

大阪医科大学

平成 31 年度 入学 試験 問題 (前期)

英 語

注 意

1. 台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 以下の英文を読み、設問に答えよ。

Regret is an emotion, and it is also a punishment that we administer to ourselves. The fear of regret is a factor in many of the decisions that people make ("Don't do this, you will regret it" is a common warning), and the actual experience of regret is familiar. According to some psychologists, regret is "accompanied by feelings that one should have known better, by thoughts about the opportunities lost, and by wanting to undo the event and to get a second chance." Intense regret is what you experience when you can most easily imagine yourself doing something other than what you did.⁽¹⁾

Regret is one of the counterfactual emotions that are triggered by the availability of alternatives to reality. After every plane crash there are special stories about passengers who "should not" have been on the plane; they were, for example, supposed to fly a day earlier but had had to postpone. The common feature of such stories is that they involve unusual events — and unusual events are easier than normal events to undo in imagination. An abnormal event activates the idea of the event that would have been normal under the same circumstances.

To appreciate the link of regret to normality, consider the following scenario: *Mr. Brown almost never picks up hitchhikers, while Mr. Smith frequently does. Yesterday each gave a man a ride and was robbed.* Who of the two will experience greater regret? The results are not surprising: 88% of respondents said Mr. Brown, 12% said Mr. Smith.

Regret is not the same as blame. Other participants were asked another question about the same incident: Who will be criticized most severely by others? The results: Mr. Brown 23%, Mr. Smith 77%.

Regret and blame are both evoked by a comparison to a norm, but the relevant norms are different. The emotions experienced by Mr. Brown and Mr. Smith are dominated by what they usually do about hitchhikers. Taking a hitchhiker is an abnormal event for Mr. Brown, and most people therefore expect him to experience more intense regret. A judgmental observer, however, will compare both men to conventional norms of reasonable behavior and is likely to blame Mr. Smith for habitually taking unreasonable risks. We are tempted to say that Mr. Smith deserved his fate and that Mr. Brown was unlucky.⁽²⁾ But Mr. Brown is the one who is more likely to be kicking himself, because he acted out of character in this one instance.

Decision makers know that they are prone to regret, and the anticipation of that painful emotion plays a part in many decisions. Consider the following example: *Paul owns shares in company A. Considering switching to stock in company B, he decided against it. George owned shares in company B, but switched to stock in company A. It turns out that both men would have been better off by \$1,200 if they had had stock in company B.* Who feels greater regret? The results are clear-cut: 8% of respondents said Paul, 92% said George. This is curious, because the situations of the two investors are objectively identical. The only difference is that George got to where he is by acting, whereas Paul got to the same place by failing to act.

This short example illustrates that people expect to have stronger emotional reactions (including regret) to an outcome that is produced by action than to the same outcome when it is produced by inaction.⁽³⁾ This has been verified in the context of gambling: people expect to be happier if they gamble and win than if they refrain from gambling and get the same amount. The asymmetry is at least as strong for losses, and it applies to blame as well as to regret.

The asymmetry in the risk of regret favors conventional and risk-avoiding choices. The bias appears in many contexts. Even life-or-death decisions can be affected. Imagine a physician with a gravely ill patient. One treatment fits the normal standard of care; another is unusual. The physician has some reason to believe that the unconventional treatment improves the patient's chances, but the evidence is inconclusive. The physician who prescribes the unusual treatment faces a substantial risk of regret, blame, and perhaps lawsuits. It will be easier to imagine the normal choice; the abnormal choice will be easy to undo. True, a good result will contribute to the reputation of the physician who dared, but the potential benefit is smaller than the potential cost because success is generally a more normal outcome than is failure.⁽⁴⁾

(出典: Daniel Kahneman. *Thinking, Fast and Slow*. Farrar, Straus and Giroux. 2011. 一部変更あり)

- (1) 下線部(1)を和訳せよ。
- (2) 下線部(2)について、我々がスミス氏、ブラウン氏についてそれぞれこのように言いたくなるのはなぜか、60字以内の日本語(句読点を含む)で答えよ。
- (3) 下線部(3)を和訳せよ。
- (4) 下線部(4)を和訳せよ。

II 以下の英文を読み、下線部を和訳せよ。

One of the typical features of the new science of learning is its emphasis on learning with understanding. Intuitively, understanding is good, but it has been difficult to study from a scientific perspective. At the same time, students often have limited opportunities to understand or make sense of topics because many areas of curriculum have emphasized memory rather than understanding. Textbooks are filled with facts that students are expected to memorize, and most tests assess students' abilities to remember the facts. When studying about veins and arteries, for example, students may be expected to remember that arteries are thicker than veins, more elastic, and carry blood from the heart; veins carry blood back to the heart. A test item for this information may look like the following:

Select the best of the answer choices given.

1. Arteries
 - a. Are more elastic than veins
 - b. Carry blood that is pumped from the heart
 - c. Are less elastic than veins
 - d. Both a and b
 - e. Both b and c

The new science of learning does not deny that facts are important for thinking and problem solving. Research on expertise in areas such as chess, history, science, and mathematics demonstrates that experts' abilities to think and solve problems depend strongly on a rich body of knowledge about subject matter. However, the research also shows clearly that "usable knowledge" is not the same as a mere list of disconnected facts. Experts' knowledge is connected and organized around important concepts; it is "conditionalized" to specify the contexts in which it is applicable; it supports understanding and transfer (to other contexts) rather than only the ability to remember.

For example, people who are knowledgeable about veins and arteries know more than the facts noted above: they also understand why veins and arteries have particular properties. They know that blood pumped from the heart exits in spurts and that the elasticity of the arteries helps accommodate pressure changes. They know that blood from the heart needs to move upward (to the brain) as well as downward and that the elasticity of an artery permits it to function like a one-way valve that closes at the end of each spurt and prevents the blood from flowing backward. Because they understand relationships between the structure and function of veins and arteries, knowledgeable individuals are more likely to be able to use what they have learned to solve novel problems — to show evidence of transfer. For example, imagine being asked to design an artificial artery — would it have to be elastic? Why or why not? An understanding of reasons for the properties of arteries suggests that elasticity may not be necessary — perhaps the problem can be solved by creating a conduit* that is strong enough to handle the pressure of spurts from the heart and also function like a one-way valve. An understanding of veins and arteries does not guarantee an answer to this design question, but it does support thinking about alternatives that are not readily available if one only memorizes facts.

(出典：John D. Bransford, et al. (eds.). *How People Learn: Brain, Mind, Experience, and School*. National Research Press. 2000. 一部変更あり)

*conduit: a pipe or channel through which a liquid passes

III 英訳せよ。

コーヒーを飲む人は、飲まない人より心臓や肝臓の病気を含む様々な原因による死亡リスクが低いと言われてきた。しかし、健康維持がコーヒーそのものに由来しているかどうかは不確かであるという専門家もいる。彼らは、コーヒーを飲む人は他の様々な理由でより健康であるとか、あるいは不健康な人はあまりコーヒーを飲んでいない、という可能性を指摘している。