Unit 5 Cheat Sheet: Mental and Physical Health

AP® Psychology · Unit 5 Review · Topics 5.1 to 5.5

> **The big idea:** Unit 5 asks how stress affects health and how people cope and thrive, and how psychologists define, explain, classify, and treat psychological disorders. It is 15 to 25 percent of the multiple-choice section.
>
> **How to use it:** Fill in the blank version from memory first, then check it here. Star anything you missed. Those are your review targets.

KEY TERMS

Stress and coping (Topic 5.1)

Traumatic events vs. daily hassles	Intense, often sudden (a disaster) vs. minor but building up (a lost bus pass).
Adverse childhood experiences (ACEs)	Serious childhood stressors; effects can last a lifetime, but support helps.
Eustress vs. distress	Stress that motivates (nerves before a big game) vs. stress that debilitates.
Stress and illness	Linked to hypertension, headaches, and immune suppression (more colds).
Selye's general adaptation syndrome	Alarm (fight-flight-freeze), resistance, exhaustion (illness most likely).
Tend-and-befriend	Caring for self or others and seeking support under stress; mostly in women.

Positive psychology (Topic 5.2)

Positive psychology	Studies what goes right: well-being, resilience (recovering from adversity).
Subjective well-being	Your own sense of happiness and life satisfaction; gratitude raises it.
Signature strengths	Your top character strengths; using them is linked to more happiness.
Six virtues	Wisdom, courage, humanity, justice, temperance, transcendence.

Defining and explaining disorders (Topic 5.3)

Dysfunction, distress, deviance	Interferes with daily life; causes suffering; departs from social norms.
DSM vs. ICD	American Psychiatric Association's (U.S.) vs. World Health Organization's.
Pros and cons of diagnosis	Can lead to treatment and a shared language, but also labels and stigma.
Eclectic approach	Using more than one perspective.
Behavioral vs. cognitive causes	Learned associations (a dog phobia after a bite) vs. maladaptive thoughts.
Psychodynamic vs. humanistic causes	Unconscious thoughts and experiences vs. too little support, unmet potential.
Biological vs. sociocultural causes	Genes, neurotransmitters vs. poverty, discrimination, family conflict.
Evolutionary cause	Behaviors that reduce survival odds.

Neurodevelopmental disorders (Topic 5.4)

ADHD	Attention-deficit/hyperactivity disorder: inattention, hyperactivity, impulsivity.
Autism spectrum disorder	Social communication differences plus restricted, repetitive behaviors.

Schizophrenia and bipolar disorders (Topic 5.4)

Delusions vs. hallucinations	False beliefs (persecution, grandeur) vs. false perceptions (often voices).
Possible causes of schizophrenia	Genetic or biological: prenatal virus; too much dopamine (dopamine hypothesis).
Bipolar I vs. Bipolar II	One or more full manic episodes vs. hypomania and major depression only.

Anxiety and other disorders (Topic 5.4)

Agoraphobia	Fear of places where escape seems hard: crowds, transit, open spaces.
Panic disorder	Unexpected panic attacks; fear of more.
Ataque de nervios vs. taijin kyofusho	Culture-bound panic (Caribbean, Iberian) vs. social anxiety (Japanese).
Hoarding disorder	Persistent trouble discarding things.
Dissociative amnesia	Can't recall key personal information, sometimes with fugue (sudden travel).
Anorexia vs. bulimia nervosa	Restricting food, leading to low weight vs. bingeing, then acting to prevent gain.
Personality disorders	Inflexible, lasting patterns. Clusters: A odd, B dramatic (antisocial), C anxious.

Treatment (Topic 5.5)

Therapeutic alliance	A trusting working partnership; cultural humility also helps therapy work.
Deinstitutionalization	Mass hospital releases as medications improved (late 20th century).
Ethical principles	Nonmaleficence (do no harm), fidelity, integrity, respect for rights and dignity.
Group therapy	Several clients at once: support, social-skills practice, lower cost; less privacy.
Hypnosis	Eases pain and anxiety; no support for recovering memories or regressing age.
Cognitive triad (Beck)	Negative views of self, world, future.
Biofeedback	Uses conditioning to help regulate body systems, like heart rate.
Antidepressants vs. lithium	Depression (some block serotonin reuptake) vs. bipolar mood swings.
Antipsychotics and tardive dyskinesia	Many block dopamine (schizophrenia); long-term risk: a movement disorder.
ECT vs. TMS	Electroconvulsive: a controlled seizure vs. transcranial magnetic pulses.
Psychosurgery	Destroying brain tissue (lesioning); the lobotomy is rarely, if ever, done now.

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PSYCHOLOGICAL THERAPIES (TOPIC 5.5): THE LAST THREE ARE BEHAVIORAL (APPLIED BEHAVIOR ANALYSIS)

THERAPY	WHAT THE THERAPIST DOES	EXAMPLE
Psychodynamic	Uses free association and dream interpretation	Looks for the hidden meaning in a client's dream
Humanistic (person-centered)	Listens actively with unconditional positive regard	Restates a client's words and lets the client lead
Cognitive	Uses cognitive restructuring on distorted thoughts	Questions a client's belief, "I'm a failure."
Cognitive-behavioral	Combines cognitive and behavioral techniques	Challenges "All dogs bite" and plans dog visits
Systematic desensitization	Pairs relaxation with steps up a fear hierarchy	Calms a client, then works up to riding elevators
Aversion therapy	Pairs a bad habit with something unpleasant	Has a nail biter wear bitter-tasting nail polish
Token economy	Rewards behaviors with tokens for privileges	Gives points for making beds, traded for snacks

DON'T CONFUSE THESE

Problem- vs. emotion-focused coping	Changing the stressor (a study plan, tutoring) vs. managing your emotional reaction (deep breathing). Fits stressors you can change vs. ones you can't.
Posttraumatic growth vs. PTSD	Positive change after trauma (new priorities) vs. posttraumatic stress disorder (flashbacks).
Biopsychosocial vs. diathesis-stress	Any mix of biological, psychological, social factors vs. a genetic vulnerability plus stress.
Positive vs. negative symptoms	Adds something that usually isn't there (hallucinations, delusions, word salad, catatonic excitement) vs. takes something away (flat affect, catatonic stupor).
Depressive vs. bipolar disorders	Major depressive: episodes of 2+ weeks. Persistent depressive: often milder, 2+ years (1+ for teens). Bipolar: mania or hypomania alternating with depression.
Specific phobia, social anxiety, GAD	Fear of one object or situation (heights) vs. of being judged or watched by others vs. long-lasting worry with no single focus (generalized anxiety disorder).
OCD vs. OCPD	Obsessive-compulsive disorder: unwanted obsessions and compulsions vs. obsessive-compulsive personality disorder: lasting perfectionism and control, seen as the right way.
DID vs. schizophrenia	Dissociative identity disorder: two or more distinct identities vs. a break from reality.

STUDIES AND CASES TO KNOW COLD

Kiecolt-Glaser's caregivers	Women caring for a relative with dementia healed a small, standardized skin wound more slowly than similar non-caregivers: stress linked to immune suppression (no random assignment).
Seligman's gratitude visit	In an online experiment, people randomly assigned to write and deliver a thank-you letter grew happier than a placebo group, but the boost lasted about a month.
Twin studies of schizophrenia	If one identical twin has schizophrenia, the other's risk is far higher than average, yet many such twins never develop it: fits a genetic vulnerability plus stress (diathesis-stress).
Mary Cover Jones and Peter	Jones eased a little boy's fear of rabbits by moving a caged rabbit closer while he ate, until he could pet it: an early exposure therapy, a forerunner of systematic desensitization.
Smith and Glass's meta-analysis	Combining hundreds of therapy studies, they found psychotherapy generally effective.

FRQ: HOW UNIT 5 SHOWS UP

PROMPT SAYS	WHAT TO DO
Identify or state	Name it. No explanation needed.
Describe	Give its key features or details.
Explain	Say how or why, using evidence or reasoning.
Propose	Make a claim of your own that answers the question.
Support or refute	Say whether the evidence backs the claim, and why.
Use evidence	Give specific results or conclusions from the source.

Likely Unit 5 FRQ angles

- Identify the method, like a case study; state an operational definition.
- Describe what a statistic shows, like a mean symptom score.
- Identify an ethical guideline used, like the right to withdraw.
- Explain how far the findings generalize, given who took part.
- Explain how a result supports or refutes the hypothesis.
- Propose a claim (can an app match a therapist?), then use two sources, a different concept for each (EBQ).

> **FRQ rules:** Apply each concept to the study or source; a definition alone earns nothing. Cite EBQ sources by number (Source 1, 2, or 3). Write in complete sentences.

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