

AQA
YEAR 2 A-LEVEL
Psychology

New edition

**BRILLIANT MODEL
ANSWERS**

Schizophrenia

Fully revised and
updated for the 2025
AQA Psychology
A-level specification

- ✓ Provides the key knowledge and skills for exam success
- ✓ All types of questions covered
- ✓ Grade A/A* model answers
- ✓ Written by examiners

*Do brilliantly in your
psychology exam!*



Nicholas Alexandros Savva

psychologyzone.co.uk

Proven exam
success

Written by
examiners

Concise, detailed and
clearly written model answers

Brilliant Model Answers

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Email us for further information:

hello@psychologyzone.co.uk

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Content for Schizophrenia

Important information.....	3
Exam skills.....	4
Specification: Schizophrenia.....	7
Symptoms of schizophrenia.....	8
Issues in diagnosis.....	11
Biological explanations of schizophrenia.....	15
Psychological explanations of schizophrenia.....	19
Drug therapies.....	24
Cognitive behavioural therapy.....	28
An interactionist approach.....	32
Answers to identification questions.....	35

Please note: this book is not endorsed by or affiliated to the AQA exam board.

Important information



Do not skip this page!

■ Isn't the exam supposed to be unpredictable?

This guide is part of Psychologyzone's *Brilliant Model Answers* series covering A-level Psychology. Use it alongside the Psychologyzone series Brilliant Exam Notes to get the best out of your learning.

This guide to the 'Schizophrenia' topic provides a full set of exam-style questions and model answers to help you do well in the exam. After all, your Psychology exam is based on answering questions – what better than to have a book that already has the answers for you?

The exam board has deliberately developed the A-level Psychology specification so that the questions are to some extent 'unpredictable' in order to discourage students from attempting to rote-learn (memorise answers) using pre-prepared questions. This makes it difficult to predict what's going to be asked.

We have tried to make the unpredictable 'predictable'.

There are over 90 model answers in this book. We have covered most of the different types of question they can ask you for each topic on the specification. You can adapt the model answers provided to most types of questions set in the exam.

■ Some of your model answers seem very long. Why?

Some of the answers are much longer responses than you would need to write in the exam to get top marks. **This is deliberate.** We have written them this way to enable you to have a better understanding of the theories, concepts, studies, and so on. If you do not write as much as we have, don't panic! You don't need all of the content to achieve a good grade.

As you may be using this as a study book, we thought we'd write the model answers in a way that means you can also revise from them, so we sometimes expand on explanations or give an example to help you understand a topic better.

Many of the model answers start by repeating the question; in the real exam you don't need to waste time doing this – just get stuck in!

Remember: in your exam, your answers will be marked according to how well you demonstrate the set assessment objectives (AOs). We have tried to provide model responses that show you how to meet these AOs. Each example provides you with 'indicative content' – in other words, the response gives you an idea of points you could make to achieve maximum marks. It doesn't mean these are points you must make! The purpose of these model answers is to inspire you and demonstrate the standard required to achieve top marks.

Exam skills

■ How will my answers be assessed?

Your teachers will have explained that your answers in the examination will be assessed on what examiners call **assessment objectives (AO)**. If you can familiarise yourself with these AOs, this will help you write more effective answers and achieve a higher grade in your exam. There are three assessment objectives: **AO1**, **AO2** and **AO3**.

By now, your teachers should have given you a lot of practice exam questions and techniques for how to answer them. The aim of this book is not to teach you these skills, but to show you how it's done – to model the answers for you.

Just to remind you, below are the AQA assessment objectives:

AO1 Knowledge and understanding

Demonstrate knowledge and understanding of scientific ideas, processes, techniques and procedures.

What does this mean?

The ability to describe psychological theories, concepts, research studies (e.g., aim, procedures, findings and conclusions) and key terms. The exam questions can cover anything that is named on the specification.

Example

Explain the process of synaptic transmission. **[5 marks]**

Outline the role of the somatosensory centre in the brain. **[3 marks]**

AO2 Application

Apply knowledge and understanding of scientific ideas, processes, techniques and procedures:

- in a theoretical context
- in a practical context
- when handling qualitative data
- when handling quantitative data.

What does this mean?

Application questions require you to apply what you have learnt about in Psychology (theories, concepts and studies) to a scenario (situation) often referred to as 'stem' material. A scenario will be a text extract or quote given in the question. You are treated as a psychologist, and you need to explain what is going on in the situation from what you have learnt.

Example

Chris suffered a stroke to the left hemisphere of his brain, damaging Broca's area and the motor cortex. Using your knowledge of the functions of Broca's area and the motor cortex, describe the problems that Chris is likely to experience. **[4 marks]**

A02 Evaluation

Analyse, interpret and evaluate scientific information, ideas and evidence, including in relation to issues, to:

- make judgements and reach conclusions
- develop and refine practical design and procedures.

What does this mean?

Evaluation simply means assessing the 'value' (hence 'evaluation') of a theory or study you have been describing. There are many ways you can evaluate theories or studies. For students, evaluation often takes the form of the strengths and weaknesses of the theory and/or study, but evaluation can also be in a form of 'commentary' (neither strength nor weakness but more in the form of an 'analysis', which is still an evaluation).

Example

Outline one strength and one limitation of post-mortem examination.

[2 marks + 2 marks]

What are the different types of exam questions?

We have grouped the exam questions into four different types:

Identification questions	Multiple-choice questions, match key words with a definition, tick boxes, or place information in some order or in a box.
Short-response questions	Questions worth up to 6 marks (1, 2, 3, 4, 5 or 6 marks). These are often questions asking you to 'outline', 'explain', or 'evaluate' a theory or a study.
Application questions	These require you to apply the psychological knowledge you have learnt (theories, concepts, and studies) to a real-life scenario given in the exam question.
Long-response question	These questions require longer answers and are worth over 6 marks (8, 12 or 16 marks). The long-response answers found in this book will be mainly for 16 mark questions.

How are the model answers structured?

We have tried to structure your learning by breaking down the model answers into four distinct categories:

Key terms, concepts, and theories that are named on the AQA specification are covered by the identification and short-response questions (e.g. explain what is meant by the term...).

Research questions asking you to outline a study, describe a theory or give an evaluation are covered by short-response questions (e.g. briefly outline one study that has...).

Application questions require you to apply your knowledge to a made-up scenario (situation) and are covered under application questions.

Essay questions 'Outline and evaluate', or 'Discuss'-type questions are covered under long-response questions. Some long-response questions also require the application of knowledge.

Specification: Schizophrenia

Schizophrenia

AQA

- Positive symptoms of schizophrenia, including hallucinations and delusions. Negative symptoms of schizophrenia, including speech poverty and avolition. Issues in diagnosis: comorbidity, culture and gender bias and symptom overlap.
- Biological explanations for schizophrenia: genetics and neural correlates, including the dopamine hypothesis.
- Psychological explanations for schizophrenia: family dysfunction and cognitive explanations, including dysfunctional thought processing.
- Drug therapy: typical and atypical antipsychotics.
- Cognitive behaviour therapy and family therapy as used in the treatment of schizophrenia.
- The importance of an interactionist approach in explaining and treating schizophrenia; the diathesis-stress model.

Symptoms of schizophrenia.

- Positive symptoms of schizophrenia, including hallucinations and delusions.
- Negative symptoms of schizophrenia, including speech poverty and avolition.

Key terms questions

Q1 Explain what is meant by 'positive symptoms' in schizophrenia.

[4 marks]

Positive symptoms in schizophrenia refer to the presence of experiences that go beyond normal functioning, often involving an excess or distortion of typical functions. These positive symptoms manifest in two primary forms: hallucinations and delusions. Hallucinations are instances where individuals perceive things that do not actually exist, and they can be auditory or visual. Among schizophrenic patients, auditory hallucinations, which involve hearing imagined voices, are the most common. Delusions, on the other hand, entail holding false beliefs that defy logic or lack empirical evidence. These beliefs often stem from distorted reasoning or misinterpretations of perception or experiences. There are different types of delusions, including delusions of persecution (the belief that someone is conspiring against you), delusions of grandeur (thinking one possesses special abilities or status), and delusions of control (the belief that one's thoughts and actions are manipulated by external, alien forces).

Q2 Name and briefly outline one 'positive symptom' of schizophrenia.

[2 marks]

A key positive symptom observed in schizophrenic individuals is hallucinations. Hallucinations involve the perception of sensory experiences that are not grounded in reality. They can be either auditory or visual, with auditory hallucinations, such as hearing imagined voices, being the most prevalent among individuals with schizophrenia.

Q3 Explain what is meant by 'negative symptoms' in schizophrenia.

[4 marks]

Negative symptoms in schizophrenia represent a reduction or loss of typical abilities and everyday life experiences. These negative symptoms manifest in two main forms: speech poverty and avolition. Speech poverty, also known as alogia, is characterized by a decrease in speech fluency and brevity of elaboration. Additionally, individuals with this symptom may exhibit a reduction in emotional expression, known as affective flattening. Avolition, the second aspect of negative symptoms, involves a profound apathy, making it difficult or even impossible to initiate and engage in purposeful activities. Those experiencing avolition often lack motivation to carry out essential tasks like maintaining personal hygiene, working, or pursuing education due to a profound lack of energy and drive.

Q4 Name and briefly outline one 'negative symptom' of schizophrenia.

[2 marks]

One of the primary negative symptoms displayed by individuals with schizophrenia is avolition. Avolition refers to a reduced ability or inability to initiate and engage in goal-oriented activities or tasks, often resulting from a profound lack of motivation and energy.

Q5 Explain the difference between 'positive' and 'negative symptoms' in schizophrenia. **[4 marks]**

Positive symptoms shown in schizophrenia tend to involve an excess or distortion of normal functions in which the individual has additional experiences beyond those of ordinary existence, whereas negative symptoms involve the loss of usual everyday abilities and experiences. An example of a positive symptom is a hallucination in which schizophrenics experience auditory or visual perceptions of things that are not present, involving imagined stimuli thereby distorting normal functions. In contrast, a negative symptom like avolition is where the person lacks the will to act due to reduced motivation to carry out everyday activities.

Q6 Outline the nature of hallucinations.

[3 marks]

Hallucinations are sensory perceptions that are imagined or distorted and do not correspond to actual stimuli in the environment. They come in two main types: auditory and visual hallucinations. Among individuals with schizophrenia, auditory hallucinations, involving the perception of imagined voices, are the most prevalent form.

Q7 Outline the nature of delusions.

[3 marks]

- Delusions are false beliefs that persist despite being illogical or unsupported by evidence. They often result from distorted reasoning or misinterpretation of perception or experience. Various forms of delusions exist, including:
- Delusion of persecution, where individuals believe that someone is conspiring against them, leading to fear and paranoia.
- Delusion of grandeur, where individuals perceive themselves as famous, important, or possessing special powers.
- Delusion of control, involving the belief that one's thoughts or actions are controlled by external, alien forces.

Q8 Outline the nature of speech poverty.

[3 marks]

Speech poverty, also known as alogia, occurs when there is a decrease in an individual's speech fluency and their elaboration becomes short. Moreover, there may also be a reduction in the range and intensity of emotional expression, known as affective flattening.