

English A: language and literature – Standard level – Paper 1
Anglais A : langue et littérature – Niveau moyen – Épreuve 1
Inglés A: lengua y literatura – Nivel medio – Prueba 1

Monday 2 May 2016 (morning)
Lundi 2 mai 2016 (matin)
Lunes 2 de mayo de 2016 (mañana)

1 hour 30 minutes / 1 heure 30 minutes / 1 hora 30 minutos

Instructions to candidates

- Do not open this examination paper until instructed to do so.
- Write an analysis on one text only.
- It is not compulsory for you to respond directly to the guiding questions provided. However, you may use them if you wish.
- The maximum mark for this examination paper is **[20 marks]**.

Instructions destinées aux candidats

- N'ouvrez pas cette épreuve avant d'y être autorisé(e).
- Rédigez une analyse d'un seul texte.
- Vous n'êtes pas obligé(e) de répondre directement aux questions d'orientation fournies. Vous pouvez toutefois les utiliser si vous le souhaitez.
- Le nombre maximum de points pour cette épreuve d'examen est de **[20 points]**.

Instrucciones para los alumnos

- No abra esta prueba hasta que se lo autoricen.
- Escriba un análisis de un solo texto.
- No es obligatorio responder directamente a las preguntas de orientación que se incluyen, pero puede utilizarlas si lo desea.
- La puntuación máxima para esta prueba de examen es **[20 puntos]**.

Write an analysis on **one** of the following texts. Include comments on the significance of context, audience, purpose and formal and stylistic features.

Text 1

Before stethoscopes were invented, physicians would listen to their patients' hearts by laying one ear directly onto the skin of the chest. We're accustomed to laying our heads against the breasts of our lovers, our parents or our children, but once or twice when I've rushed out on an urgent house call, leaving my stethoscope behind, I've had to rediscover the traditional method. It's an odd sensation – intimate yet detached – to apply your ear to the chest of a stranger. It helps if you stick a finger in the unoccupied ear. Once you tune out all the background noise you begin to hear the sound of blood as it makes its way through the chambers and valves of the heart. The classical belief was that blood travelled to the heart in order to be mixed with vital spirit, or *pneuma*, rarefied from the air by the lungs. The ancients must have imagined a churning within; air frothing with blood the way wind whips up waves on the sea. The first time I placed my ear to a patient's chest I was reminded of holding a conch shell as a child, listening to the imagined ocean within.

When any fluid is forced through a narrow opening there is turbulence, and just as a river flooding through a narrow canyon can be deafening, turbulence within the heart generates noise. Medical students are trained to listen very closely to the subtleties of those noises, and to infer from them how narrow – or obstructed – are the canyons of the heart. There are four valves in the human heart. When they close, you hear two separate sounds. The first sound is made as the two largest valves – the mitral and the tricuspid – close at the same time during the active part of the beat (known as the *systole*), when blood is forced out of the ventricles and into the arteries. These valves are so broad they have thick cords like harp strings attached to their cusps to reinforce them. The second sound is made by the other two valves – the pulmonary and aortic – as they prevent backflow whilst the ventricles refill (*diastole*). Healthy cardiac valves close with a soft percussive noise, like a gloved finger tapping on a leather-topped desk. If they are stiffened or incompetent there are additional sounds: murmurs that can be high-pitched or low, loud or soft, depending on the steepness of the pressure gradient across the diseased valve, and how turbulent the flow.

Starting out in medicine I learned to tell the difference between valve pathologies by listening to a CD of murmurs. I'd put it on while studying, hoping that my subconscious would come to distinguish a 'seagull' from a 'musical' murmur, recognise the grate of mitral regurgitation from the trill of aortic stenosis. There was something comforting in listening to the gurgle of blood as I worked. I wondered if it recalled the sound of the sea, or hearing a storm outside while wrapped up warm, but the sounds were too rhythmic for that. Perhaps it's the womb, I thought, a deep memory of my mother's pulse.

A pregnant woman came to my clinic who hadn't felt her baby move for a day or so, and wanted me to reassure her by listening to its heartbeat. Normal stethoscopes are no use for listening to the heartbeat of a baby in the womb; the sound is too fast, quiet and high-pitched. Midwives often use an electronic Doppler probe to find the foetal heart, but I used a modified tube called a Pinard stethoscope, like an old-fashioned ear trumpet, wedged between one ear and the swollen contour of the woman's belly. The best place to lay the trumpet is where you think you've felt the convex curve of the baby's spine. Even with one finger in my other ear it took a while to find the heart – an agonising couple of minutes for the mother. But there it was: a rhapsodic, syncopated interleaving¹ of her heartbeat with her baby's. The foetal heartbeat was distinct, fluttering fast like a bird over the oceanic swell of the mother's pulse, an *allegro* played over an *adagio*. I paused for a moment listening to the two rhythms within one, two lives within one body.

Gavin Francis, in the *London Review of Books* (6 March 2014). Used with permission.

¹ rhapsodic, syncopated interleaving: an interplay of sounds

² *London Review of Books*: literary magazine with book reviews and topical articles on politics, history, science and the arts

- Comment on the way the author combines the scientific and the literary.
- In what ways would the author's structure and style appeal to the target audience?

Text 2

AGGRESSIVENESS AND READINESS GESTURES

Which gesture is used in the following situations: the young child arguing with his parents, the athlete waiting for his event to begin and the boxer in the dressing room waiting for the bout to start?

In each instance, the individual is seen standing with the hands-on-hips pose, for this is one of the most common gestures used by man to communicate an aggressive attitude.



Figure 98 *Ready for action*

Some observers have labelled this gesture 'readiness' which in the right context is correct, but the basic meaning is aggression. It has also been called the achiever stance, related to the goal-directed individual who uses this position when he is ready to tackle his objectives. These observations are correct because in both cases the person is ready to take action about something, but it still remains an aggressive, forward-moving gesture. Men often use this gesture in the presence of women to show an aggressive, dominant male attitude.

It is interesting to note that birds fluff their feathers to make themselves appear bigger when they are fighting or courting; humans use the hands-on-hips gesture for the same purpose, that is, to make themselves appear bigger. Males will use it as a non-verbal challenge to other males who enter their territory.

It is also important to consider the circumstances and gestures immediately preceding the hands-on-hips pose to make a correct assessment of the person's attitude. Several other gestures can further support your conclusion. For example, is the coat open and pushed back on to the hips, or is it buttoned when the aggressive pose is taken? Closed-coat readiness shows aggressive frustration, whereas coat open and pushed back (Figure 98) is a directly aggressive pose because the person is openly exposing his heart and throat in a non-verbal display of fearlessness. This position can be further reinforced by placing the feet evenly apart on the ground or by adding clenched fists to the gesture cluster*.

The aggressive-readiness clusters are used by professional models to give the impression that their clothing is for the modern, aggressive, forward-thinking woman. Occasionally the gesture may be done with only one hand on the hip and the other displaying another gesture (Figure 99). Critical evaluation gestures are often seen with the hands-on-hips pose.



Figure 99 *Hands-on-hips gesture used to make clothing seem more appealing*

Seated Readiness

One of the most valuable gestures that a negotiator can learn to recognize is seated readiness. In the selling situation, for example, if the potential buyer were to take this gesture at the end of the sales presentation and the interview had progressed successfully up to that point, the sales person could ask for the order and expect to get it. Video replays of insurance sales people interviewing potential buyers revealed that, whenever the seated readiness gesture followed the chin-stroking gesture (decision-making), the client bought the policy. In contrast to this, if, during the close of the sale, the client took the arms-crossed position immediately following the chin-stroking gesture, the sale was usually unsuccessful. Unfortunately, most sales courses teach sales people always to ask for the order with little regard for the client's body position and gestures. Learning to recognize such gestures and readiness not only helps make more sales but helps to keep many more people in the selling profession. The seated readiness gesture is also taken by the angry person who is ready for something else – to throw you out. The preceding gesture clusters give the correct assessment of the person's intentions.



Figure 100 *Ready to proceed*

From the self-help book *Body Language: How to read others' thoughts by their gestures*, Allan Pease (1981)

* gesture cluster: group of movements and actions having a common signification

- How do the contexts the author refers to in his examples reveal his purposes and the values that are important to him?
 - Comment on the written and visual style of the text.
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