The Simple AP® Psychology Unit 5 Cheat Sheet

5.1 Stress & Health

Health Psych & Stress

Health psychology: how behavior, thoughts & stress affect physical health (and vice versa).
Stress: how we appraise & respond to threats or challenges (**stressors**, e.g., exams).
Body toll: chronic stress → **hypertension**, headaches, **immune suppression** → ↑ disease.

Types of Stressors

Type	Meaning
Eustress	Motivating (big game)
Distress	Debilitating (job loss)
Traumatic	Severe (disaster)
Daily hassle	Small, add up (traffic)

ACEs (adverse childhood experiences, e.g., abuse, neglect) → stress across the lifespan.

Reacting to Stress

GAS stage (Selye)	What happens
1) Alarm	Fight-flight-freeze
2) Resistance	Body fights stressor
3) Exhaustion	Resources spent

Alarm: sympathetic arousal + stress hormones (cortisol) → ↑ heart rate & blood pressure.
Exhaustion stage = reserves used up → most vulnerable to illness (colds, flu).
Tend-and-befriend: under stress, care for self/others & connect; mostly in women.

✓ Sick after months of strain = exhaustion stage, not alarm (alarm is the first, short burst).

5.1–5.2 Coping & Positive Psychology

Coping with Stress

Problem-focused: treat stress as a problem to solve (make a study plan, get a tutor). Best if you can change the stressor itself (e.g., exams).
Emotion-focused: manage your feelings (deep breathing, meditation). Best if the stressor can't be changed (e.g., a death in the family).

Positive Psychology

Positive psychology: studies what leads to **well-being**, **resilience** (bouncing back) & good mental health, not only treating illness.
Gratitude (thankfulness) ↑ **subjective well-being** (your own rating of happiness).
Signature strengths: using your top character strengths → ↑ happiness & well-being.

Virtue	Sample strengths
Wisdom	Curiosity
Courage	Bravery
Humanity	Kindness
Justice	Fairness
Temperance	Self-control
Transcendence	Gratitude, hope

Posttraumatic growth: positive change after trauma (deeper ties, new priorities).

⚠ Posttraumatic growth ≠ resilience: growth comes AFTER a real struggle with trauma.

✓ Can the person change the stressor? Yes → problem-focused; no → emotion-focused.

5.3 Defining & Explaining Disorders

What Counts as a Disorder

3 criteria: **dysfunction** (hurts daily life), **distress** (suffering), **deviance** (breaks social norms).
DSM (American Psychiatric Assn.) & **ICD** (World Health Org.) classify disorders; updated over time.
Labeling: + gets people treatment; – stigma & bias (racism, sexism, ageism, discrimination).
Rosenhan: fake patients labeled schizophrenic; staff saw normal acts as symptoms.

Perspectives on Causes

Perspective	Cause
Behavioral	Learned associations
Psychodynamic	Unconscious conflict
Humanistic	Unmet potential
Cognitive	Negative thoughts
Evolutionary	Traits ↓ survival
Sociocultural	Social/culture issues
Biological	Genes, brain

Eclectic approach: most psychologists mix several perspectives to diagnose & treat.

Interaction Models

Biopsychosocial: biological + psychological + social factors combine in any disorder.
Diathesis-stress: genetic risk (**diathesis**) + life stress → disorder; both needed.

⚠ Odd or rare behavior alone ≠ disorder; it also needs dysfunction or distress.

✓ Scenario w/ genetic risk + major life stress → name the diathesis-stress model.

5.4 Neurodevelopmental & Schizophrenia

Neurodevelopmental Disorders

Neurodevelopmental: start in childhood; behavior doesn't fit the person's age or maturity.
ADHD: ongoing inattention and/or hyperactivity-impulsivity beyond age norms; hurts school.
ASD (autism spectrum): social communication deficits + repetitive behaviors/interests.
Causes of ADHD & ASD: genes (highly heritable), brain development, environment.

Schizophrenia Symptoms

Symptom	Type
Delusions (false beliefs)	Positive
Hallucinations (voices)	Positive
Word salad (speech)	Positive
Catatonic stupor	Negative
Flat affect (no emotion)	Negative

Positive = something added; **negative** = something missing. Not good vs. bad.
Delusion = false belief; **hallucination** = false sense perception (often hearing voices).

Causes

Dopamine hypothesis: too much dopamine activity → positive symptoms (voices).
Genetics & biology: risk ↑ w/ affected relatives; **prenatal virus** exposure (e.g., flu).

⚠ Schizophrenia ≠ "split personality." Multiple identities = DID, a dissociative disorder.

✓ Added (voices, beliefs) = positive; missing (emotion, speech, motion) = negative.

5.4 Depressive, Bipolar & Anxiety

Depressive & Bipolar

Depressive: sad, empty or irritable mood + changes in sleep, appetite, focus.
Major depressive: severe episodes. **Persistent depressive**: milder, long-lasting.
Bipolar: cycles of **mania** (high energy, little sleep, racing ideas, risky acts) & depression.
Bipolar I: full mania. **Bipolar II**: milder **hypomania** + major depression (no full mania).

Anxiety Disorders

Disorder	Core fear
Specific phobia	Object (spiders)
Agoraphobia	Crowds, transit
Panic disorder	Sudden attacks
Social anxiety	Being judged
GAD	Constant worry

Agoraphobia: fear of crowds, lines, open or closed spaces, leaving home alone (may stay home).
Panic attack: sudden surge of intense fear (racing heart, can't breathe, fear of dying).
Culture-bound: **ataque de nervios** (panic); **taijin kyofusho** (Japan; body judged).
Anxiety causes: learned fears (conditioning), negative thinking, genes & biology.

⚠ GAD = constant, general worry; panic disorder = sudden attacks of intense fear.

✓ Any mania in the scenario → bipolar, not major depressive disorder (even if depressed now).

5.4 OCD, Trauma, Eating & Personality

OCD, Trauma & Dissociative

OCD: **obsessions** (intrusive thoughts) + **compulsions** (repeated acts, e.g., checking).
Hoarding disorder: can't throw items away, even useless ones → clutter & distress.
OCD causes: learned associations, anxious thinking, genes & brain biology.
PTSD: after trauma → flashbacks, hypervigilance, insomnia, detachment, hostility.
Dissociative: split from memory, identity or awareness, caused by trauma or stress.
Dissociative amnesia: can't recall personal info (**fugue** = wandering). **DID**: 2+ identities.

Eating Disorders

Anorexia: restricts food → very low weight.
Bulimia: binge → purge; often normal weight.

Personality Disorders

Personality disorders: rigid, lifelong patterns that clash w/ culture & cause distress.

Cluster	Theme & examples
A: Odd	Paranoid, schizoid
B: Dramatic	Antisocial, borderline
C: Anxious	Avoidant, dependent

Antisocial PD (Cluster B): no remorse or empathy; ignores others' rights, rules & laws.

⚠ Lifelong pattern = personality disorder; sudden change after an event = trauma or mood.

✓ OCD = unwanted thoughts + rituals; OCPD (Cluster C) = rigid perfectionism.

5.5 Treatment Trends, Ethics & Biomedical

Research & Ethics

Meta-analysis (combines many studies): therapy generally works better than no treatment.
Therapeutic alliance (trusting bond) + **cultural humility** → better results in therapy.
Deinstitutionalization: late 1900s, meds → patients left hospitals for community care.
Today: care often combines meds + therapy in community clinics, not hospitals.
APA ethics: do no harm (**nonmaleficence**), fidelity, integrity, respect, dignity.

Medications

Drug	Treats
Antidepressant	Depression
Antianxiety	Anxiety, panic
Lithium	Bipolar
Antipsychotic	Schizophrenia

SSRIs (antidepressants) ↑ serotonin; **antipsychotics** block dopamine.
Tardive dyskinesia: involuntary face/body movements from long-term antipsychotics.

Other Treatments

ECT (electroconvulsive therapy): for severe depression that resists other treatment.
TMS: magnetic pulses to the brain; noninvasive.
Lobotomy: rarely if ever used now.
Hypnosis: helps pain & anxiety; does NOT recover accurate memories or regress age.

⚠ Hypnosis can create false memories; never use it to recover forgotten past events.

5.5 Psychological Therapies

Insight Therapies

Psychodynamic: **free association** & **dream interpretation** → uncover unconscious.
Person-centered (humanistic): **active listening**, **unconditional positive regard**.

Cognitive & Behavioral

Cognitive therapy: **restructure** distorted thoughts into realistic ones (e.g., "I always fail").
Cognitive triad: negative views of self, world & future → depression (Beck's theory).
Applied behavior analysis: uses conditioning to change behavior (e.g., autism).

Behavioral tool	How it works
Exposure	Face the fear
Systematic desens.	Relax + fear ladder
Aversion	Habit + unpleasant
Token economy	Tokens for good acts
Biofeedback	Control body signals

Fear hierarchy: rank fears low → high; relax at each step before moving up the ladder.
CBT: mixes cognitive + behavioral tools; **DBT** & **REBT** (Ellis) are common types of CBT.

Group vs. Individual

Group therapy: cheaper, social support, "not alone"; but less privacy & attention.

⚠ Systematic desensitization = gradual steps + relaxing; flooding = full fear at once.

✓ Thoughts → cognitive; learning → behavioral; unconscious → psychodynamic.