



Definitions and Concepts for AQA Psychology A-level

Option 2: Schizophrenia

Atypical antipsychotics: Newer antipsychotic drugs that act on dopamine and other neurotransmitter systems and generally cause fewer movement-related side effects than typical antipsychotics.

Avolition: A negative symptom of schizophrenia involving a lack of motivation to carry out goal-directed activities.

CBT for psychosis (CBTp): A form of cognitive behavioural therapy that helps people identify and challenge unhelpful thoughts and beliefs associated with psychosis.

Central control: A cognitive explanation suggesting that difficulties in monitoring and controlling one's own actions and thoughts can contribute to symptoms of schizophrenia.

Cognitive explanations: Explanations of schizophrenia that focus on dysfunctional thought processes, including difficulties monitoring and interpreting thoughts and experiences.

Co-morbidity: The presence of two or more disorders in the same person.

Culture bias: When the cultural background of an individual influences how their behaviour is interpreted or diagnosed, potentially leading to inaccurate diagnosis.

Delusions: False beliefs held with strong conviction despite evidence that contradicts them.

Diathesis-stress model: The interactionist explanation that schizophrenia develops through the interaction between a vulnerability (diathesis) and environmental stressors.

Dopamine antagonists: Drugs that block dopamine receptors, reducing the effects of dopamine in the brain.

Dopamine hypothesis: The explanation that abnormal dopamine activity in different brain pathways contributes to schizophrenia symptoms.

Double bind theory: **Bateson et al. (1956)** proposed that schizophrenia can develop when a person repeatedly receives conflicting messages from a significant other, with no opportunity to escape the situation or clarify the contradiction.





Dysfunctional thought processing: Faulty cognitive processes that may contribute to schizophrenia symptoms, such as difficulties distinguishing internally generated thoughts from external events.

Expressed emotion: A family environment characterised by high levels of criticism, hostility or emotional over-involvement, which can increase the risk of relapse in someone with schizophrenia.

Family dysfunction: Disturbed family interactions or communication patterns that may contribute to the development or maintenance of schizophrenia.

Family therapy: A psychological treatment that helps families improve communication, reduce conflict and support a relative with schizophrenia.

Gender bias (in diagnosis): The tendency for differential treatment or misdiagnosis of schizophrenia based on gender, such as clinicians applying diagnostic criteria differently to male and female patients or failing to recognise different symptom presentations between genders.

Hallucinations: Perceptual experiences that occur without an external stimulus, such as hearing voices when no one is speaking.

Hyperdopaminergia: Excessive dopamine activity in certain brain pathways, associated particularly with positive symptoms of schizophrenia.

Hypodopaminergia: Reduced dopamine activity in certain brain pathways, associated particularly with negative and cognitive symptoms of schizophrenia.

Interactionist approach: The view that schizophrenia is best explained by the interaction of biological, psychological and environmental factors.

Metarepresentation: A cognitive process involving the ability to reflect on and represent one's own intentions and thoughts, which may be impaired in schizophrenia.

Negative symptoms: Symptoms involving a reduction or loss of normal functioning, such as avolition and speech poverty.

Neural correlates: Measurable differences in brain structure, activity or neurotransmitter functioning associated with schizophrenia.

Polygenic: Describes a characteristic influenced by many genes, each contributing to the overall effect.

Positive symptoms: Symptoms involving experiences or behaviours added to normal functioning, such as hallucinations and delusions.





Schizophrenia: A mental disorder characterised by symptoms such as hallucinations, delusions, speech poverty and avolition.

Schizophrenogenic mother: An outdated explanation proposing that a mother's behaviour causes schizophrenia in her child; it is not an established causal explanation.

Speech poverty: A negative symptom involving a reduction in the amount and richness of speech.

Symptom overlap: When symptoms of different disorders are similar, making it difficult to distinguish between diagnoses.

Typical antipsychotics: Older antipsychotic drugs that mainly block dopamine receptors and are particularly effective at reducing positive symptoms.

