

# Markscheme

November 2018

**Social and cultural anthropology**

**Standard level**

**Paper 1**

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**1. Describe the difference between “disease” and “illness” in the text. [6]**

The question requires a mainly descriptive answer showing understanding of the meanings and distinction of “disease” and “illness” as discussed in the text.

Doctors diagnose and treat diseases, whereas patients suffer illnesses. The diagnosis of disease by doctors is based on external medical criteria, while illness is the personal and cultural reaction to perceived disease, the human experience of health disorders. One point related to this distinction mentioned in the text is that 50% of visits to doctors are for complaints without a biological base.

Stronger responses may infer that both the doctors’ conception of disease and the patients’ of illness as explanatory models are cultural constructions and that this distinction is significant not only in the case study given but also is relevant in other cultural contexts.

Other relevant points or examples might include: the disregard of doctors for the patient’s experience of illness and/or the non-compliance of the patients. In the case of the Chinese patient, this distinction gave rise to the lack of understanding between the doctor and the patient. The Chinese patient’s attention was to the body (for example, he was suffering from “wind” disease caused by overindulgence in sexual relations) while the American doctor focused on the mental diagnosis.

Candidates do not need to cover all of the points above, but the answer does have to be focused and in the candidate’s own words to obtain full marks.

Marks	Level descriptor
0	The work does not reach a standard described by the descriptors below.
1–2	There is an attempt to organize the response and identify relevant points or examples, but the response relies too heavily on quotations from the text <b>and/or</b> limited generalizations are offered.
3–4	The response is organized, identifies and explains relevant points or examples, and offers generalizations.
5–6	The response is organized, identifies and explains detailed relevant points or examples, and links them to generalizations, demonstrating good anthropological understanding.

2. Explain how a doctor’s concept of “disease” influences the success or failure of treatment.

[6]

There are several points in the text which can be drawn on to answer this question, but stronger answers will incorporate concepts and knowledge from social and cultural anthropology that are relevant to the analysis and interpretation of the passage.

Responses may identify that the clinical reality is a product of two models, that of the physician and that of the patient interacting to arrive at a negotiated clinical outcome. However, power relations are always a factor in arriving at this result and in the American cultural context, the assumption is that biomedicine based on scientific knowledge is superior to alternative explanations. Yet where only disease is treated, treatment will be less satisfactory for the patient and less clinically effective than where both disease and illness are treated together. The case introduced shows the impact cultural beliefs can have on patient **and** doctor explanations of illness/disease. It shows how divergent explanatory models, based on different cultural perspectives and social roles, can produce problems in clinical care. The Chinese cultural context of this case explicitly illustrates phenomena that occur in day-to-day clinical practice in the mainstream of American medical culture. Candidates may approach this question by discussing the success or failure of the treatment related to the different understandings of the disorder and recognizing that the two competing models are both cultural constructions.

Candidates may approach this question from general anthropological concepts and terms related to different themes (for example, 2.4 Political organization, 2.6 Systems of knowledge, 2.7 Belief systems and practices, 2.8 Moral systems). Topics and concepts such as classification systems, power and resistance, meaning, ideology, community, culture, symbolism, cultural relativism, class, stratification, gender, ethnicity and agency can be explored.

The authors’ viewpoint includes a recognition that the same symptoms may be understood in multiple ways, making explicit the limitations of the “medicocentric” view and that this is culture-specific. From the authors’ perspective, anthropological studies of American health culture can help us recognize important issues that have often been ignored, including the complexities involved in the doctor-patient relationship within and across different cultural contexts. Students may recognize that the authors’ viewpoint is culturally relative. The success or failure of treatment does not rely solely on clinical diagnosis but needs to take into account the patient’s experience and understanding of illness.

(HL) Several theoretical perspectives may be discussed, including particularistic (for example the patient and his family believed his illness to be a physical disease, labelling it in traditional Chinese medical terms), universalistic (for example, the assumption by medical science that diagnosis of disease is free of cultural context), agency (where patients reject the medical diagnosis of disease), idealistic (patients’ understanding of illness is based on culturally-constructed ideas of cause and effect).

Marks	Level descriptor
0	The work does not reach a standard described by the descriptors below.
1–2	The response is mainly descriptive and relies on quotations, but may demonstrate limited understanding of relevant anthropological issues and concepts.
3–4	The response demonstrates some understanding of relevant anthropological issues and concepts or theory, <b>or</b> the response recognizes the viewpoint of the anthropologist, <b>but</b> not all of these.
5–6	The response demonstrates a critical understanding of relevant anthropological issues, concepts <b>and</b> recognizes the viewpoint of the anthropologist.

3. **Compare and contrast this example of people having different understandings of a single phenomenon with another such example in *one* society that you have studied in detail. [8]**

The target societies for this question are varied and many. The question requires candidates to demonstrate that in any given society there are multiple interpretations and understandings of any given phenomenon. Candidates may but do not need to select examples related to medical cases as any examples where multiple and diverse interpretations of a single phenomenon are possible and valid. These may include differences of interpretation of a single phenomenon between ethnic groups, teachers and students, social classes, leaders and followers, genders, experts and lay people, *etc.*

(HL) Candidates may choose to use theoretical perspectives (ideally introduced in their question 2 response) to help frame their comparison.

(All) In order to obtain full marks answers must be organized in a clear manner, highlighting similarities, differences and generalizations. Candidates must situate the comparative case in terms of place, author and historical context to gain more than [4 marks].

Marks	Level descriptor
0	The work does not reach a standard described by the descriptors below.
1–2	Comparative ethnography is presented in limited detail and its relevance is only partly established. It is not identified in terms of place, author or historical context. The response may not be structured as a comparison.
3–4	Comparative ethnography is presented in limited detail but its relevance is established. The comparative ethnography is identified in terms of place, author and historical context, <b>or</b> the response is clearly structured as a comparison.
5–6	Comparative ethnography is presented and its relevance is successfully established. The comparative ethnography is identified in terms of place, author and historical context, <b>and</b> the response is clearly structured as a comparison. Either similarities <b>or</b> differences are discussed in detail, <b>but</b> not both.
7–8	Comparative ethnography is presented and its relevance is successfully established. The comparative ethnography is identified in terms of place, author and historical context, <b>and</b> the response is clearly structured as a comparison. Similarities <b>and</b> differences are discussed in detail. The response demonstrates good anthropological understanding.