Pearson Edexcel

Mark Scheme (Results)

January 2025

Pearson Edexcel International Advanced Level in Psychology (WPS04) Paper 01
Clinical Psychology and Psychological Skills

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January 2025
Question Paper Log Number P78484A
Publications Code WPS04_01_2501_MS
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General Marking Guidance

- All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last.
- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.
- Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie.
- There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.
- When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the team leader must be consulted.
- Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.

CLINICAL PSYCHOLOGY

Question Number	Answer	Mark
1(a)	**AO1 (1 mark)** Credit **one** mark for an accurate statement. For example; • Statistical infrequency is when behaviour is statistically uncommon, being 2 standard deviations, or more, away from the mean (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
1(b)	**AO1 (4 marks)** Credit up to **four** marks for an accurate description. For example; • This definition views abnormality as a failure to demonstrate the expected emotions required to cope with the demands of everyday life (1). One aspect of failure to function is maladaptiveness where an individual may pose a danger to themselves through their behaviour and actions (1). Irrationality is another indicator of abnormality, whereby an individual's behaviour makes no sense to others as it is confusing or extreme (1). Behaviour that is considered unpredictable does not fit the context or seems to be an uncontrolled response or action (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
1(c)	**AO1 (3 marks), AO3 (3 marks)** Credit **one** mark for each accurate identification way (AO1). Credit **one** mark for justification of each way (AO3). For example; • Diagnosis can be considered reliable when a person receives the same diagnosis by different clinicians that indicates strong inter-rater reliability (1). Brown et al. (2001) found the same diagnosis of anxiety and mood disorders in 362 outpatients with two independent interviews using the DSM-IV criteria (1). • Diagnosis can be considered to have criterion validity when the DSM and ICD are both used for a patient and result in a diagnosis of the same disorder (1). Andrews et al. (1999) found agreement in diagnosis using the DSM-IV and ICD-10 in 1500 people for depression, substance dependence and anxiety (1). • When the criteria in the DSM and ICD accurately represent the actual symptoms people experience, the diagnosis can be considered to have validity (1). Kim-Cohen et al. (2005) reviewed DSM-IV diagnosis of conduct disorder and found the diagnosis that was given was a realistic representation of the children's experiences. (1). **Look for other reasonable marking points.**	**(6)**

Question Number	Answer	Mark
2(a)	**AO2 (2 marks)** Credit up to **two** mark for an accurate description in relation to the scenario. For example; • Krystal could send an email to the patients registered with the mental health service explaining that she would like volunteers for a new drug trial (1). The patients would be able to respond to Krystal's email to offer to take part in the drug trial research she is conducting (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(2)**

Question Number	Answer	Mark
2(b)	**AO2 (4 marks)** Credit up to **four** marks for an accurate description in relation to the scenario. For example; • Krystal could ask a colleague to randomly split her sample of patients into two different groups so she was unaware which group would be given the new schizophrenia drug that is being trialled (1). The control group would remain on their existing antipsychotic drug treatment programme to ensure their treatment is not affected (1). Krystal could use self-report data to gather information on how the patients feel, whether their schizophrenia symptoms are under control and any side effects (1). She could compare the data between the antipsychotic control group and the new drug to determine whether the new drug was more, less, or equally effective as a treatment (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

Question Number	Answer	Mark
2(c)	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of a strength and a weakness in relation to the scenario (AO2). Credit **one** mark for justification/exemplification of the strength and the weakness (AO3). For example; **Strength** • Krystal would not be aware which group was given the new drug in order to eliminate any researcher bias in her interpretation of the data gathered from each group (1). This increases the objectivity of the data analysis about the drug for schizophrenia making her results more reliable (1). **Weakness** • The patients undertaking the new drug trial may find it causes side effects or fails to control their schizophrenia symptoms placing them in a situation of distress or relapse (1). This would be in breach of the BPS Code of Ethics (2009) whereby the protection from any harm of the patients on the new drug should be carefully considered (1). **Look for other reasonable marking points.** **Generic answers score 0 marks.**	**(4)**

Question Number	Answer	Mark
3(a)	**AO1 (3 marks)** Credit up to **three** marks for an accurate description. For example; • On arrival to the admissions office, the pseudo-patients stated that had been hearing voices that said words like 'empty', 'hollow', and 'thud' (1). They all claimed the voices were unfamiliar to them and were of the same sex (1). Other than the voices, names and jobs, the remaining information given such as their personal circumstances, was not falsified (1). **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
3(b)	**AO1 (2 marks), AO3 (2 marks)** Credit **one** mark for accurate identification of each weakness (AO1). Credit **one** mark for justification/exemplification of each weakness (AO3). For example; • The pseudo-patients were admitted to the hospitals individually, so they were the only confederates recording information and gathering data within each of the institutions (1). This may result in subjectivity in their diary records and there is no inter-rater reliability process to check the information gathered (1). • The use of diaries to record day to day experiences is not objective as the qualitative information written down is done so within the frame of experiences the pseudo-patients had (1), so the desire by some to leave the institution due to their negative experiences on the wards could result in a subjective bias in the observational data gathered (1). **Look for other reasonable marking points.**	**(4)**

Question Number	Answer	Mark
4	**AO2 (2 marks), AO3 (2 marks)** Credit **one** mark for an accurate identification of each reason in relation to the scenario (AO2). Credit **one** mark for justification/exemplification of each reason (AO3). For example; • Educating her family about why Libby may behave in ways such as smashing the television screen can help Libby and her family manage symptoms and drug treatment plans to prevent future relapse (1). Hogarty et al. (1991) found that even after 24 months, family therapy still significantly reduced the chances of relapse, so Libby's family may find family therapy effective in helping her reduce relapse rates (1). • Libby's family may find that family therapy helps them understand the experiences Libby has because of her schizophrenia and be more able to offer help to effectively meet her needs (1). Pharoah et al. (2010) found a positive impact on patient recovery, reduction in relapse and improved social functioning as a result of family therapy, indicating that it could be effective for Libby so she will leave her bedroom (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(4)**

Question Number	Indicative Content	Mark
5	**AO1 (6 marks), AO3 (10 marks)** **Anorexia Nervosa.** **AO1** • Anorexia nervosa is when there is a significantly low body mass index (BMI) of less than 18.5 kg/m2 in adults, it is thought that 1 in 100 women aged between 15 and 30 have been affected by anorexia. • Dual hypothalamic theory explains how the ventromedial hypothalamus sends messages of being full/satisfied and the lateral hypothalamus sends messages of hunger. • Malfunction of the lateral hypothalamus may prevent or reduce the individual experiencing any feelings of hunger. • Where the ventromedial hypothalamus is abnormally stimulated by neurotransmitters a person can feel full even if they have not eaten. • Excess serotonin/norepinephrine in the ventromedial hypothalamus may cause a person to stop eating and could also cause increased anxiety. • Endogenous opioid systems are disrupted in patients with anorexia nervosa whereby patients become dependent on the opioids released as a result of sustained starvation. **AO3** • Reichel et al. (2014) sampled female adolescents and young adults, 36 with a primary diagnosis of anorexia nervosa, and found they had a low physiological startle reflex to images of emaciated bodies. • A biological explanation ignores other factors such as cognition where anorexia nervosa could be the result of faulty schemas that lead to distorted and irrational beliefs about body image and weight. • Muldoon et al. (1992) found evidence that dietary fat restriction affects the serotonergic activity within the hypothalamus, therefore the role of serotonin and the dual hypothalamic theory may be related. • Becker et al. (2002) found that effect of television influenced eating behaviour in Fiji, so the disorder may be a result of the influence of media role models rather than biological factors. • Kaye at al. (2001) suggested the potential benefit of fluoxetine (SSRI) for preventing relapses after being discharged from hospital for anorexia patients whose weight had been restored. • Grave et al. (2020) suggested that intensive CBT-E seemed to be an effective treatment for severely ill adolescent and adult patients who had anorexia nervosa, which does not tackle biological dysfunctions. • Bailer et al. (2005) found binge-purge anorexics have increased levels of serotonin, therefore the role of neurotransmitters can be considered an influence on eating behaviours. • A review of literature by Marvanova and Gramith (2018) suggested there is a lack of evidence to support use of SSRIs during the acute treatment phase of anorexia nervosa, so antidepressants while patients are undergoing initial weight and nutritional restoration are ineffective. • Opioids modulate the actions of neurotransmitters, so elevated opioids may result in dysregulations of other neurotransmitters and may help explain starvation behaviours in anorexia nervosa. • It is not known if high levels of opioids are a cause of anorexia or are because of the anorexia and starvation, therefore we cannot say that this is a causal factor in the disorder. **Look for other reasonable marking points.**	**(16)**

Question Number	Indicative Content	Mark
5	**AO1 (6 marks), AO3 (10 marks)** **Unipolar Depression.** **AO1** • Unipolar Depression is another name for major depressive disorder where a person must have at least five symptoms including depressed mood, fatigue and lack of motivation. • People with depression may have too much monoamine oxidase, so the monoamines are broken down too fast, monoamines consist of noradrenaline/norepinephrine, dopamine, and serotonin. • Low levels of monoamines could be caused because the reuptake mechanism recaptures the neurotransmitters before they reach the receptor sites. • Serotonin regulates other neurotransmitters, so low levels of serotonin can lead to lower levels of dopamine which could cause a lack of concentration and focus. • Low levels of norepinephrine may cause lower levels of alertness and arousal, which are symptoms of unipolar depression. • The body uses the amino acid tryptophan which comes from dietary sources in order to synthesise serotonin. **AO3** • Most evidence for abnormal levels of neurotransmitters and experiencing low moods is correlational, so we cannot know if the change in chemicals cause unipolar depression or vice versa. • Meyer et al. (2006) found an average of a 34% elevated monoamine oxidase level in every brain region assessed using PET scans during major depression, so monoamine regulation has scientific credibility. • Delgado (2000) claims that dysfunction in the monoamine system may not be the level of neurotransmitter but the neural controls that utilise monoamines, so only considering the chemical balance is reductionist. • Versiani et al. (1999) found patients given noradrenaline reuptake inhibitors had an improved mood, so if altering neurotransmitter functioning reduces symptoms then there may be a biological explanation for unipolar depression. • A biological explanation ignores other factors such as cognition where unipolar depression could be the result of faulty thinking that leads to distorted and negative beliefs about oneself. • Benkelfat et al. (1994) found that during tryptophan depletion, 30% of participants with a family history of affective disorders showed an increase in depressive symptoms. • Ma, Quinn and Liu (2014) found negative core self-evaluations of self-esteem that a person with depression has and would suggest that unipolar depression is related to low self-esteem, not biological factors. • SNRIs have been found to have at least an equivalent antidepressant efficacy compared to SSRIs, and Moret (2010) suggests they may be more effective than SSRIs in achieving remission, so norepinephrine may play a role in unipolar depression. • Moreno et al. (1999) suggested tryptophan depletions caused minimal symptoms in participants with no family history of depression, so there may be genetic factors not just an absence of tryptophan.	**(16)**

	• Bell et al. (2001) investigated depleted levels of tryptophan and found this resulted a relapse of symptoms in depressed patients showing that the role of tryptophan may play a role in the symptoms of unipolar depression. **Look for other reasonable marking points.**	

Level	Mark	Descriptor
AO1 (6 marks), AO3 (10 marks) Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 6 marks.		
	0	No rewardable material.
Level 1	1-4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5-8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9-12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13-16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)

PSYCHOLOGICAL SKILLS

Question Number	Answer	Mark
6(a)	**AO2 (1 mark)** Credit **one** mark for an accurate statement. For example; • The number of words correctly recalled from a list of 20 words (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
6(b)	**AO2 (4 marks)** **PLEASE CLIP WITH 6(c)** Credit one mark for correct completion of **difference** Credit one mark for correct completion of **ranked difference** Credit one mark for a correct calculation of **sum of both ranks** Credit one mark for a correct answer for **T= 12.5**	**(4)**

Participant	Condition A Words about living things	Condition B Words about non-living things	Difference	Ranked Difference
A	11	15	-4	6.5
B	14	12	2	3
C	9	11	-2	3
D	12	14	-2	3
E	14	13	1	1
F	16	16	0	-
G	13	9	4	6.5
H	17	14	3	5

Sum of positive ranks = 15.5

Sum of negative ranks = 12.5

Look for other reasonable marking points.

Question Number	Answer	Mark
6(c)	**AO2 (1 mark)** Credit **one** mark for an accurate statement. **PLEASE CLIP WITH 6(b)** For example; • The result is not significant at P≤0.05 for a one-tailed test where N=7 as the calculated T value of 12.5 is more than the critical value of 3 (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
6(d)	**AO2 (1 mark)** Credit **one** mark for a correct calculation. • 8 (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
6(e)	**AO3 (1 mark)** Credit **one** mark for an accurate justification. For example; • The use of words of equal length would ensure Iram was accurately testing the influence of the IV of 'living' and 'non-living' and not word length effect (1). **Look for other reasonable marking points.**	**(1)**

Question Number	Answer	Mark
7(a)	**AO2 (2 marks)** Credit **one** mark for each accurate statement in relation to the scenario. For example; • Haruto chose to gather qualitative data as he is looking at the social behaviours of the children and community in depth to find out how they play and communicate (1). • He used qualitative data to give him a detailed description of their life within the remote community and how the social systems of the community interact (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
7(b)	**AO2 (2 marks)** Credit up to **two** marks for an accurate description in relation to the scenario. For example; • Haruto could decide on a time when he knows children will be normally playing and communicating with adults, such as at a community gathering (1) and write down details about what he observes taking place at that time between the adults and children including any skills the children learn (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
7(c)	**AO2 (1 mark), AO3 (1 mark)** Credit **one** mark for an accurate improvement in relation to the scenario (AO2) Credit **one** mark for exemplification/justification of the improvement (AO3) For example; • Haruto could take video recordings of the children and adult communication, their play and the new skills being learned by the children during his time at the remote community (1) which could be checked by other researchers who can make independent observational notes to retest the data gathered by Haruto to increase reliability (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
8	**AO2 (3 marks), AO3 (3 marks)** Credit **one** mark for accurate identification of each weakness in relation to the scenario (AO2) Credit **one** mark for exemplification/justification of each weakness (AO3) For example; • Rene is only using one unique patient in her case study of long-term memory loss which would not represent the memory of a wider population (1), so her findings about the impact of the sailing accident on memory loss would not be generalisable beyond the patient studied (1). • Visiting the patient every day for three months will be time consuming for Rene and may result in her being unable to visit on some days (1). This could lead to gaps in the data she records about the patients memory, reducing the validity of her findings about memory loss (1). • Rene may be subjective in her interpretation of the outcomes of activities and discussions due to working so closely with the 27 year old patient (1). This reduces the reliability of the findings about long-term memory loss as her researcher bias may influence the way she interprets her findings (1). **Generic answers score 0 marks.** **Look for other reasonable marking points.**	**(6)**

Question Number	Indicative Content	Mark
9	**AO1 (4 marks), AO2 (4 marks)** **AO1** • Animal research is governed by the Scientific Procedures Act (1986), and should be conducted with consideration of refinement, reduction, and replacement in terms of the animals. • Animal researchers require licences to make sure the animals are given good conditions to live in, that they do not suffer and are well looked after. • Bateson's cube is a cost-benefit analysis for animal research to evaluate proposed research through the criteria of the degree of animal suffering, the quality of the research and the potential benefit. • There are ethical reasons for using animals rather than humans as procedures can be carried out on animals that cannot be done on humans. **AO2** • van den Oever et al. (2008) wanted to develop a drug therapy for treating an addiction to heroin which would be appropriate to undertake if they used a minimal number of rats to experiment with. • Harlow's (1965) study isolated rhesus monkeys by housing them in stainless-steel chambers with no contact, this may not be ethically appropriate as the monkeys suffered for up to 12 months. • Harlow determined the impact of social isolation on development, but the cost-benefit of the findings compared to having a worthwhile impact on wider society may not have given his research ethical appropriateness. • It was appropriate for van den Oever et al. (2008) to create the addiction to heroin in rats as addiction could not be induced in humans, it would be unethical to cause heroin addictions to people. **Look for other reasonable marking points.**	**(8)**

Level	Mark	Descriptor
AO1 (4 marks), AO2 (4 marks) Candidates must demonstrate an equal emphasis between knowledge and understanding vs application in their answer.		
	0	No rewardable material
Level 1	1–2 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 2	3–4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 3	5–6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments, but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures (AO2)
Level 4	7–8 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)

Question Number	Indicative Content	Mark
10	**AO1 (8 marks), AO3 (12 marks)** **AO1** • Social control can be a conscious decision by those in power or with status to elicit behaviours that they believe to be desirable. • Social control is about regulating other people's behaviour, so they comply to the social norms/values/beliefs/rules of social groups. • Understanding factors affecting obedience can lead to genocide as those in power understand how to get others to commit atrocities. • Determining what behaviour is acceptable in society often requires power and can remove individual decision making from people less powerful. • Holism in psychology would suggest that there are a number of factors that result in an individual's behaviour including nature/nurture of which not every factor can be controlled. • Some biological explanations see behaviour as pre-determined, which categorises individuals as inherently different and possibly in need of control. • Psychology has contributed to treatments for mental health such as CBT which has helped individuals gain more control. • Understanding the media role in aggressive behaviour enables positive control in media such as the watershed where guidance states what cannot be shown before 9pm. **AO3** • Skinner claimed that operant conditioning increases desirable behaviours and decreases undesirable behaviour, which could be said to have been used in a negative way by supermarkets to encourage customers to buy things they may not need. • Moscovici (1969) enabled society to understand that a minority could influence a majority, so those in power may not have an ability to exert full social control over individuals where there is dissent from a consistent few. • Milgram (1963) explains how authority figures can imply they are responsible for any consequences leading to individuals being more likely to do things they would not normally do if they were in control of the outcomes of their behaviour. • Saachi et al. (2007) found that by circulating doctored material people could be deceived which also affected their future opinions, this helps prevent social control through informing laws on publishing materials. • Bowlby (1944) suggested that maternal deprivation could result in affectionless psychopathy, thus potentially legitimising social control over promoting the role of mothers in the home and domesticity over equality and employment. • Mental health disorders in the past such as moral insanity could be considered a way to control women through diagnosis of abnormality if they had a mind of their own. • Rosenhan (1973) found that a diagnosis of schizophrenia led to pseudo-patients being labelled and being controlled in psychiatric institutions, such as being given medication even when they said they were sane. • Understanding neurotransmitters helps reduce misunderstandings of mental health so patients can lead independent lives instead of being locked away or mistreated, so this gives control to the person not clinician. • Smith (2012) discussed inappropriate drug prescribing, where writing a prescription and using drug treatment is often a first choice but might not be the best choice, exercising social control through 'chemical straightjackets'. • Therapies such as systematic desensitisation empower the client to choose their own stages in the fear hierarchy and the speed at which they progress through that hierarchy, the clients have power in the situation so not all psychology results in social control. • Bastian et al. (2011) highlight how violent video games reduce humanity in individuals which helps ensure safe controls over video game content and age restrictions as a benefit to social development. • Social learning theory suggests that positive role models in sport, for example helping a competitor, could motivate others to behave in similar positive ways, as such is using knowledge for positive outcomes not control. **Look for other reasonable marking points.**	**(20)**

Level	Mark	Descriptor
AO1 (8 marks), AO3 (12 marks) Candidates must demonstrate a greater emphasis on assessment/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 8 marks.		
	0	No rewardable material.
Level 1	1–4 Marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Generic assertions may be presented. Limited attempt to address the question. (AO3)
Level 2	5–8 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a generic or superficial assessment being presented. (AO3)
Level 3	9–12 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning, leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this will be imbalanced. (AO3)
Level 4	13–16 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a logical assessment, containing logical chains of reasoning throughout which consider a range of factors. Demonstrates an understanding of competing arguments/factors but does not fully consider the significance of each which in turn leads to an imbalanced judgement being presented. (AO3)
Level 5	17–20 Marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates a full understanding and awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

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