

平成 22 年度 入学 試験 問題 (前期)

英 語

注 意

1. 合図があるまで表紙をあけないこと。
2. 受験票は机に出しておくこと。

I 下線部を和訳せよ。

Obesity and smoking may be the most conspicuous causes of illness in the developed world, but physical factors don't account for everything. Your psychology — namely, your personality and outlook on life — can be just as important to your well-being as exercising and eating right. And especially these days, with the global economy tumbling toward a depression, it's a good time to prevent yourself from slipping into one too.⁽¹⁾

An entire science has grown up around the perils of negative thinking (as well as the power of positive psychology), and the latest findings confirm that a pessimistic outlook not only kindles anxiety, which can put people at risk for chronic mental illnesses like depression, but may also cause early death and set people up for a number of physical ailments, ranging from the common cold to heart disease and immune disorders.

Optimism, meanwhile, is associated with a happier and longer life. Over the course of a recent eight-year study, University of Pittsburgh researchers found that optimistic women outlived dour ones. Which may be good news for the motivational gurus out there, but what about the rest of us who aren't always so cheerful? Are we destined for sickness and failure? Or is it possible to master the principles of positivity the same way we might learn a new hobby or follow a recipe?⁽²⁾

The answer from the experts seems to be yes. But it does take effort. Seeing the sunny side doesn't come easily.

Most people would define optimism as being eternally hopeful, endlessly happy, with a glass that's perpetually half full. But that's exactly the kind of deluded cheerfulness that positive psychologists wouldn't recommend. "Healthy optimism means being in touch with reality," says Tal Ben-Shahar, a Harvard professor who taught the university's most popular course, Positive Psychology, from 2002 to 2008. "It certainly doesn't mean being Pollyannaish and thinking everything is great and wonderful."

Ben-Shahar describes realistic optimists as "optimalists" — not those who believe everything happens for the best, but those who make the best of things that happen.

In his own life, Ben-Shahar uses three optimalist exercises, which he calls PRP. When he feels down — say, after giving a bad lecture — he grants himself *permission* (P) to be human. He reminds himself that not every lecture can be a Nobel winner: some will be less effective than others.⁽³⁾ Next is *reconstruction* (R). He analyses the weak lecture, learning lessons for the future about what works and what doesn't. Finally, there's *perspective* (P), which involves acknowledging that in the grand scheme of life, one lecture really doesn't matter.

Studies suggest that people who are able to focus on the positive fallout from a negative event — basically, cope with failure — can protect themselves from the physical toll of stress and anxiety.

Being optimistic doesn't mean shutting out sad or painful emotions. As a clinical psychologist, Martin Seligman, who runs the Positive Psychology Center at the University of Pennsylvania, says he used to feel proud whenever he helped depressed patients rid themselves of sadness, anxiety or anger. "I thought I would get a happy person," he says. "But I never did. What I got was an empty person." That's what prompted him to launch the field of positive psychology. Instead of focusing only on righting wrongs and lifting misery, he argued, psychologists need to help patients foster good mental health through constructive skills, like Ben-Shahar's PRP. The idea is to teach patients to strengthen their strengths rather than simply improve their weaknesses. "It's not enough to clear away the weeds and underbrush," Seligman says. "If you want roses, you have to plant a rose."

When a loved one dies or you lose your job, for example, it's normal and healthy to mourn. You're supposed to feel sad and even depressed. But you can't cocoon yourself in sadness for too long. A study of HIV-positive men whose partners had died found that the men who allowed themselves to grieve while also seeking to accept the death were better able to bounce back from the tragedy. Men who focused only on the loss as opposed to, say, viewing the death as a relief of their partner's suffering, tended to grieve longer, presumably because they couldn't find a way out of their sadness.⁽⁴⁾

(出典：TIME, April 6, 2009. 一部変更あり)

(注)

guru：専門家、権威者

Pollyannaish：極めて楽天的な(PollyannaはEleanor Porterの小説の主人公の名前)

II 下線部を和訳せよ。

The mystery of how we make decisions is one of the oldest mysteries of the mind. Even though we are defined by our decisions, we are often completely unaware of what's happening inside our heads during the decision-making process.

In 1982, a patient named Elliot walked into the office of neurologist Antonio Damasio. A few months earlier, a small tumor had been cut out of Elliot's cortex, near the frontal lobe of his brain. Before the surgery, Elliot had been a model father and husband. He'd held down an important job in a large corporation and was active in his local church. But the operation changed everything. Although Elliot's IQ had stayed the same — he still tested in the 97th percentile — he now exhibited one psychological flaw: he was incapable of making a decision.

This dysfunction made normal life impossible: routine tasks that should have taken ten minutes now required several hours. Elliot endlessly deliberated over irrelevant details, like whether to use a blue or black pen, what radio station to listen to, and where to park his car. When he chose where to eat lunch, Elliot carefully considered each restaurant's menu, seating plan, and lighting scheme, and then drove to each place to see how busy it was. But all this analysis was for naught: Elliot still couldn't decide where to eat. His indecision was pathological.

Before long, Elliot was fired from his job. That's when things really began to fall apart. He started a series of new businesses, but they all failed. He was taken in by a con man and was forced into bankruptcy. His wife divorced him. The IRS began an investigation. He moved back in with his parents. As Damasio put it, "Elliot emerged as a man with a normal intellect who was unable to decide properly, especially when the decision involved personal or social matters."

But why was Elliot suddenly incapable of making good decisions? What had happened to his brain? Damasio's first insight occurred while talking to Elliot about the tragic turn his life had taken. "He was always controlled," Damasio remembers, "always describing scenes as a dispassionate, uninvolved spectator. Nowhere was there a sense of his own suffering, even though he was the protagonist. ... I never saw a tinge of emotion in my many hours of conversation with him: no sadness, no impatience, no frustration." Elliot's friends and family confirmed Damasio's observations: ever since his surgery, he'd seemed strangely devoid of emotion, numb to the tragic turn his own life had taken.

To test this diagnosis, Damasio hooked Elliot to a machine that measured the activity of the sweat glands in his palms. (When a person experiences strong emotions, the skin is literally aroused and the hands start to perspire. Lie detectors operate on the basis of this principle.) Damasio then showed Elliot various photographs that normally triggered an immediate emotional response: a severed foot, a naked woman, a house on fire, a handgun. The results were clear: Elliot felt nothing. No matter how grotesque or aggressive the picture, his palms never got sweaty. He had the emotional life of a mannequin.

This was a completely unexpected discovery. At the time, neuroscience assumed that human emotions were *irrational*. A person without any emotions — in other words, someone like Elliot — should therefore make better decisions. His cognition should be uncorrupted.

What, then, had happened to Elliot? Why couldn't he lead a normal life? To Damasio, Elliot's pathology suggested that emotions are a crucial part of the decision-making process. When we are cut off from our feelings, the most banal decisions became impossible. A brain that can't feel can't make up its mind.

(出典: Jonah Lehrer, *How We Decide*, Houghton Mifflin Harcourt, 2009. 一部変更あり)

(注)

cortex: (大脳)皮質

con man: 詐欺師

the IRS: the Internal Revenue Service((米国の)内国歳入庁)

III 下線部を英訳せよ。

毎年、50万人以上の母親が妊娠や出産に関連した原因で死亡している。そして、生後28日間におよそ400万人の子供が毎年死亡している。これらの死亡数の99%は、発展途上国が占めており、緊急に救いの手を必要としている。これらの死は、もし彼らが基本的保健医療サービスを受けることができさえすれば、防ぐことができたであろう。我々は、彼らを救う知識と手段を持っている。今必要なのは、彼らを救う意志だけだ。

英語 (前期)

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