Mental and Physical Health

AP Psychology ▪ Unit 5

AP Psychology

What we will cover

1 Health Psychology and Stress

Health Psychology and Stress

Stressors are not all alike:

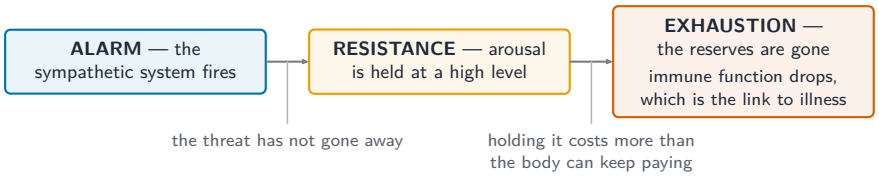
- **Eustress** 良性压力 is motivating; **distress** 消极压力 is debilitating.
- Stressors range from **daily hassles** 日常烦扰 to **significant life changes** 重大生活变化 and **catastrophes** 灾难性事件.

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

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.

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.

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?

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

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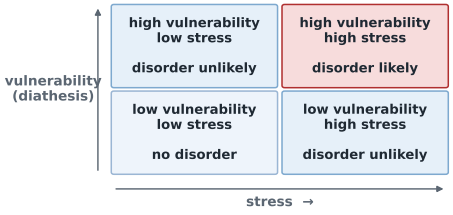
4 Categories of Disorders

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),...

Categories of Disorders

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.

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.

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.

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

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

- **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.

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