Diploma Programme
Programme du diplôme
Programa del Diploma

Social and cultural anthropology
Higher level
Paper 1

Wednesday 31 October 2018 (afternoon)

1 hour

Instructions to candidates

- Do not open this examination paper until instructed to do so.
- Read the passage carefully and then answer all the questions.
- The maximum mark for this examination paper is **[20 marks]**.

8818 – 5801

Texts in this examination paper have been edited: word additions or explanations are shown in square brackets [ ]; substantive deletions of text are indicated by ellipses in square brackets […]; minor changes are not indicated.

Extract adapted from Kleinman, A., Eisenberg, L. and Good, B. (2006), "Culture, Illness, and Care: Clinical Lessons From Anthropologic and Cross-Cultural Research", *FOCUS*. *The Journal of Lifelong Learning in Psychiatry*, **4** (1): 140–149.

Illness is culturally shaped in the sense that how we perceive, experience, and cope with disease is specific to the social positions we occupy and systems of meaning we use. These have been shown to influence our expectations and perceptions of symptoms, the way we attach particular labels to them, and the conclusions and responses that flow from those labels.

Doctors diagnose and treat diseases (abnormalities in the structure and function of body organs and systems), whereas patients suffer illnesses (the personal experience of feeling unwell). Illness and disease, so defined, are not the same thing. Feelings of illness may occur in the absence of disease (50 % of visits to the doctor are for complaints without a proven biological base). Moreover, the remedies prescribed by doctors may fail to cure disease, despite effective treatment, when patients fail to follow the doctors' orders because they do not understand or agree with the doctors' diagnosis.

Illness is culturally constructed and embedded in a complex family, social, and cultural context. Illness experience is an intimate part of social systems of meaning and rules for behaviour and strongly influenced by culture. It is not surprising, then, that there can be marked cross-cultural differences in how disorders are defined and coped with. The variation may be equally great across ethnic, class, and family boundaries. Thus, doctors' explanations and activities, as well as those of their patients, are also culture-specific.

For patients, the difficulties in living that result from illness are usually viewed as the disorder itself. Conversely, doctors often disregard illness problems because they look upon the disease as the disorder. Both views are insufficient. Doctors' lack of attention to the patient's experience of illness is in part responsible for patient noncompliance, patient and family dissatisfaction with health care, and inadequate clinical care.

Take for example the case of a 33-year-old Chinese man (Cantonese-speaking) who came to the medical clinic at an American hospital with tiredness, dizziness, general weakness, pains in the upper back, a sensation of heaviness in the feet, weight loss, and insomnia. He denied having any emotional problems and had no relevant past medical history. Medical tests were negative for a physical disorder. The doctor considered the patient to be anxious and depressed but the patient rejected this. Although the patient initially refused psychotherapy for the diagnosis of mental disease, he finally accepted this treatment, but only after it was agreed that he would also be given medication. Nonetheless, during the course of his care, the patient never accepted the idea that he was suffering from a mental disease. He described his problem, as did his family, as due to "wind" (*fung*) and "not enough blood" (*mkaù-huèt*).

He believed that he had acquired the "wind" disease, after having overindulged in sexual relations, which resulted in loss of "blood and vital breath" (*huèt-hèi*) causing him to suffer from "cold" (*leãng*) and "not enough blood". After seeking advice from his Chinese family and friends, the patient first began treating himself for his symptoms with traditional Chinese herbs and diet therapy. This involved both the use of tonics to "increase blood" (*po-huèt*) and treatment with symbolically "hot" (*ît*) food to correct his underlying imbalance.

This patient and his family believed his illness to be a physical disease, labelling it in traditional Chinese medical terms. In Chinese cultural settings, where mental illness is highly stigmatized, minor psychiatric problems are most commonly experienced and treated as physical symptoms.

Anthropological studies of American health culture can help us to understand the complexities involved in the doctor-patient relationship within and across different cultural contexts. By freeing ourselves from ethnocentric and "medicocentric" views, we may begin to recognize important issues that are often ignored.

1. Describe the difference between "disease" and "illness" in the text. [6]

2. Using theoretical perspectives, explain how a doctor's concept of "disease" influences the success or failure of treatment. [6]

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]