enduring, pervasive and inflexible patterns associated with distress or impairment. Cluster A: odd/eccentric; B: dramatic/erratic; C: anxious/fearful.

Interpret patterns in cultural context; avoid diagnosing a person from one trait.

Your turn: classify a feature

Original practice — attempt before the check

A fictional description reports hearing a voice with no external speaker. Another reports markedly reduced emotional expression. Classify the features as positive or negative symptoms, and state what the descriptions cannot establish.

Check: feature versus diagnosis

Perceptual experience

A hallucination is a positive symptom: an added or altered perceptual experience.

Reduced expression

Flat affect is a negative symptom: a reduction in typical emotional expression.

The descriptions do not establish a full diagnosis, cause or appropriate treatment.

5

Treatment

Techniques have different main focuses

APPROACH	MAIN FOCUS	ILLUSTRATIVE METHOD
PSYCHODYNAMIC	unresolved conflict outside awareness	brings it into awareness and interprets it
HUMANISTIC	a self blocked from growing	acceptance and active listening
BEHAVIOURAL	a learned response	exposure and conditioning
COGNITIVE	the way events are interpreted	tests and replaces the interpretation
BIOMEDICAL	biological processes	medication; brain stimulation

A technique does not prove cause. Evidence and individual needs shape treatment.

Interpretation and learning

Cognitive restructuring 认知重构

A client tests the prediction “one mistake means everyone rejects me” against evidence.

Exposure

A clinician uses planned gradual contact with a feared situation. A fear hierarchy can organise the steps.

CBT can combine thinking and behavioral techniques; the hierarchy alone does not identify a purely cognitive method.

Other methods and mechanisms

Psychodynamic and humanistic

Free association explores unconscious material.

Person-centred therapy uses active listening and unconditional positive regard.

Conditioning

Systematic desensitization combines gradual exposure with relaxation; token economies use reinforcement.

Techniques require evidence and context. They are not guaranteed cures or proof of one cause.

Combining techniques

Cognitive-behavioral therapies

A plan can combine testing a negative prediction with practising a new behavior. The course names dialectical behavior therapy and rational-emotive behavior therapy among approaches combining cognitive and behavioral techniques.

Name the technique actually described. A broad therapy label alone does not explain how the example works.

Your turn: match a technique

Original practice — attempt before the check

In one fictional session, a client tests a negative prediction. In another, a clinician plans gradual contact with a feared situation. Identify the main technique and explain why a treatment plan may combine them.

Check: explain the mechanism

Testing the prediction

Cognitive restructuring examines an interpretation using evidence.

Planned contact

Exposure targets learned fear and avoidance through new experience.

CBT can combine these approaches. The examples do not prove one cause or guarantee success.

Treatment evidence and delivery

Meta-analyses 元分析

Psychotherapies are generally effective, but outcomes differ by intervention, condition, person and study.

Individual and group work

Individual therapy centres on one client. Groups involve multiple clients and can support shared learning and interaction.

Cultural humility, a therapeutic alliance and individual needs matter in evidence-based planning.

Biological interventions differ

Medication

Antidepressants, antianxiety drugs, lithium and antipsychotics act on biological processes. Mechanisms and side effects differ.

Brain stimulation and surgery

TMS is noninvasive magnetic stimulation. ECT induces controlled seizure activity under anaesthesia. Psychosurgery is a different intervention.

ECT may be considered after other treatments fail or when a rapid response is needed. Medication response does not prove cause.

Ethical practice and evidential limits

Clinical ethics

Avoid harm, protect rights and dignity, seek informed consent, respect confidentiality and work within competence.

Hypnosis

The course notes uses for pain and anxiety. Research does not support using hypnosis to recover accurate memories or regress in age.

Use evidence for the claim made; do not promise an outcome beyond the research.

Exam tips: evidence controls the answer

- 1 Identify a concept and link it to the supplied detail rather than inventing evidence.
- 2 Explain the relevant mechanism and separate a risk model, a feature and a clinical diagnosis.
- 3 Read the research design before claiming causation, significance or generalisation.

Sources for this lesson

Course scope

College Board, AP Psychology Course and Exam Description, Unit 5; local PDF pages 121–134.

Clinical qualifications: APA stress, NIMH bipolar disorder, NIMH psychotherapies, NIMH brain stimulation, and the APA OCD fact sheet. All practice scenarios and numerical data are fictional.

Check yourself

- 1 What distinguishes a stressor from stress?
- 2 Why can coping styles be combined?
- 3 What does random assignment support, and what does it alone leave unknown?
- 4 Why is diathesis-stress not a diagnostic test?
- 5 Can a compulsion be a mental act?
- 6 Why does a treatment response not prove one cause?