

平成 28 年 度 入 試
個別学力試験問題(前期日程)

英 語

学 部	問 題
法文学部, 教育学部, 総合理工学部, 生物資源科学部	1, 2, 4, 5-A
医学部医学科	1, 2, 3, 4, 5-B

注 意

1. 問題紙は指示があるまで開いてはいけません。
2. 問題紙は 9 ページ, 解答用紙は法文学部, 教育学部, 総合理工学部, 生物資源科学部受験生は 1 枚, 医学部医学科受験生は 2 枚です。指示があってから確認し, 解答用紙の所定の欄に受験番号を記入してください。
3. 法文学部, 教育学部, 総合理工学部, 生物資源科学部受験生は 1, 2, 4, 5-A の問題を, 医学部医学科受験生は 1, 2, 3, 4, 5-B の問題を解答してください。
4. 答えはすべて解答用紙の所定のところに記入してください。
5. 解答用紙は持ち帰ってはいけません。
6. 試験終了後, 問題紙は持ち帰ってください。

1 次の英文を読んで問いに答えなさい。(共通問題)

When I decided to come to Japan, I knew that it wouldn't be easy; I had never left home longer than a few weeks and loved my family dearly. But experiencing the culture that I read about in books and watched on TV seemed worth a little homesickness and discomfort.

My first few weeks in Japan, in the culture shock timeframe, were the ⁽¹⁾ "honeymoon phase." I was eager to explore a culture that I had dreamed about, and weekends filled with traveling with new people filled every moment with excitement. But as school started and evenings had to be filled with homework, I soon progressed into the "negotiation phase." This phase is positively the worst. Suddenly, the days of excitement were filled with frustration as I began to continue the difficult process of learning Japanese. The differences between my culture and my host culture were no longer cute ⁽²⁾ and fun, but a struggle. And I began to ask myself, "Why did I even come here?"

But the worst part of my culture shock wasn't something I immediately realized. I began to feel homesick and a little lonely, but I had expected that. What I hadn't expected was my intense desire to return home; I even began ⁽³⁾ planning to leave early. I kept telling myself, "I should have just taken a vacation!" I began to get angry at the Japanese culture for not continually holding my interest; I began to be bored of Japan, wishing I was back at home preparing for the holidays instead.

But then it took another turn that I didn't realize, one additional problem that was specific for me: my fear of flying. Suddenly I began to get stuck on my return trip home; I was anxious and afraid of the inevitable flight. I began to hide in my room, thinking and re-thinking about all the fearful factors of flying. It soon got so intense that I was having anxiety attacks and feeling hopeless. I soon began saying, "Why am I here? I'd rather be with those I

love if I'm going to die in a few months." It was then that I realized something wasn't right. I was afraid of flying, but that fear hadn't kept me from⁽⁴⁾boarding a plane to Japan. I knew that these feelings weren't me, so I did a bit of research. I soon found that all the problems I had, every one of them, were symptoms of culture shock.

Back home I had received comfort not only from my family and friends, but from the very way of doing things that most of us don't even realize we do. My culture had given me comfort, and when I began to take in Japan's culture, my mind began to feel anxiety.

Now, I'm not writing about this to turn others off of going abroad. On the contrary, I think one should travel just to experience culture shock. I say this because studies have shown that people who study abroad and experience culture shock are more likely to adapt to changes later in life. This⁽⁵⁾ means that the anxiety I've felt trying to fit into Japan's culture will make it easier for me to assimilate into a job or lifestyle in the future. Culture shock has given me a wild ride that, while it's gotten better, hasn't stopped. Culture shock has helped me grow as a person.

(Rachelle Brandel, "Culture Shock Hurts" より 一部改変)

1. 下線部(1)の具体的内容を、本文にそって日本語で説明しなさい。
2. 下線部(2)を日本語に直しなさい。
3. 下線部(3)を日本語に直しなさい。
4. 下線部(4)を日本語に直しなさい。
5. 下線部(5)の具体的内容を、本文にそって日本語で説明しなさい。

2

次の英文を読んで問いに答えなさい。(共通問題)

Compliments, or words expressing praise or admiration, are one of the most extraordinary components of social life. If given right, the compliments ⁽¹⁾ create so much positive energy that they make things happen almost as if by magic. They ease the atmosphere around two people and kindly dispose people to each other. Of course, there is a way to give them. And, just as important, there is a way to receive them. Everyone needs to know how to do both.

Compliments derive from taking notice of praiseworthy situations and efforts. So they are a mark of awareness and consciousness. We need to cultivate awareness of the good developments that are all around us. Once praiseworthy situations are noticed, the awareness needs to be spoken. In other words, the compliment needs to be put forth into the world in spoken form. We deliver praise. People benefit from being the objects of compliments, but we also benefit from being givers of them. Recipients benefit from knowing that we notice and learning that we value them. So ⁽²⁾ compliments are effective in motivating continued efforts. People try to do more of what brings praise from others.

Compliments are little gifts of love. They are not asked for or demanded. They tell a person they are worthy of notice. They are powerful gifts. But compliments work only if they are sincere reflections of what we think and if they are given freely and not forced. Compliments don't work if they are not genuine. And false flattery is usually highly transparent. A false compliment ⁽³⁾ makes the speaker untrustworthy; it raises suspicions about motives. And that can hurt a whole relationship.

The art of the compliment is not only a powerful social skill; it is one of the most fundamental. You don't need to be an expert to do it well. You just need to be genuine. Compliments are in fact one of the finest tools for acquiring more social skills, because the returns are great and immediate. They escalate the atmosphere of positivity and become social lubricants,

helping the flow of conversation. Because compliments make the world a better place, everyone needs to learn how to compliment. For starters, they must be genuine. The more specific they are, the better. “The way you handled that question at the meeting was brilliant. You really brought the discussion back to our plans.”

Compliments work best when they are straightforward and not incidental. So you need to clear a little space for a compliment and deliver the praise as a statement. Compliments on appearance are wonderful for making people feel good as they help put people at ease. But they don't work in situations where appearance isn't an issue. Telling a colleague she looks wonderful is always good, except in a formal business meeting.

If compliments are a gift from a donor, their reception is equally a gift — a return gift to the giver. How a compliment is received can invalidate both the giver and the observation that inspired it. There is only one way to receive a compliment — graciously, with a smile. The art of receiving a compliment teaches us an important lesson about life. It tells us that how we feel is highly subjective, known only to us. And it isn't necessarily observable to the world. And often the world is better off without knowing how we personally feel. And so are we because the positive atmosphere created by a compliment, if we appreciate it, can be powerful enough to change our feelings.

(Hara Estroff Marano, “The Art of the Compliment” より 一部改変)

[注] social lubricants 社会的潤滑油

invalidate …を価値のないものにする

1. 下線部(1)を日本語に直しなさい。
2. 下線部(2)を日本語に直しなさい。
3. 下線部(3)はどのような影響を与えるか、本文にそって日本語で説明しなさい。
4. 下線部(4)の具体例を、本文にそって日本語で説明しなさい。
5. 下線部(5)を日本語に直しなさい。

3

次の英文を読んで問いに答えなさい。(医学部医学科問題)

“Interesting belt — where did you get that?”

“I see you are from Youngstown. The key question is, are you a Steelers fan or a Browns fan?”

These are not the usual opening questions we teach for the medical interview. The answers are not included in the chief complaint, history of present illness, past history, social history, family history, review of systems, medications, or allergies. There is no hat or belt section in the physical exam. Differential diagnoses on sports, clothing, or food preferences are not a highly valued component of clinical reasoning. But often these opening comments and questions are the most important. They can be our tickets and our guides, ways to (that / the / to / care / connections / us / establish / allow) for the ⁽¹⁾ person in front of us.

We believe that these “irrelevant” opening comments and questions serve four key purposes. First, they convey that we see the patient as a unique individual. Given the speed of medical practice, it is not surprising that patients worry that their individual concerns will not be heard. Second, these questions reveal that we have had shared experiences, that despite our training and appearance we are not so different from the patient. Third, they communicate that we are observant and attending to details, which patients find comforting. And finally, they indicate that we are open to a conversation with the patient.

There are additional benefits. ⁽²⁾ Seemingly irrelevant comments convey a message similar to the act of sitting down: “I have time for you.” When patients meet with their physicians, they are often anxious, and these opening conversations give them a chance to “warm up” while speaking about topics that are comfortable and easy to discuss. They also convey that we are probably not the bearers of terrible news, and they may thus help to ease the

patient's worst fears.

Experienced clinicians recognize that these comments are often an essential warm-up for the conversation and shared decision making that follow. When patients are in the presence of observant, authentic, connected clinicians, they are more likely to share their observations, fears, and questions. They are also more likely to move past the distrust that so often (3) accompanies the perception of clinicians' "otherness" and collaborate in addressing next steps that are scary, unknown, or unknowable.

We have all had the frustrating experience of trying to help patients who prefer the advice of neighbors, aunts, or hairdressers to our recommendations: they connect with those people, share a space with them. We believe that clinicians can also share this space, and it often doesn't take much to get there. ⁽⁴⁾ Just noticing may be enough. Share a laugh, admire a family-reunion T-shirt or an elegant walking stick, and you can become a kind of neighbor.

For many years, physicians regularly visited patients' actual neighborhoods. In the 1930s, 4 out of 10 physician-patient contacts were house calls. Because physicians were embedded in the community and visited patients' homes, conversations naturally included shared experiences and nonmedical observations. It may be impossible to recreate the intimacy of a (5) house call in a brief outpatient or inpatient visit, but it is possible to take a few opening moments to reach beyond the immediate medical agenda and connect with the patient first.

Numbers of home visits and durations of office conversations and hospital stays have been shrinking over the past half-century, and the nature of our interpersonal relationships inside and outside of medicine has changed as well. Patients often at least partially vanish into their electronic health record. Cognitive neuroscientists teach us that we make judgments exceptionally quickly—and yet often accurately. Studies of “thin slices,” as these rapid assessments were described by Ambady and Rosenthal, reveal that “a great

deal of information is communicated even in fleeting glimpses of expressive behavior.”

In a similar fashion, our patients are judging us from our first moments of interaction. They are deciding whether we are trustworthy, capable, and interested. How we handle those first moments is critically important. It may be surprising, but we are arguing that it is often more important to be human ⁽⁶⁾ than to be medical in those first moments, and that our commitment to connecting is an important requirement for exchanging medical information.

Making this connection is natural for some clinicians, less so for others. It is hard to translate into checkboxes or manuals. There are no questions or comments that will always work. In the end, “working” depends on reading the signs; gauging the distance, accounting for professional boundaries, and genuinely, even a little vulnerably, showing your hand, acknowledging shared humanity: “I am interested in you, I could be where you are, and we are not so different after all.” This behavior can be modeled and encouraged, and we believe it can be learned — or rather, relearned.

We would argue that including irrelevance is more than a nice touch or an effective communication strategy. It is a necessary part of our personal and professional lives, which have been increasingly threatened by the pressure for ubiquitous relevance. Everything is supposed to count, or be counted. Purposeless moments — moments for deep breaths, surprises, and insights into ourselves and others — are an endangered species. ⁽⁷⁾ It is time for us to recognize, validate, and support these genuine connections between doctors and patients.

(Daniel R. Wolpaw and Dan Shapiro, “The Virtues of Irrelevance” より一部改変)

[注] chief complaint 主訴(患者が医師に最も強く訴える症状)

differential diagnosis 鑑別診断(患者の症状がどの疾患に由来するのか見極めようとする診断)

outpatient 外来患者

ubiquitous 至る所にある

1. 下線部(1)の()内の語を、意味が通じるように並べ替えなさい。
2. 下線部(2)の具体的な内容を、本文にそって日本語で説明しなさい。
3. 下線部(3)を They が指すものを明らかにして、日本語に直しなさい。
4. 下線部(4)の具体的な内容を、本文にそって日本語で説明しなさい。
5. 下線部(5)を日本語に直しなさい。
6. 下線部(6)を those first moments の具体的な内容を明らかにして、日本語に直しなさい。
7. 下線部(7)の表現で、筆者はどのようなことを言おうとしているのか、本文にそって日本語で説明しなさい。

- 4 次の英語の指示に従って、40語～60語程度の英語で答えなさい。なお、解答用紙の指定した()欄に、使用した語数を記入すること。ただし、コンマやピリオドなどの記号は語数には入れない。(共通問題)

On average, how much do you use the Internet every week? Answer the question and write about how the Internet influences your life.

- 5 法文学部，教育学部，総合理工学部，生物資源科学部受験生はAの問題に，医学部医学科受験生はBの問題に答えなさい。

A. 次の日本語の下線部(1)，(2)を英語に直しなさい。

私たちはとかく話す能力に目を奪われてしまいがちだが、人間関係に難がある人は聞く力を重視してこなかったのではないかと(1)思われる。その証拠に、聞き上手なのに人間関係が下手という人はあまりいないが、話し好きだが、人間関係がうまくいっていない人はけっこういる。

(2)人間関係を築く上で大事なことは話すことより聞く力なのだ。

(斎藤孝『聞く力』より 一部改変)

B. 次の日本語の下線部(1)，(2)を英語に直しなさい。

(1)言葉を操る人間の脳は、極めて複雑にできている。多くの情報を蓄積することができるだけでなく、直接繋がらない言葉と言葉の間の意味を読み取ったり、また論理が明らかに飛躍している部分の言葉を埋めて考えようとする。
(2)つまり、人間の脳は非論理的なことも許容し、理解しようとする性質を持っている。そうしたこともあって非論理的言語活動や非合理的思考は日常に溢れている。

(佐藤望ほか『アカデミック・スキルズ』より)