МІЖНАРОДНИЙ ГУМАНІТАРНИЙ УНІВЕРСИТЕТ
ФАКУЛЬТЕТ ЛІНГВІСТИКИ ТА ПЕРЕКЛАДУ
Кафедра романо-германської філології
та методики викладання іноземних мов

Шарапановська Ю.В., Рожелюк І.Я.,
Горицька О.В., Першина Л.В.

Методичний посібник

з дисципліни

Англійська мова за професійним спрямуванням

для студентів 1 курсу магістратури
спеціальності 053 Психологія
(заочна форма навчання)

Одеса-2024

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Методичні посібник з дисципліни «Англійська мова за професійним спрямуванням» для студентів 1 курсу магістратури спеціальності 053 Психологія (заочна форма навчання). Одеса : МГУ, 2024. 60 с.

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Надані методичні вказівки містять рекомендації та опорний матеріал для студентів 1 курсу магістратури спеціальності 053 Психологія (заочна форма навчання) факультету лінгвістики та перекладу з дисципліни «Англійська мова за професійним спрямуванням».

Вступ

Методичний посібник з дисципліни «Англійська мова за професійним спрямуванням» розроблений для студентів 1 курсу магістратури за спеціальністю 053 «Психологія» (заочна форма навчання). Основною метою курсу є формування та розвиток мовленнєвих компетенцій, необхідних для професійного спілкування в галузі психології, зокрема у міжнародному науковому та професійному середовищі.

Англійська мова є важливим інструментом для майбутніх психологів, оскільки вона надає доступ до сучасної наукової літератури, досліджень та міжнародних обмінів досвідом. Окрім того, володіння англійською мовою дозволяє фахівцям у галузі психології брати участь у міжнародних конференціях, семінарах та співпрацювати з колегами з інших країн.

Цей посібник створено з урахуванням специфіки професійних потреб психологів і містить навчальні матеріали, що сприяють розвитку навичок читання, письма, говоріння та аудіювання. Окрему увагу приділено роботі з науковими статтями, професійними термінами та дослідницькими проектами, що є ключовими для професійної діяльності психолога.

Посібник також розроблено з урахуванням специфіки заочної форми навчання. Він передбачає самостійну роботу студентів, спрямовану на вдосконалення їхніх мовних навичок через виконання різноманітних завдань, аналіз текстів і виконання практичних вправ, пов'язаних з їхньою професійною діяльністю.

Таким чином, цей посібник стане надійним помічником для студентів магістратури, допомагаючи їм удосконалювати свої знання з англійської мови, розвивати професійні навички та підготуватися до ефективної роботи в міжнародному контексті.

Вивчення англійської мови для психологів: актуальність і особливості

У сучасному світі знання англійської мови є невід'ємною складовою професійної діяльності психологів. Глобалізація, розвиток міжнародних контактів та співпраця в науковій сфері значно підвищують попит на англомовні компетенції у професійній сфері. Для психологів це особливо актуально, оскільки більшість наукових досліджень, міжнародних публікацій і сучасних підходів у психології представлені англійською мовою.

Вивчення англійської мови для психологів передбачає не лише опанування загальних мовних навичок, таких як читання, говоріння, аудіювання та письмо, а й ґрунтовне вивчення фахової термінології, специфічних понять і наукових методів, що використовуються в психологічних дослідженнях. Основна увага приділяється оволодінню професійним лексиконом та вмінням застосовувати його у різних комунікативних ситуаціях

Англійська мова на сьогодні є універсальним засобом спілкування у багатьох наукових та професійних сферах, і психологія не є винятком. Психологи, незалежно від країни, де вони працюють, постійно стикаються з необхідністю використовувати англійську мову для професійного розвитку, дослідницької діяльності та міжнародної співпраці.

Актуальність вивчення англійської мови для психологів обумовлена кількома ключовими факторами:

1. Доступ до наукових досліджень та ресурсів. Більшість сучасних досліджень з психології публікуються англійською мовою в провідних міжнародних журналах. Володіння мовою дозволяє спеціалістам бути в курсі новітніх досліджень, теорій та методологій.

2. Міжнародна співпраця. Участь у міжнародних конференціях, симпозіумах та програмах обміну вимагає від психологів здатності представляти свої дослідження та обмінюватися досвідом англійською мовою.

3. Розвиток професійної кар'єри. Багато можливостей для кар'єрного росту, зокрема участь у міжнародних проектах або робота в іноземних організаціях, відкриваються для фахівців з високим рівнем володіння англійською мовою.

4. Навчання та професійна підготовка. Багато програм підвищення кваліфікації та навчальних курсів, які можуть бути корисними для психологів, також проводяться англійською мовою.

Специфіка вивчення англійської мови для психологів

При вивченні англійської мови для професійних цілей психологів необхідно зосередитися на кількох аспектах, які відрізняються від загальної мовної підготовки:

1. **Термінологія.** Важливо засвоїти спеціалізовану лексику, що стосується основних напрямків психології, таких як клінічна, соціальна, когнітивна, дитяча психологія тощо. Багато термінів в англійській психологічній лексиці не мають прямого еквівалента в інших мовах або використовуються в іншому значенні, що робить вивчення термінології критично важливим.

   Наприклад, такі терміни, як *"cognitive dissonance"* (когнітивний дисонанс), *"emotional intelligence"* (емоційний інтелект) або *"behavioral therapy"* (поведінкова терапія), є основними поняттями у психології, без яких неможливо опанувати фахові статті та дослідження.

2. **Психологічні концепції та їх представлення англійською мовою.** Окрім спеціальної лексики, майбутнім психологам

важливо вміти описувати англійською мовою основні теоретичні концепції та методи психології, такі як психоаналіз, когнітивно-поведінкова терапія, гештальт-терапія тощо. Уміння адекватно перекладати та пояснювати ці концепції сприяє не лише професійному спілкуванню, а й участі у міжнародній науковій спільноті.

3. **Академічне письмо та наукові публікації.** Однією з важливих навичок є вміння написати наукову статтю англійською мовою відповідно до міжнародних стандартів. Це включає правильне використання термінів, логічну побудову тексту, чітке формулювання гіпотез та висновків. Знання таких мовних засобів дозволить студентам брати участь у написанні наукових статей, дисертацій та доповідей.
4. **Аудіювання та розуміння наукових текстів.** Важливим аспектом є вміння розуміти усну та письмову англійську мову на професійні теми. Це стосується як прослуховування лекцій, презентацій на конференціях, так і читання складних наукових текстів. Особливу увагу варто приділяти не лише термінології, а й стилістичним особливостям академічних текстів англійською мовою.

Термінологія в психології

Термінологія в психології є надзвичайно широкою і охоплює як базові поняття, так і складні наукові терміни, що використовуються в спеціалізованих дослідженнях. Вивчення термінів на англійській мові сприяє не лише розумінню фахової літератури, але й кращому усвідомленню понять у рідній мові. Наприклад:

- *"Self-esteem"* — самооцінка;
- *"Cognitive bias"* — когнітивне упередження;
- *"Attachment theory"* — теорія прив'язаності;
- *"Neuroplasticity"* — нейропластичність.

Для студентів магістратури, які вже мають базові знання в галузі психології, вивчення цих термінів англійською мовою дозволяє

поглибити розуміння та сприяє використанню іноземних джерел у дослідницькій діяльності.

Актуальність професійної англійської мови для психологів

У сучасному світі, де міжнародні дослідження та обмін інформацією відіграють ключову роль, знання англійської мови для психологів є не лише бажаним, а й необхідним. Вивчення професійної англійської дозволяє студентам магістратури бути конкурентоспроможними на ринку праці, брати участь у міжнародних проектах та дослідженнях, а також вільно користуватися науковими матеріалами з різних джерел.

Таким чином, оволодіння англійською мовою за професійним спрямуванням відкриває широкі можливості для кар'єрного зростання та сприяє підвищенню якості наукових досліджень у галузі психології.

Text 1.
SLEEP

Human beings spend about one-third of their lives in the altered state of consciousness known as sleep: a natural state of rest characterized by a reduction in voluntary body movement and decreased awareness of the surroundings. No one who has tried to stay awake longer than 20 hours at a time could doubt the necessity of sleep. Some people claim they never sleep, but when observed under laboratory conditions, they actually sleep soundly without being aware of it. When people are sleep-deprived, they crave sleep just as strongly as they would food or water after a period of deprivation. Sleep depri-vation impairs cognitive skills to a greater extent than many people realize. When deprived of sleep we react more slowly, have more trouble focusing attention, and are more prone to making errors in judgment. Emergency room doctors often lose sleep because of the unpredictable and demanding nature of their work. This can be a serious problem when they are called on to make critical decisions quickly. Merely resting doesn't satisfy us.

Humans are not alone in their need for sleep. All birds and mammals sleep, and although scientists are not sure about reptiles, frogs, fish, and even insects go into "rest states" similar to sleep. Indeed, Drosophila fruit flies, a favorite subject for genetic studies because they reproduce rapidly, are remarkably like us. They are active during the day and somnolent at night; when deprived of sleep they need long naps to recover: and caffeine keeps them awake, whereas antihistamines make them drowsy.

How long organisms sleep, where, in what positions, and other details vary from species to species. In general, large animals sleep less than small animals, perhaps because eating enough to support their size requires more time awake. Elephants get by on about 4 hours sleep, and giraffes on only 2 hours. In contrast, bats, armadillos, and opossums sleep more than 18 hours a day. Lions, who consume enough from a single kill to keep going for a day or two, sleep for 16

hours at a time. House cats have inherited this tendency, though they spend more time in light sleep (eyes closed but in a upright posture with ears alert) than in deep sleep (muscles relaxed, almost oblivious to their surroundings). Dolphins and other aquatic mammals actually sleep on the move.

If they didn't keep one flipper paddling and periodically surface to breathe, they would drown. How do they accomplish this? By sleeping with only one hemisphere of their brain at a time. Birds are also half-brain sleepers, but apparently for a different reason: to keep one eye open for predators. Other organisms, such as fish, usually find a protected place and rest for just minutes at a time by slowing their metabolism down. Brightly colored reef fish can even "turn down" their colors when they rest to reduce the risk of being seen by predators. The parrot fish secretes a mucous layer to cover its body, thus cloaking its scent while napping.

Nobody knows exactly why we need to sleep. Evolutionary psychologists see sleep as an adaptive mechanism that evolved to allow organisms to conserve and restore energy. In support of this theory, researchers have shown that people use less energy when they are asleep than when they are awake. Another possibility is that some vital substance in the nervous system is resynthesized during sleep. But what that substance might be is still a mystery, although a recent study suggests that the naturally occurring chemical adenosine may be involved. In this study, cats kept awake an abnormally long time were found to have elevated levels of adenosine in their brains during wakefulness. When the cats were finally permitted to sleep, the adenosine levels dropped. To determine whether the adenosine buildup actually caused the sleepiness, the investigators injected adenosine into well-rested cats. These cats immediately became sleepy and began to exhibit the EEG patterns typical of drowsiness. Exactly why a high level of adenosine appears to trigger sleepiness is not known, but additional research along this line may soon provide us with a better understanding of the neurological processes underlying the need

for sleep.

Circadian Cycles: The Biological Clock

Like many other biological functions, sleep and waking follow a daily, or circadian, cycle (from the Latin expression *circa diem,* meaning "about a day"). Circadian rhythms are an ancient and fundamental adaptation to the 24-hour solar cycle of light and dark, found not only in humans and other animals but also in plants and even one-celled organisms. The human biological clock is actually a tiny cluster of neurons in the hypothalamus that responds to levels of proteins in the body. When the protein supply gets low, these neurons "turn on" and stimulate production of more proteins. When the proteins reach a certain level, they "turn off" again. In turn, these proteins are the building blocks of hormones, neurotransmitters, and other essential body chemicals.

Over the course of a day, metabolism, stomach acidity, alertness, body temperature, blood pressure, and the level of most hormones also vary predictably. But all body cycles do not follow the same pattern. For example, the level of the hormone epinephrine (which causes the body to go on alert) reaches a peak in the late morning hours and then steadily declines until around midnight, when it suddenly drops to a very low level and remains there until morning. By contrast, levels of melotonin (which promotes sleep) surge at night and drop off during the day. Normally, the rhythms and chemistry of all these different cycles interact smoothly, so that a shift in one brings about a corresponding shift in others.

The biological clock is self-sustaining and continues to function in the absence of external cues to the cycle of day and night. For example, Czeisler Duffy, and Shanahan studied 24 people who volunteered to live in an artificial environment for 3 weeks. The only time cues participants had were a weak cycle of light and dark set at 28 hours and a bedtime signal. Even in this misleading environment, their body temperatures, hormone levels, and other biological processes showed that their bodies continued to function according to their own internal 24-hour cycle.

Under normal environmental conditions, however, our body clocks reset themselves to match prevailing cycles of light and dark. Our sleep- wake cycles change as the days grow longer or shorter with the seasons. Melatonin seems to play a key role in adaptation to light and dark. Suppose you are camping in a remote area, away from artificial light. When the sun goes down, the pineal gland deep in your brain begins to produce melatonin, which lowers your body temperature and makes your drowsy. Melatonin levels remain high all night. When the sun comes up, you open your eyes, light hits your retinas, and melatonin production stops. By midmorning, there is little or none left in your system. At nightfall, production begins again. The hypothalamus does not distinguish between natural and artificial light, however. Exposure to bright light after dark — in our homes, offices, and other locations — suppresses our natural response to changes in the light cycle.

We rarely notice circadian rhythms until they are disturbed. Jet lag is a familiar example. Travelers who cross several time zones in one day often feel "out of sorts" for several days. The reason for jet lag is not so much lack of sleep as desycronization. Sleep and wake cycles adapt quickly, but hormones, body temperature, and digestive cycles change more slowly. As a result, bodily functions are out of synch. Likewise, shift workers often lose weight and suffer from irritability, insomnia, and extreme drowsiness for some time after changing to a new shift. People can adapt to night work fairly quickly, but night and day shifts are often assigned on a rotating basis, so the workers' bodies do not have time to resynchronize. Pilots who work variable shifts and cross and cross time zones are especially vulnerable.

But what counts is not the number of hours we sleep, but "quality" sleep. To be fully alert and function at our peak, we need a good night's sleep: An afternoon siesta and naps here and there do not meet our sleep requirements. We can reprogram ourselves to different sleep schedules, but our adaptability is limited. Extended periods with too little regular sleep lead to slower reaction times

difficulty processing information and making decisions, and unplanned, involuntary naps lasting a few minutes — or even hours. These disruptions of the biological clock pose a threat to safety in the case of pilots or workers operating dangerous equipment.

Researchers may have found a way to adjust our biological clocks. Light inhibits the production of melatonin, which goes up as the sun goes down. A small dose of melatonin taken in the morning (the time when the hormone is usually tapering off) sets back or slows the biological clock. Taken in the evening, melatonin speeds up the biological clock, making the person fall asleep earlier than usual. A team of investigators applied this reasoning to treat a child with severe insomnia brought on by a tumor of the pineal gland, which suppressed the gland's output of melatonin. After melatonin was artificially supplied to the child for two weeks, a normal sleep-wake cycle was restored. Results like these suggest that someday a melatonin pill, perhaps used in conjunction with timed exposure to sunlight or darkness, may help people adjust their circadian rhythms at will.

I. Choose the word from the box to match the definition on the left.

Sleep	Biological clock	Sleep attack
Desyncronization	Melatonin	Circadian rhythm

1. An overwhelming urge to sleep, much time compelling than mere sleepiness.
2. Basically, a particular loss of consciousness characterized by a variety of behavioural and neurophy- siological effects.
3. A hormone produced by the pineal gland that enhances the immune system and helps people with jet lag or

sleeplessness.

4. A term used for any set of circumstances in which there is a breakdown or disruption in synchrony.
5. A cycle or rhythm that is roughly 24 hours long, sleepwakefulness, body temperature, and water excretion follow a circodian rhythm, as do a number of behavioral and psychological variables.
6. A hypothesized biochemical mechanism that is responsible for the control of the behavioral systems which show periodicity.

II. Answer the questions to the text.

1. What is sleep?
2. How do people behave when deprived of sleep?
3. Why is a drosophila fly a favorite subject for genetic studies?
4. Does the duration of sleep vary in different organisms?
5. Why do we need to sleep?
6. What does a circadian cycle mean?
7. How may a biological clock be defined?
8. What hormone plays a key role in adaptation to light anddarkness? How does it work?
9. Why do people experience jet lag after transcontinental orinternational flights?
10. What is more important: the number of hours we sleep or“quality” sleep?
11. Will it be possible to help people adjust their circadian rhythms at will someday?

III. Choose the facts to prove that:

1. Different organisms sleep in different positions and the lengthof sleep varies from species to species.
2. We rarely notice circadian rhythms until they are

disturbed.

3. Researchers may have found a way to adjust our biological clocks.

Text 2. THE WORLD OF DREAMS

For the most part, dreams are not taken very seriously in Western societies. Paradoxically, though, Robert Van de Castle (1994) points out that dreams have sometimes changed the world. For example, Van de Castle describes how Rene Descartes's philosophy of dualism, Frederick Banting's discovery of insulin, Elias Howe's refinement of the sewing machine, Mohandas Gandhi's strategy of nonviolent protest, and Lyndon Johnson's withdrawal from the 1968 presidential race were all inspired by dreams. He also explains how Mary Shelley's Frankenstein and Robert Louis Stevenson's *The Strange Case of Dr. Je- kyll and Mr. Hyde* emerged out of their dream experiences. In his wide- ranging discussion, Van de Castle also relates how the Sueerrealist painter Salvador Dali characterized his work as "dream photographs," and how legendary filmmakers Ingmar Bergman, Orson Welles, and Federico Fellini all drew on their dreams in making their films. Thus, Van de Castle concludes that "dreams have had a dramatic influence on almost every important aspect of our culture and history".

The Nature and Contents of Dreams

What exactly is a dream? This question is more complex and controversial than you might guess. The conventional view is that dreams are mental experiences during REM sleep that have a storylike quality, include vivid visual imagery, are often bizzare, and are regarded as perceptually real by the dreamer. However, theorists have begun to question virtually every aspect of this characterization. Decades of research on the contents of dreams have shown that dreams are not as bizarre as widely assumed. In recent years, there has been renewed interest in the fact that dreams

are not the exclusive property of REM sleep. Moreover, studies that have focused on dream reports from non-REM stages of sleep have found that dreams appear to be less vivid and storylike than REM dreams. And work on reflective awareness in dreams suggests that dreamers realize they are dreaming more often than previously thought. Thus, the concept of dreaming is undergoing some revision in scientific circles.

What do people dream about? Overall, dreams are not as existing as advertised. Perhaps, dreams are seen as exotic because people are more likely to remember their more bizarre nighttime dramas. After analyzing the contents of more than 10,000 dreams, Calvin Hall (1966) concluded that most dreams are relatively mundane. They tend to unfold in familiar settings with a cast of characters dominated by family, friends, and colleagues, with a sprinkling of strangers. Researchers have found that certain themes are more common than others in dreams. For example, people dream quite a bit about sex, aggression, and misfortune. According to Hall, dreams tend to center on classic sources of internal conflict, such as the conflict between taking chances and playing it safe. Hall was struck by how little people dream about public affairs and current events. Typically, dreams are very self-centered; people dream mostly about themselves.

Though dreams seem to belong in a world of their own, what people dream about is affected by what is going on in their lives. If you're struggling with financial problems, worried about an upcoming exam, or sexually attracted to a classmate, these themes may very well show up in your dreams. Freud noticed long ago that the contents of waking life tend to spill into dreams. He labeled this spillover *the day residue*. The connection between a person's real world and his or her dream world probably explains why thematic continuity can be found among successive dreams occurring in different REM periods on a given night. On occasion, the contents of dreams can also be affected by external stimuli experienced while one is dreaming. For example, William Dement sprayed water on

one hand of sleeping subjects while they were in the REM stage. Subjects who weren't awakened by the water were awakened by the experimenter a short time later and asked what they had been dreaming about. Dement found that 42% of the subjects had incorporated the water into their dreams. They said that they had dreamt that they were in rainfalls, floods, baths, swimming pools, and the like. Some people report that they occasionally experience the same phenomenon at home when the sound of their alarm clock falls to awaken them. The alarm is incorporated into their dream as a loud
engine or a siren, for instance.

Culture and Dreams

Striking cross-cultural variations occur in beliefs about the nature of dreams and the importance attributed to them. In modern Western society, we typically make a distinction between the "real" world we experience while awake and the "imaginary" world we experience while dreaming. Some people realize that events in the real world can affect their dreams, but few believe that events in their dreams hold any significance for their waking life. Although a small minority of indivi- duals take their dreams seriously, in Western cultures dreams are largely written off as insignificant, meaningless meanderings of the unconscious. In many non-Western cultures, however, dreams are viewed as important sources of information about oneself, about the future, or about the spiritual world. Although no culture confuses dreams with waking reality, many view events in dreams as another type of reality that may be just as important as, or perhaps even more important than, events experienced while awake. In some instances, people are even held responsible for their dream actions. Among the New Guinea Arapesh, for example, an erotic dream about someone may be viewed as the equivalent of an adulterous act. In many cultures, dreams are seen as a window into the spiritual world, permitting communication with ancestors or supernatural beings. People in

some cultures believe that dreams provide information about the future — good or bad omens about upcoming battles, hunts, births, and so forth.

The tendency to remember one's dreams varies across cultures. In modern Western societies where little significance is attributed to dreams, dream recall tends to be mediocre. Many people remember their dreams only infrequently. In contrast, dream recall tends to much better in cultures that take dreams seriously.

In regard to dream content, both similarities and differences occur across cultures in the types of dreams that people report. Some basic dream themes appear to be nearly universal (dreams of falling, being pursued, having sex). However, the contents of dreams vary some from one culture to another because people in different societies deal with different worlds while awake. For example, a 1950 study of the Siriono, a hunting-and-gathering people of the Amazon who were almost always hungry and spent most of their time in a grim search for food, found that half of the reported dreams focused on hunting, gathering, and eating food. Shared systems for interpreting the contents of dreams also vary from one society to another.

Many theories have been proposed to explain the purposes of dreaming. Sigmund Freud (1900), who analyzed clients' dreams in therapy, believed that the principle purpose of dreams is wish fulfillment. He thought that people fulfill ungratified needs from waking hours through wishful thinking in dreams. For example, someone who is sexually frustrated would tend to have highly erotic dreams, while an unsuccessful person would dream about great accomplishments.

Other theorists, such as Rosalind Cartwright, have proposed that dreams provide an opportunity to work through everyday problems. According to her cognitive, problem-solving view, there is considerable continuity between waking and sleeping thought. Proponents of this vies believe that dreams allow people to engage in creative thinking about problems because dreams are not

restrained by logic or realism.

J. Allan Hobson and Robert McCarley have argued that dreams are simply the by-product of bursts of activity emanating from subcortical areas in the brain. Their activation-synthesis model proposes that dreams are side effects of the neural activation that produces "wide awake" brain waves during REM sleep. According to this model, neurons firing periodically in lower brain centers send random signals to the cortex. The cortex supposedly constructs a dream to make sense out of these signals. In contrast to the theories of Freud and Cartwright, this theory obviously downplays the role of emotional factors as determinants of dreams.

These theories are only three of a host of ideas about the functions of dreams. All of these theories are based more on conjecture than research. In part, this is because the private, subjective nature of dreams makes it difficult to put the theories to an empirical test. Thus, the purpose of dreaming remains a mystery.

I. Choose the word from the box to match the definition on the left.

Dream	Dream interpretation	Day residue
REM Sleep	Wish fulfillment	Dream analysis

1. The psychological interpretation of dreams used to gain insight into a person's unconscious intentions or conflicts.

2. In the classical Freudian concept for the action of wish fulfillment. In reaming, for example, the primal id fails to distinguish between fantasies, images or hallucinations and reality, so the dreamer may represent as fulfilled in symbolic form wishes that would have otherwise disrupted sleep because of their unacceptability.

3. A lot of people have wrestled with this one; let's define it simply as "imagery during sleep". Dreaming appears to occur in many organismsand is intimately related to rapid- eye movement (or REM) sleep.

4. This term is used almost exclusively in the study of dreams to refer to the fragments of recent experiencesduring waking hours that emerge asdreams images.

5. A stage of sleep named for the rapid eye movements which are among its most salient characteristics

6. A psychological technique in which clients report their dreams as accurately as possible and the therapistinterprets the elements of the dreams as symbols of desires and conflicts.

II. Answer the questions to the text.

1. What is a dream?
2. What is the difference between dreams of non-REM stages ofsleep and REM sleeps?
3. What do people dream about?
4. What are the contents of dreams affected by?
5. Why do the contents of dreams vary from one culture toanother?
6. How did Sigmund Freud propose to explain the purposes ofdreams?
7. What did other theorists propose concerning dreams?
8. What does the activation-synthesis model mean according to
   J. Allan Hobson and Robert McCarley?
9. What are all these theories based on?

III. Choose the facts to prove that:

1. What people dream about is affected by what is going on intheir lives.
2. The contents of dreams vary some from one culture to another.
3. According to Sigmund Freud, the principle purpose of dreamsis wish fulfillment.

Text 3.
SLEEP DISORDERS

About 90% of adults sleep 6 to 9 hours per night, with the largest number sleeping 7 1/ to 8 hours. While some people sleep only 6 to 7 hours, most of these people have measurable signs of sleepiness during the daytime, even if they not realize it. It appears that most adults require 8 to 9 hours of sleep to be free from daytime sleepiness. A sleep disorder exists when inability to sleep well produces impaired daytime functioning or excessive sleepiness.

Deprivation

Whether they are aware of it or not, most people occasionally or chronically deprive themselves of adequate sleep. Consider a few examples:

Thirty percent of high-school and college students fall asleep in class at least once a week.

Thirty-one percent of all drivers have fallen asleep at the wheel at least once a week.

Fatigue is the primary factor that detrimentally affects the ability of pilots.

The nuclear accidents at Chernobyl and Three Mile Island occurredin the early morning hours, when night-shift workers were fatigued and missed, or were confused by, warning signals on their control panels.

Recent Gallup surveys have found that 56% of the adult population reports daytime drowsiness as a problem. According to a leading sleep researcher, many of these individuals are “waking zombies” carrying years of accumulated “sleep debt.” He points out that “a

one-hour sleep loss every night for an entire week is equivalent to having pulled one all-nighter." A common sign of sleep deprivation is inability to get through the day without a temporary loss in energy and alertness, usually occurring in mid-afternoon. Many people attribute this state to a heavy meal, a low dose of alcohol, or environmental conditions such as sitting in a warm room and listening to a dull lecture. But these factors do not cause sleepiness — they merely reveal the presence of sleep debt. With adequate sleep, a normal person is alert throughout the day, even when engaged in nonstimulating, sedentary activities.

Sleep researchers have demonstrated that alertness significantly increases when people who normally get eight hours of sleep get an additional two hours of sleep. While most people can operate satisfactorily on eight hours of sleep, they are not at their best. Moreover, they lack a "safety margin" to make up for the times when they get less than that amount of sleep. The loss of as little as an hour of sleep increases the likelihood of inattentiveness, mistakes, illness, andaccidents.

Even if you cannot arrange to get 10 hours of sleep at night, you can avoid excessive sleep debt by getting 8 or 9 hours of restful sleep.

Insomnia

The term insomnia refers to complaints about a symptom, namely, dissatisfaction with the amount or quality of one's sleep. Whether ornot a person has insomnia is a largely subjective matter. Many people who complain of insomnia are found to have perfectly normal sleep when studied in a sleep laboratory, whereas others who do not complain of insomnia have detectable sleep disturbances. This does not mean that insomnia is not a real condition, only that subjective reports ofsleeplessness do not always correlate well with more objective measures. A perplexing feature of insomnia is that people seem to overes- timate the amount of sleep lost. One study that monitored the sleep of people who identified themselves as insomniacs found that only about half of them were actually awake as much as 30 minutes during the night. The problem may be that some people remember only time spent

awake and think they have not slept because they have no memory of doing so.

Narcolepsy and Apnea

Two relatively rare but severe sleep disorders are narcolepsy and apnea. A person with narcolepsy has recurring, irresistible attacks of drowsiness and may fall asleep at any time — while writing a letter, driving a car, or carrying on a conversation. If a student falls asleep while a professor is lecturing, that may be perfectly normal; but if a professor falls asleep while lecturing, he or she may be suffering from narcolepsy. Such episodes may occur several times a day in severe cases, and last from a few seconds to 15—30 minutes. Narcoleptics have difficulty keeping jobs because of their daytime sleepiness, and are potentially dangerous if they are driving a car or operating machinery when an attack occurs. Approximately one in a thousand individuals suffers from debilitating narcolepsy, and the incidence of milder, unrecognized cases may be much higher.

Essentially, narcolepsy is the intrusion of REM episodes into daytime hours. During attacks, victims go quickly into a REM state, so rapidly in fact that they may lose muscle control and collapse before they can lie down. Moreover, many report experiencing hallucinations during an attack as reality is replaced by vivid REM dreams. Narcolepsy runs in families, and there is evidence that a specific gene or combina- tion of genes makes an individual susceptible to the disorder.

In apnea, the individual stops breathing while asleep. There are two reasons for apnea attacks. One reason is that the brain fails to send a "breathe" signal to the diaphragm and other breathing muscles, thus causing breathing to stop. The other reason is that muscles at the top of the throat become too relaxed, allowing the windpipe to partially close and thereby forcing the breathing muscles to pull harder on incoming air, which causes the airway to completely collapse. During an apnea episode, the oxygen level of the blood

drops dramatically, leading to the secretion of emergency hormones. This reaction causes the sleeper to awaken in order to begin breathing again.

Most people have a few apnea episodes each night, but people with severe sleep problems may have several hundred episodes per night. With each one, they wake up in order to resume breathing, but these arousals are so brief that the person generally is unaware of them. Theresult is that people who suffer from apnea can spend 12 or more hours in bed each night and still be so sleepy the next day that they cannot function and may even fall asleep in the middle of a conversation.

Sleep apnea is common among older men. Sleeping pills, which make arousal more difficult, lengthen periods of apnea (during whichthe brain is deprived of oxygen) and may prove fatal. Failure to awaken,and thereby terminate a period of apnea, is probably one of the mainreasons that some people die in their sleep.

I. Choose the word from the box to match the definition on the left.

Sleep disorder	Apnea	Narcolepsy
Insomnia	Sleep Deprivation	Drowsiness

1. The state when you are inclined to sleep resulting from sleepiness.
2. When inability to sleep well produces impaired daytime functioning or excessive sleepiness.
3. Cessation of breathing. Typically temporary in nature and usually observed either immediately or soon after a period of heavy, deep breathing, which suggests that it iscaused by a reduction in the stimu-lation of the respiratory centre because of lowered dioxide levels.
4. A situation in which you do not have sleep which you need or want.
5. A general term for chronic inability to sleep normally, as

evidenced by difficulty in falling asleep, frequent waking during the night, and/or early morning waking with attendantdifficulty in falling back to sleep.

6. Recurring, irresistible attacks of drowsiness with the likelihood of falling asleep at any time.

II. Answer the questions to the text.

1. When does a sleep disorder exist?
2. What is a common sign of sleep deprivation?
3. How many hours are necessary for a normal person to be freefrom daytime sleepiness?
4. Which techniques can be used to ensure a good night's sleep?
5. What do we mean by insomnia?
6. What two rare but severe sleep disorders do you know?
7. How can narcolepsy be defined?
8. What is apnea characterized by?
9. What are two reasons for apnea attacks?
10. Who is sleep apnea common among?

III. Choose the facts to prove that:

1. Most people occasionally or chronically deprive themselves of adequate sleep.
2. With adequate sleep, a normal person is alert throughout theday, even when engaged in nonstimulating, sedentary activities.
3. Whether or not a person has insomnia is a largely subjective matter.

Text 4
GET OVER YOURSELF!

The ability to self-reflect — to think consciously about ourselves —offers many benefits by allowing us to plan ahead, reminisce about the past, consider options, innovate and evaluate ourselves. However, self- awareness also sets us up for a host of problems. It distorts people's perceptions of the world. It conjures up a great deal of personal suffering in the form of depression, anxiety, anger and jealousy by allowing people to ruminate about the past or imagine what might befall them in the future. The inherently egocentric manner in which the self processes information can blind people to their own shortcomings and undermine their relationships with others.

We are almost always at least one step removed from the real world, separated from it by our ongoing thoughts, interpretations, opinions and judgments. And, perhaps most troubling, we are nearly blind to the illusions we have about ourselves.

The "Better" than Average Effect

Perhaps the biggest bias in people's perceptions of themselves involves their penchant for overestimating their own positive qualities. People tend to judge themselves as better than the average person or virtually every dimension, and this egotistical bias can lead to a great deal of conflict and unhappiness. In one study university students rated themselves and the "average college student" of their own sex on 20 positive traits (such as dependability, intelligence, maturity and friendliness) and 20 negative attributes (such as insecurity, humorless- ness, meanness and unpleasantness). Results showed that the average participant rated him- or herself more positively than average on 38 of the 40 traits. Similarly, most people rate themselves as safer than the average driver, more sexually adroit than the average lover and more ethical than the average person. An Australian study revealed that 86 percent of employees rate their job performance as "above average," whereas only 1 percent say that they perform below average at work. Most people

also tend to see themselves as less prejudiced than otherpeople they know.

People also think that they are more likely to go to heaven when they die than are other people. *U.S. News and World Report* survey asked 1,000 Americans to rate whether they and various celebrities were likely to go to heaven. Of the celebrities, Mother Teresa ranked highest on the list; 79% of the respondents thought she was likely to go to heaven. When asked about themselves, though, 87 percent of the respondentsindicated that they were destined to go to heaven. Put simply, respondents thought that they were personally more likely to go to heaven than anybody else on the list, including Mother Teresa.

People also think that they understand other people better than other people understand them, and people assume that they understand themselves better than other people do. Furthermore, people expect others to be less objective and fair than they themselves are. Not onlydo these assumptions lead us to think that we have an inside track on accuracy and that other people's interpretations are wrong, but it leads us to underestimate that we might learn from other people and overestimate that they might learn from us. Perhaps this explains why most people offer advice much more willingly than they accept it from others.

Your Name: Nothing Sounds so Sweet

Our tendency to judge ourselves positively extends to objects, symbols and events that are associated with us. One example of this phenomenon is the mere ownership effect. People evaluate things that they own — their houses, cars, clothes, books and other possessions — more favorably than those that they don't. On one level it is not sur- prising that people possess things they like. However, research suggests that this is due to more than just the fact that people own things that they like; people also come to like things that they possess.

Of all of the things that we "own," few are more intimately

tied to our sense of who we are than our names. This observation suggests that people may come to like their names, better than other names and letters. As outlandish as this possibility may seem, people, in fact, like the letters of the alphabet that appear in their own names much more than they like letters that are not in their names. The effect is particularly strong for people's first and last initials. This preference has been documented in at least 14 countries.

The natural tendency to self-enhance affects our perception of other people as well. For example, merely sharing the same birthday with another person can influence our evaluation of him or her. In one study, participants read one of two essays about Rasputin, the "mad monk of Russia." Rasputin was filthy and violent, drank heavily and sexually assaulted women. Yet participants who thought that they and Rasputin were born on the same day of the year rated him significantly more favorably than participants who did not think he shared their birthday.

You Are the Thief of Memory

Most of us have had the experience of walking or driving from one place to another so absorbed in self-thought that we arrive with no memory whatsoever of the sights along the way.

Self-preoccupation interferes with memory. When being held captive by their own thoughts, people often miss part (or all) of what happens around them. Imagine that you are attending the first day of a new class or the first meeting of a new group. Each person is asked to introduce and say a few things about him- or herself. Your self shifts into high gear as you consider various possibilities, imagine how the other people might react to each disclosure, finally settle on what you will say and then rehearse in your mind how you will say it. As a result, you have no idea who these people are or what they just said about themselves. This phenomenon is called the next-in-line

effect because people are at least likely to remember what the person who immediately preceded them said because that was when they were most self- absorbed.

Self Chokes Man

Self-preoccupation also interferes with people's ability to remember things that they already know. We can see this effect quite clearly in the case of test anxiety. For some students, taking tests is an exceptionally anxiety-provoking ordeal. Rather than focusing single-mindedly on the test questions, these students' minds are filled with a cacophony of irrelevant, self-generated thoughts that edge out their ability to think about the test itself: *Why didn't I study more for this test? Boy, am I stupid! I should know this stuff. I'm going to be so embarrassed when I get my grade….* And so their selves go, on and on. After this sort of experience, students often say that their "minds went blank" as they tried to answer the test questions. In reality, however, their minds were not blank at all but filled up with the self's competing chatter.

In other instances, the problem is not that people's self-thought interfere with cognitive processes (such as memory) but, rather, that they pay conscious attention to tasks that are best performed automatically and nonconsciously. In such cases, the self not only fails to help performance but dramatically hinders it.

This process is responsible for what we commonly call choking under pressure. Athletes choke in games, public speakers and actors choke when they stand in front of an audience, and job applicants choke during job interviews. In each case the individual knows that he or she is capable of behaving skillfully but cannot pull it off at the critical time. Ironically, research shows that as the importance of performing well goes up, people are increasingly more likely to choke. The more important it is for them to perform well, the worse they do.

In Bed with Yourself

When asked how herself affects the quality of her life, one female university student pointed immediately to its effects on her sleep and said: "I often lay awake at night worrying about what will happen after I graduate. What if I don't pay a parking ticket that I have forgotten about, and they withhold my diploma? What if my boyfriend never asks me to marry him, or what if he doesn't like the names I have picked out for our children? I could 'what if' myself all night long."

Research confirms that people who are worrying, planning or making decisions do not fall asleep easily. Furthermore, many people with insomnia begin to obsess about the fact that they can't sleep. These intrusive thoughts about their insomnia can further fuel the problem by cluttering their mind with chatter and by inducing arousing emotions such as frustration, anger and worry.

The age-old remedy for sleeplessness is to "count sheep." The benefits of sheep-counting have not, to my knowledge, been empirically investigated, but the rationale behind such practices is sound. Occupying one's mind with meaningless tasks prevents worrying, planning and thinking about self-relevant topics.

The self is also perhaps the greatest enemy of sexual satisfaction. Many experts believe that problems involving sexual arousal and orgasm often stem from people being overly self-focused during sex. "Spectatoring" refers to monitoring one's own engagement in sex rather than being unself-consciously immersed in it. To the extent that people are thinking about themselves and their performance during sex, they will be distracted from the visual and sensory stimuli that foster arousal. In addition, because they may critically judge their appearance and performance, they may become nervous, and thus allow anxiety to interfere with sexual arousal.

The ability to self-reflect creates havoc in people's lives, leading to suffering, selfishness, troubled relationships, disastrous decisions and behavior that is dangerous to ourselves and to others. But the self is not in any way inherently flawed. Because we have a self, we can decide to do things to minimize its totalitarian control over our lives and to make it work for us rather than against us.

I. Choose the word from the box to match the definition on the left.

Selfhood	Self-reflection	Test anxiety
Overestimation	Choking	Self-preoccupation

1. Uneasiness of mind respecting the event, future or uncertain; distress, inability to focus single- mindedly on the test questions.
2. The state of being mentally occupied with oneself; totally absorbed in self-thought.
3. The evaluation of one's abilities too high; overrating; regarding as having more valuable qualitiesthan is really the case.
4. The character of being oneself; the mode of being an individual person; personality; selfishness.
5. Observation of one's emotional and mental self; introspection.
6. Stopping on moderating the motion of smth.; restraint in action; hindrance.

II. Answer the questions to the text.

1. What does the biggest bias in people's perception of themselvesinvolve?
2. What can explain why most people offer advice

much morewillingly than they accept it from others?
3. What does a mere ownership effect mean?
4. What is called the next-in-line effect?
5. What process is responsible for what we commonly call chokingunder pressure?
6. What may the consequences of insomnia be?
7. Where do the problems involving sexual arousal and orgasmstem from?

III. What does the ability to self-reflect lead to?Choose the facts to prove that:

1. Self-awareness sets us up for a host of problems.
2. Our tendency to judge ourselves positively extends to objects,symbols and events that are associated with us.
3. Self-preoccupation interferes with memory.
4. The self is also perhaps the greatest enemy of sexual satisfaction.

Text 5
VIEWPOINTS ON PSYCHOLOGICAL DISORDERS

Even when psychologists agree on the presence of a particular psychological disorder, they may disagree on its causes. That is, they favor different *viewpoints* regarding the causes of psychological disorders. Since ancient times, human beings have tried to explain the unusual or distressing behavior patterns that we now call psychological disorders. Many ancient Greek authorities assumed that the gods inflicted psychological disorders on people to punish them for their misdeeds. But the Greek physician Hippocrates (460—377 B.C.) ar-gued, instead, that psychological disorders had natural causes. Hippo- crates believed that temperament depended on the relative amounts of

fluids he called humors, which included blood, phlegm, black bile, and yellow bile. According to Hippocrates, and later the Greek physi- cian Galen (A.D. ca. 130—200), imbalances in these humors caused psychological disorders. For example, depression was supposedly caus- ed by an excess of "melancholer" (black bile from the spleen) in the brain. To this day, we call depressed people "melancholic".

Despite the efforts of Hippocrates and his followers, supernatural explanations existed alongside naturalistic ones throughout the Middle Ages and the Renaissance. Robert Burton's (1621) *Anatomy of Melan- choly*, a classic book on the causes of depression, looked to supernatural causes (including God, the devil, or demons) and natural causes (including the planets, bad marriages, or inadequate diets). Until the nineteenth century, supernatural and natural explanations of psycho- logical disorders vied for dominance.

Today, some authorities believe that many of those who were executed as witches in Renaissance and Reformation Europe and in the infamous Salem, Massachusetts, witch trials of 1692 actually had psychological disorders. The accused behaved in such bizarre ways that others became convinced they were in league with the devil. Of course, the conjecture that the accused suffered from psychological disorders is based on written records of the trial interpreted three centuries later. Other authorities who have evaluated the same records have concluded that the accused witches did not suffer from psychological disorders. An alternative, naturalistic explanation is that the accused witches suffered from ergot poisoning. Ergot, a fungus that grows on moist rye grain, is the source of LSD and can induce hallucinations and bizarre behavior. But the explanation has been discredited by those who claim that the described behaviors of the accused witches were not characteristic of ergot poisoning.

The sixteenth and seventeenth centuries saw the beginning

of opposition to the supernatural view of psychological disorders, which was led by religious authorities. In the late sixteenth century, the Spanish nun Teresa of Avila saved a group of other nuns from being punished as witches. The nuns had inexplicably begun yelling and jumping about with abandon, a phenomenon known as *tarantism* or *St. Vitus's dance*. Teresa convinced the religious authorities that the nuns were not possessed but, rather were "as if sick." That is, they were suffering from"mental illness."

The sixteenth-century Swiss physician Paracelus (1493—1541) also rejected the supernatural viewpoint. Instead of attributing unusual behavior to demons, he attributed it to the moon. Paracelus called the condition *lunacy* and the people who exhibited it *lunatics*. These terms were derived from the Latin word for "moon." Today, half of all college students believe that the full moon can make people behave abnormally. But, contrary to popular belief, the moon does not increase the incidence of crime, mental illness, or other abnormal behavior.

During the past two centuries, the growth of interest in naturalistic explanations has led to a decline in supernatural explanations of psychological disorders. In *The English Malady*, George Cheyne (1734)

noted that depression was more common in the English than in either Europeans. This made him look for causes of depression in factors specific to England, including overcrowding, bad weather, and polluted air. In the late eighteenth century, Anton Mesmer gained notoriety in Paris by using magnetism to cure hysteria, the loss of motor or sensory functions without apparent physical cause. The practice of *mesterism*, after being scientifically discredited, gave way to the practice of hypnosis, which gained popularity in France as a way to demonstrate the psychological causes and treatment of hysteria.

Even *phrenology*, promoted a naturalistic approach to the study of psychological disorders. Phrenologists assumed that

psychological disorders were caused by the overdevelopment or underdevelopment of brain regions. The degree of development of particular regions could supposedly be determined by feeling the contours of the scull. Though phrenology became scientifically discredited, it contributed to the belief that brain dysfunctions cause psychological disorders.

Current viewpoints on psychological disorders attribute them to natural factors. The viewpoints differ in the extent to which they attribute psychological disorders to biological, mental, or environmen-tal factors.

I. Choose the type of psychological disorders from the box to match the definition on the left.

Humanistic	Diathesis-Stress	Biopsychological
Cognitive	Psychoanalytic	Behavioral

1. Inherited or acquired brain disorders involving imbalances in neurotransmitters or damage tobrain structures.
2. Unconscious conflicts over impulses such as sex and aggression, originating in childhood.
3. Reinforcement of inappropriate behaviors and punishment or extinction of appropriate behavior.
4. Irrational or maladaptive thinking about one's self, life events, and the world in general.
5. Incongruence between one's actual self and public self as a consequence of trying to live up to the demandsof others.
6. A biological predisposition interacting with stressful life experience.

II. Answer the questions to the text.

1. What were ancient supernatural explanations of psychological disorders?
2. What did the sixteenth-century Swiss physician Paracelsusattribute unusual behavior to?
3. How did he call the people who exhibited such behavior?
4. What is hysteria?
5. What gained popularity in France as a way to demonstrate thepsychological causes and treatment of hysteria?
6. Who assumed that psychological disorders were caused by theoverdevelopment or underdevelopment of brain regions?
7. What do current viewpoints on psychological disorders attributethem to?

III. Choose the facts to prove that:

1. There are no general viewpoints on the causes of psychological disorders.
2. During the past two centuries the growth of interest in naturalistic explanations has led to a decline in supernatural explana- tions of psychological disorders.

Text 6
MOOD DISORDERS

As their name suggests, **mood disorders** are characterized by dis-turbances in mood or prolonged emotional state, sometimes referred to as affect. Most people have a wide emotional range — that is, they are capable of being happy or sad, animated or quiet, cheerful or discouraged, overjoyed or miserable, depending

on the circumstances. In some people with mood disorders, this range is greatly restricted. They seem stuck at one or the other end of the emotional spectrum —either consistently excited and euphoric or consistently sad — whatever the circumstances of their lives. Other people with a mood disorder alternate between the extremes of euphoria and sadness.

The most common mood disorder is **depression**, a state in which a person feels overwhelmed with sadness, loses interest in activities, and displays other symptoms such as excessive guilt or feelings of worth-lessness. People suffering from depression are unable to experience pleasure from activities they once enjoyed. They are tired and apathetic, sometimes to the point of being unable to make the simplest everyday decisions. They may feel as if they have failed utterly in life, and they tend to blame themselves for their problems. Seriously depressed people often have insomnia and lose interest in food and sex. They may have trouble thinking or concentrating — even to the extent of finding it difficult to read a newspaper. In fact, some research indicates that difficulty concentrating and subtle changes in short-term memory are sometimes the first signs of the onset of depression. In very serious cases, depressed people may be plagued by suicidal thoughts or evenattempt suicide.

It is important to distinguish between clinical depression and the "normal" kind of depression that all people experience from time to time. It is entirely normal to become sad when a loved one has died, when you've come to the end of a romantic relationship, when you have problems on the job or at school — even when the weather's bad or you don't have a date for Saturday night. Most psychologically healthy people also get "the blues" occasionally for no apparent reason.

It has been even postulated that depression may in some cases be an adaptive response, one that helped our ancestors survive periods of hardship. But in all of these instances, the mood disturbance is either a normal reaction to a "real-world" problem

(for example, grief) or passes quickly. Only when depression is serious, lasting, and well beyond the typical reaction to a stressful life event it is classified as a mood disorder. There are some distinguishes between two forms of depression.

Major depressive disorder is an episode of intense sadness that may last for several months; in contrast, dysthymia involves less intense sadness (and related symptoms) but persists with little relief for a period of 2 years or more. Some theorists suggest that major depressive disorder is more likely to be caused by a difficult life event, whereas dysthymia is a biological problem, but this is just speculation at this time. It is true, however, that some depressions can become so intense that people become psychotic — that is they lose touch with reality. For example, consider the case of a 50-year-old depressed widow who was transferred to a medical center from a community mental health center. This woman believed that her neighbors were against her, that they had poisoned her coffee, and that they had bewitched her to punish her for her wickedness.

Children and adolescents can also suffer from depression. In very young children, depression is sometimes difficult to diagnose because the symptoms are usually different than those seen in adults. For instance, in infants or toddlers, depression may be manifest as a "failure to thrive" or gain weight, or as a delay in speech or motor development. In school-age children, depression may be manifested as antisocial behavior, excessive worrying, sleep disturbances, or unwarranted fatigue. Moreover, research suggests that as many as 20 to 50 percent of children and adolescents with depression also have another disorder, such as disruptive disorder, anxiety disorder, or substance abuse.

A disorder that is often mistaken for depression sometimes occurs following a head injury, as may result from an automobile accident or a sudden jolt. The symptoms, which may include fatigue, headache, loss of sex drive, apathy, and feelings of

helplessness, generally last for only a few days, although they can persist for a couple of months. When such symptoms arise following a sudden trauma to the brain, they are more likely to be diagnosed as mild traumatic brain injury (MTBI) than depression.

Borderline personality disorder is both common and serious. The available evidence indicates that although it runs in families, genetics does not seem to play an important role in its development. Instead, studies of people with borderline personality disorder point to the influence of dysfunctional relationships with their parents, including a pervasive lack of supervision, frequent exposure to domestic violence, and physical and sexual abuse. Moreover, it is often accompanied by mild forms of brain dysfunction (such as attention-deficit disorder), schizophrenic-like conditions, and mood disorders, which has led some psychologists to question whether borderline personality disorder should be considered a separate and distinguishable category of personality disorder. On the other hand, family studies show that relatives of people diagnosed as borderline individuals are much more likely to be treated for borderline disorder than for other types of personality disorders. This finding supports the position that borderline disorder is a legitimate category of personality disorder.

I. Choose the word from the box to match the definition on the left.

Mood disorders	Dysthymia	Anxiety disorders
Psychotic disorders	Depression	Borderline personality disorder

1. A mood disorder characterized by overwhelming feeling of sadness, lack of interest in activities, and perhaps excessive guilt or feelings of worthlessness.

2. A group of mental disorders characterized by intense anxiety or by maladaptive behavior designed to relieve anxiety. Includes generalized anxiety and panic disorders, phobic and obsessive compulsivedisorders.
3. A general cover term for a number of severe mental disorders of organic or emotional origin. The defining feature of these disorders is gross impairment in reality-esting.
4. A mental disorder in which the individual has manifested unstable moods, relationships with others, and self-perceptions chronically since adolescence or child-hood.
5. A mood disorder characterized by a general depression, lack of inte rest in the normal, standard acti-vities of living and a ubiquitous "down in the dumps" feeling. It is not meant to be used for cases of acute depression.
6. A category of disorders characterized by disturbance of mood or emotional tone to the point whereexcessive and inappropriate depression or elation occurs.

II. Answer the questions to the text.

1. What are mood disorders characterized by?
2. What is the most common mood disorder?
3. How do people suffering from depression feel?
4. What is meant by the "normal" kind of depression?
5. What is the difference between major depressive disorder anddysthymia?
6. Why is depression sometimes difficult to diagnose in very youngchildren?
7. Why is a disorder often mistaken for depression?
8. What is a borderline personality disorder characterized by?

III. Choose the facts to prove that:

1. Almost everyone experiences the “normal” kind of depression from time to time.
2. Some depressions can become so intense that people becomepsychotic.
3. Genetics do not seem to play an important role in the develop-ment of borderline personality disorder.

Text 7.
ANTISOCIAL PERSONALITY DISORDER

One of the most widely studied personality disorders is **antisocial personality disorder**. People who exhibit this disorder lie, steal, cheat, and show little or no sense of responsibility, although they often seem intelligent and charming on first acquaintance. The “con man” exemplifies many of the features of the antisocial personality, as does the person who compulsively cheats business partners because he or she knows their weak points. Antisocial personalities rarely show the slightest trace of anxiety or guilt about their behavior. Indeed, they are likely to blame society or their victims for the antisocial actions that they themselves commit. Antisocial personalities are responsible for a good deal of crime and violence, as seen in this case history of a person with antisocial personality disorder:

Although intelligent, the subject was a poor student and was frequently accused of stealing from his schoolmates. At the age of 14, he stole a car,and at the age of 20, he was imprisoned for burglary. After he was released, he spent another two years in prison for drunk driving and then eleven years for a series of armed robberies. Released from

prison yet one more time in 1976, he tried to hold down several jobs but succeeded at none of them. He moved in with a woman whom he had met one day earlier, but he drank heavily (a habit that he had picked up at age 10) and struck her children until she ordered him out of the house at gunpoint. On at least two occasions, he violated his parole but was not turned in by his parole officer. In July of 1976, he robbed a service station and shot the attendant twice in the head. He was apprehended in part because he accidentally shot himself during his escape. "It seems like things have always gone bad for me," he later said. "It seems like I've always done dumb things that just caused trouble for me."

Psychiatric evaluation showed this man to have a superior IQ of 129 and a remarkable store of general knowledge. He slept and ate well and exhibited no significant changes of mood. He admitted to having "made a mess of life" but added that "I never stew about the things I have done." This person, Gary Gilmore, was executed for murder in 1977.

Approximately 3 percent of American men and less than 1 percent of American women suffer from antisocial personality disorder. Not surprisingly, the prevalence of the disorder is high among prison inmates. One study categorized 50 percent of the population of two prisons as having antisocial personalities. Not all people with antisocial personality disorder are convicted criminals, however. Many skillfully and successfully manipulate others for their own gain while steering clear of the criminal justice system.

Antisocial personality disorder seems to result from a combination of biological predisposition, adverse psychological experiences, and an unhealthy social environment. Some findings suggest that heredity is a risk factor for the later development of antisocial behavior. Impulsive violence and aggression have also been linked with abnormal levels of certain neurotransmitters. Evidence suggests that in some people with antisocial personalities the

autonomic nervous system is less responsive to stress. Thus, they are more likely to engage in thrill-seeking beha-viors, which can be harmful to themselves or others. In addition, because they respond less emotionally to stressful situations, punishment is less effective for them than for other people.

Another intriguing explanation for the cause of antisocial personality disorder is that it arises as a consequence of damage to the prefrontal region of the brain during infancy. One case study reported that two infants who had experienced damage to the prefrontal cortex prior to 16 months of age had defective social and moral reasoning and displayed no empathy as adults. Although these patients' cognitive abilities were not impaired, both appeared insensitive to the future consequences of their decisions. As adults, both parents were also com- pulsive liars and thieves and never expressed guilt or remorse for their actions.

Some psychologists feel that emotional deprivation in early childhood predisposes people to antisocial personality disorder. The child for whom no one cares, say psychologists, cares for no one. The child whose problems no one identifies with can identify with no one else's problems. Respect for others is the basis of our social code, but if you cannot see things from the other person's perspective, rules about what you can and cannot do will seem nothing more than an assertion of adult power to be defied as soon as possible.

Family influences may also prevent the normal learning of rules of conduct in the preschool and school years. Theorists reason that a child who has been rejected by one or both parents is not likely to develop appropriate social behavior. They also point out the high incidence of antisocial behavior in people with an antisocial parent and suggest that antisocial behavior may be partly learned and partly inherited from parents. Once serious misbehavior begins in childhood, there is an almost predictable progression: The child's conduct will result in rejection by peers and failure in school, followed by affiliation with other children who have

behavior problems. By late childhood or adolescence, the deviant patterns that will later show up as a full-blown antisocial personality disorder are well established.
Cognitive theorists emphasize that in addition to the failure to learn rules and develop self-control, moral development may be arrested among children who are emotionally rejected and inadequately disciplined.

I. Choose the word from the box to match the definition on the left.

Antisocial behavior	Emotional deprivation	Biological predisposition
Antisocial personality	Antisocial personality	Impulsive aggression disorder

1. Impulsive or emotion-driver aggression formed in reaction to situations in the "heat of themoment."
2. A general term for any situation in which one individual is deprived of emotional reactions from others. It is used almost exclusively of children who are raised in situationslacking in love, affection and contact.
3. Specifically, any genetic factor or set of factors that increases the likelihood of its possessor dis- playing a particular trait or characteristic.
4. Behavior that opposes the customs, mores and taboos of a given society.
5. A disorder marked by a history of irresponsible and antisocial behavior beginning in childhood or early adolescence and continuing into adulthood. Early manifestationsinclude lying, stealing, fighting,

vandalism, running away from home, and cruelty. In adulthood the generalpattern continues, characterized by such factors as significant unemployment, failures to conform to social norms and so on.

6. A type of personality marked by impulsivity, inability to abide by the customs and laws of society, and lack of anxiety or guilt regarding behavior.

II. Answer the questions to the text.

1. What is one of the most widely studied personality disorders?
2. What is antisocial personality disorder characterized by?
3. Whom do antisocial personalities usually blame for theirantisocial actions?
4. Among what kind of people is the prevalence of antisocial personality disorder high?
5. What does antisocial personality disorder result from?
6. Why is punishment less effective for some kind of people withantisocial personality disorder?
7. What are other causes of antisocial personality disorder?
8. What predisposes people to antisocial personality disorder inearly childhood?
9. What may prevent the normal learning of rules of conduct inthe preschool and school years?

III. Choose the facts to prove that:

1. People who exhibit antisocial personality disorder lie, steal, cheat, and show little or no sense of responsibility, although they often seem intelligent.

2. One of the causes of antisocial personality disorder is that it arises as a consequence of damage to the prefrontal region ofthe brain during infancy.
3. Emotional deprivation in early childhood predisposes people to antisocial personality disorder.

Text 8.
THE NATURE OF STRESS

The term *stress* has been used in different ways by different theorists. We'll define stress *as any circumstances that threaten or are perceived to threaten one's well-being and that thereby tax one's coping abilities.* The threat may be to immediate physical safety, long-range security, self- esteem, peace of mind, or many other things that one values. This is a complex concept.

Stress as an Everyday Event

The word stress tends to spark images of overwhelming, traumatic crises. People may think of hijackings, hurricanes, military combat, and nuclear accidents. Undeniably, major disasters of this sort are extremely stressful events. However, these unusual events are only a small part of what stress is. Many everyday events such as waiting in line, having car trouble, shopping for Christmas presents, misplacing your checkbook, and staring at bills you can't pay are also stressful. Of course, major and minor stressors are not entirely independent. A major stressful event, such as going through a divorce, can trigger a cascade of minor stressors, such as looking for an attorney, moving, taking on new household responsibilities and so forth. You might guess that minor stresses would produce minor effects, but that isn't necessarily true. Research indicates that routine hassles may have

significant harmfuleffects on mental and physical health.

Appraisal: Stress Lies in the Eye of the Beholder

The experience of feeling stressed depends on what events one notices and how one appraises them. Events that are stressful for one person may be routine for another. For example, many people find flying in an airplane somewhat stressful, but frequent fliers may not be bothered at all. Some people enjoy the excitement of going out on a date with someone new; others find the uncertainty terrifying.

Often, people aren't very objective in their appraisals of potentially stressful events. A study of hospitalized patients awaiting surgery showed only a slight correlation between the objective seriousness of a person's upcoming surgery and the amount of fear experienced by the patient. Clearly, some people are more prone than others to feel threatened by life's difficulties. A number of studies have shown that anxious, neurotic people report more stress than others, as do people who are relativelyunhappy. Thus, stress lies in the eye (actually in the mind) of the be- holder. People's appraisals of stressful events are highly subjective.

Major Types of Stress

An enormous variety of events can be stressful for one person or another. Although they're not entirely independent, the four principal types of stress are (1) frustration, (2) conflict, (3) change, and (4) pressure.

Frustration

As psychologists use the term, *frustration is experienced whenever the pursuit of some goal is thwarted.* In essence, you experience frustration when you want something and you can't have it. Everyone has to dealwith frustration virtually every day. Traffic

jams, for instance, are a routine source of frustration that can affect mood and blood pressure. Fortunately, most frustrations are brief and insignificant. You may be quite upset when you go to a repair shop to pick up your ailing stereo and find that it hasn't been fixed as promised. However, a week later you'll probably have your stereo back, and the frustration will be forgotten. Of course, some frustrations — such as failing to get a promotion at work or losing a boyfriend or girlfriend — can be sources of significant stress.

Conflict

Like frustration, conflict is an unavoidable feature of everyday life. The perplexing question "Should I or shouldn't I?" comes up countless times in one's life. *Conflict occurs when two or more incompatible motivations or behavioral impulses compete for expression.* Sigmund Freud proposed a century ago that internal conflicts generate considerable psychological distress. The link between the conflict and distress was measured with new precision in studies by Laura King and Robert Emmons. They used an elaborate questionnaire to assess the overall amount of internal conflict experienced by subjects. They found that higher levels of conflict were associated with higher levels of anxiety, depression, and physical symptoms.

Conflicts come in three types, which were originally described by Kurt Lewin (1935) and investigated extensively by Neal Miller (1944, 1959). These three basic types of conflict — approach-approach, avoidance-avoidance, and approach-avoidance.

In an approach-approach conflict a choice must be made between two attractive goals. The problem, of course, is that you choose just one of the two goals. For example: You have a free afternoon — should you play tennis or racquetball? You can't afford both the blue sweater and the gray jacket — which should you buy? Among the three kinds of conflict, the approach-approach type

tends to be the less stressful. Nonetheless, approach-approach conflicts over important issues may sometimes be troublesome. If you're torn between two appealing college majors or two attractive boyfriends, for example, you may find the decision-making process quite stressful.

In an avoidance-avoidance conflict a choice must be made between two unattractive goals. Forced to choose between two repellent alternatives, you are, as they say, "caught between a rock and a hard place." For example, should you continue to collect unemployment checks, or should you take the degrading job at the car wash? Or suppose you have painful backaches. Should you submit to surgery that you dread, or should you continue to live with the pain? Obviously, avoidance-avoidance conflicts are most unpleasant and lightly stressful.

In an approach-avoidance conflict a choice must be made about whether to pursue a single goal that has both attractive and unattractive aspects. For instance, imagine that you are offered a promotion that will mean a large increase in pay, but you'll have to move to a city that you hate. Approach- avoidance conflicts are common and can be quite stressful. Any time you have to take a risk to pursue some desirable outcome, you're likely to find yourself in an approach-avoidance conflict. Should you risk rejection by approaching that attractive person in class? Should you risk your savings by investing in a new business that could fail? Approach- avoidance conflicts often produce vacillation. That is, you go back and forth, beset by indecision. You decide to go ahead, then you decide not to, and then you decide to go ahead again.

Change

Thomas Holmes and Richard Rahe have led the way in exploring the idea that life changes — including positive events, such as getting married or getting a promotion — represent a key

type of stress. *Life changes are any noticeable alterations in one's living circumstances that require readjustment.* Based on their theory, Holmes and Rahe developed the Social Readjustment Rating Scale (SRRS) to measure life change as a form of stress. The scale assigns numerical values to 43 major life events. These values are supposed to reflect the magnitude of the readjustment required by each change. In using the scale, respondents are asked to indicate how often they experience any of these 43 events during a certain time period. The numbers associated with each event checked are then added. This total is an index of the amount of change-related stress the person has recently experienced. The SRRS and similar scales based on it have been used in thousands of studies by researchers all over the world. Overall, these studies have shown that people with higher scores on the SRRS tend to be more vulnerable to many kinds of physical illness and to many types of psychological problems as well. These results have attracted a great deal of attention, and the SRRS has been reprinted in many popular newspapers and magazines. The attendant publicity has led to the widespread conclusion that life change is inherently stressful.

However, experts have criticized this research, citing problems with the methods used and problems in interpreting the findings. At this point, it's a key interpretive issue that concerns us. A variety of critics have collected evidence showing that the SRRS does not measure change exclusively. In reality, it assesses a wide range of different kinds of stressful experiences. Thus, we have little reason to believe that change is inherently or inevitably stressful. Undoubtedly, some life changes may be quite challenging, but others may be quite benign.

Table. Social Readjustment Rating Scale

Life event	Mean value
Death of a spouse	100
Divorce	73
Marital separation	65
Jail term	63
Death of a close family member	63
Personal injury or illness	53
Marriage	50
Fired at work	47
Marital reconciliation	45
Retirement	45
Change in health of family member	44
Pregnancy	40
Sex difficulties	39
Gain of a new family member	39
Business readjustment	39
Change in financial state	38
Death of a close friend	37
Change to a different line of work	36
Change in number of arguments with spouse	35
Mortgage or loan for major purchase (home)	31
Foreclosure of mortgage at work	30
Change in responsibilities at work	29
Son or daughter leaving home	29

Trouble with in-laws 29
Outstanding personal achievement 28
Wife begins or stops work 26
Begin or end school 26
Change in living conditions 25
Revision of personal habits 24
Trouble with boss 23
Change in work hours or conditions 20
Change in residence 20
Change in school 20
Change in recreation 19
Change in church activities 19
Change in social activities 18
Mortgage or loan for a lesser purchase (car, TV) 17
Change in sleeping habits 16
Change in number of family get-togethers 15
Change in eating habits 15
Vacation 13
Christmas 12
Minor violations of the law 11

Pressure

At one time or another, most people have remarked that they're "under pressure." What does this mean? *Pressure involves expectations or demands that one behave in a certain way*. You are under pressure to perform when you are expected to execute tasks and responsibilities quickly, efficiently, and successfully. For example, sales people are usually under pressure to move merchandise. Professors at research institutions are often under pressure to publish in prestigious journals. Stand-up comedians are under intense pressure to make people laugh.

Pressures to conform to others' expectations are also common in our lives. Businessmen are expected to wear suits and ties. Suburban homeowners are expected to keep their lawns well manicured. Teena- gers are expected to adhere to their parents' values and rules.

Although widely discussed by the general public the concept of pressure has received scant attention from researchers. However, Weiten has devised a scale to measure pressure as a form of little stress. It as- sesses self-imposed pressure, pressure from work and school, and pressure from family relations, and intimate relations. In research with this scale a strong relationship has been found between pressure and a variety of psychological symptoms and problems. In fact, pressure has turned out to be more strongly related to measures of mental health than the SRRS and other established measures of stress.

I. Choose the word from the box to match the definition on the left.

Conflict	Frustration	Pressure
Stress	Stressors	Stress management

1. Events that an individual perceives as endangering his or her physical or psychological well-being.
2. An extremely broad term used to refer to any situation in which there are mutually antagonistic events, motives, purposes, beha-viours, impulses and etc.
3. A cognitive behavioral approach stressful situations by understanding their own stressors and coping skills to find appropriate responses.
4. An annoyed or impatient feeling that you get when you

are prevented from doing what youwant.

5. A state that occurs when people receive as endangering their physicalor psychological well-being.
6. The emotional experience of feeling compelled to respond to somebody's wishes or to extremeforces.

II. Answer the questions to the text.

1. How may stress be defined?
2. What does the experience of feeling stressed depend on?
3. What types of stress are known to you?
4. When do people usually experience frustration?
5. When does conflict occur?
6. What types of conflict have been identified by psychologists?
7. What do we mean by life changes?
8. Why did psychologists develop the Social Readjustment RatingScale?
9. What does pressure involve?
10. When are people usually under pressure?
11. What is pressure more strongly related to?

III. Choose the facts to prove that:

1. Most frustrations are brief and insignificant.
2. People aren't very objective in their appraisals of potentiallystressful events.
3. Pressures to conform to others' expectations are.

Text 9.
EFFECTIVENESS OF PSYCHOTHERAPY

Duration of treatment
Which Type of Therapy Is Best for Which Disorder?

We have seen that researchers generally agree that

psychotherapy is usually effective. This raises a second question: Is any particular form of psychotherapy more effective that the others? Is behavior therapy, for example, more effective than insight therapy? In general, the answer seems to be "not much." Most of the benefit of treatment seems to come from being in some kind of therapy, regardless of the particular type.

The various forms of psychotherapy are based on different views of the causes of mental disorders, and at least on the surface, they approach the treatment of mental disorders very differently. So how can they all be equally effective? First, all forms of psychotherapy provide people with an *explanation for their problems*.

Along with the explanation often comes a new perspective, providing the people with specific actions to help them cope more effectively. Second, most forms of psychotherapy offer *hope*. Because most people who seek therapy have low self-esteem and feel demorali- zed and depressed, hope and the expectation for improvement increases their feelings of self-worth. And third, all major types of psychotherapy engage the client in a *therapeutic alliance* with the therapist. Despite differing therapeutic approaches, effective therapists are warm, empathetic, and caring people who understand the importance of establishing a strong emotional bond with their clients built on mutual respect and understanding. Together, these *nonspecific factors*, which are common to all forms of psychotherapy, appear at least in part to account for why most people who receive therapy show some benefits compared to those who receive no therapeutic help at all.

Still, some kinds of psychotherapy seem to be particularly appro- priate for certain people and for certain types of problems. Insight the- rapy, for example, seems to be best suited to people seeking profound self-understanding, relief of inner conflict and anxiety, or better relationships with others. Behavior therapy is apparently most appropriate for treating

specific anxieties or other well-defined behavioral problemssuch as sexual dysfunctions. Family therapy is generally more effective than individual counseling for the treatment of drug abuse. Cognitive therapies have been shown to be effective treatments for depression and seem to be a promising treatment for anxiety disorders as well.

To assist psychologists in selecting the most effective treatment methods, the Clinical Division of the American Psychological Asso- ciation (1995) appointed the Task Force on Psychological Intervention Guidelines to review the scientific literature and develop a list of treat- ments shown to be effective through controlled research. This list of *empirically supported therapies*, or ESTs, is designed to help therapists decide on the most appropriate therapy for a specific disorder. Since its publication, many psychologists have advanced the position that these therapies should be emphasized over those with less or no empirical support, particularly in training programs for clinical psychologists. The race, culture, ethnic background, and gender of both client and therapist can also influence which therapy is effective.

I. Choose the word from the box to match the definition on the left.

Psychiatrist	Psychotherapy	Psychologist
Medication	Marriage counselor	Mental disorder

1. Psychological methods of treatment to correct maladjustments and mental disorders.
2. A physician specializing in psychiatry.
3. A person who gives advice on the problems of marriage and family relationships.
4. A medical preparation used to treat or cure an ailment, an act or process of treating with medicine ormedicaments.

5. A specialist who deals with human mind, carefully examines human consciousness and behavior.

6. Disturbance or interruption of the normal, healthy functions of the mind.

II. Answer the questions to the text.

1. How many people does therapy help according to H. Eysenck?
2. What is the general consensus upon the effectiveness of psychotherapy?
3. What is the correlation between the improvement and the duration of therapy?
4. What do different forms of psychotherapy have in common?
5. How can you characterize an effective therapist?
6. When is insight therapy used?
7. What kind of therapy is the most appropriate for treating specificanxieties or other well-defined behavioral problems?
8. Which therapy is used for the treatment of depression?
9. What is more effective for the treatment of drug abuse?
10. What are ESTs designed for?

III. Choose the facts to prove that:

1. It is possible that the recovery rate for people who receive no therapeutic help al all is even less that one-third.
2. The "Consumer Reports" study lacked the scientific rigor of more traditional investigations designed to assess psychotherapeutic efficacy.
3. Most forms of psychotherapy offer help.
4. Some kinds of psychotherapy seem to be particularly appropriate for certain people and for certain types of problems.

ЗМІСТ

Text 1…… **9**

Text 2…… **15**

Text 3…… **21**

Text 4…… **26**

Text 5…… **32**

Text 6…… **36**

Text 7 ……... **41**

Text 8…… **46**

Text 9…… **54**