

横浜市立大学

01

英語問題

(平成28年度)

【注意事項】

1. この問題冊子は「英語」である。
2. 試験時間は90分である。
3. 試験開始の合図まで、この問題冊子を開いてはいけない。ただし、表紙はあらかじめよく読んでおくこと。
4. 試験開始後すぐに、以下の5および6に記載されていることを確認すること。
5. この問題冊子の印刷は1ページから8ページまでである。
6. 解答用紙は問題冊子中央に3枚はさみこんである。
7. 問題冊子に落丁、乱丁、印刷不鮮明な箇所等があった場合および解答用紙が不足している場合は、手をあげて監督者に申し出ること。
8. 試験開始後、3枚ある解答用紙の所定の欄に、受験番号と氏名を記入すること(1枚につき受験番号は2箇所、氏名は1箇所)。
9. 解答は必ず解答用紙の指定された箇所に記入すること。解答用紙の裏面に記入してはいけない。
10. 問題番号に対応した解答用紙に解答していない場合は、採点されない場合もあるので注意すること。
11. 問題冊子の中の白紙部分は下書き等に使用してよい。
12. 解答用紙を切り離したり、持ち帰ってはいけない。
13. 試験終了時刻まで退室を認めない。試験中の気分不快やトイレ等、やむを得ない場合には、手をあげて監督者を呼び指示に従うこと。
14. 試験終了後は問題冊子を持ち帰ること。

〔 I 〕 次の文章を読んで、下の問いに解答欄の範囲内で答えなさい。

Pink means girl. Blue means boy. At times it feels impossible to change this overwhelming cultural message.

Has there ever been a time in history with such strong significance attached to a color, and was it possible to reverse the association? Yes and yes. Jo Paoletti, the historian who authored *Pink and Blue: Telling the Boys from the Girls in America*, observed to me, “the interesting thing about pink is that it is like wearing black in the nineteenth century. At that time, wearing black meant you were in mourning. Any woman in a black dress was a widow. It was a very strong symbolic color. But clearly, black has changed and now it doesn’t mean that. Black is a fashion statement.”

Pink is clearly the new black. Pink has stepped in as the most symbolic color in our ⁽⁷⁾twenty-first century culture. Pink means female, and woe to the girl that rejects pink or the boy that embraces pink. Paoletti commented, “What marketing does is create symbols that ⁽¹⁾people can use to bully people. It’s almost like having a recipe and saying these are the ingredients for masculinity and femininity, and if you vary from the recipe, you can get bullied.”

How does it work?

It starts at the earliest ages. Imagine you are a 6-year-old boy, and you go to the toy store. All the Star Wars toys are grouped in the Boys section with blue backgrounds. The Barbies, baby dolls, kitchen toys and princess clothes are in the Girls section with pink backgrounds.

As a 6-year-old boy, you might truly believe that a little girl who plays with Star Wars toys is committing a social transgression. You and your friends yell at her, because she is going against what is acceptable. Maybe you don’t intend to be cruel; you are just confused or frightened because you think that girls are only supposed to like dolls and princesses.

Without education about acceptance, we see these 6-year-olds who follow strict gender rules grow into 12-year-olds who launch more serious attacks against those who challenge gender norms. Schoolchildren may view a boy who likes pink trainers as a threat to what is “normal” and call him cruel names such as fag and beat him up.

Bullying behaviors occur on a continuum, and as children grow older, they move along to more serious aggressions. What starts as a color—pink, in this case—singles a child out as a target, and the aggression is based in both misogyny and homophobia, which go hand-in-hand.

Still, it is important to remember that pink is not the enemy; stereotypes are. There is ⁽²⁾nothing wrong with girls liking pink and princesses, as long as they have equal access—both practical and psychological—to toys that promote scientific skills and critical thinking.

If Katie likes princesses because society has told her that girls must like princesses, then we have a problem. But if Katie likes princesses as her own genuine choice, and she is not limited in her pick of toys, then we do not have a problem.

I have noticed with dismay that there is an increasing faction of girl-empowerment advocates who seem to be pitting girly-girls against rough-and-tumble girls, and we do ourselves

a disservice if we start to mock girly-girls. Why respond to stereotypes with more stereotypes?

Gender equality does not mean stripping the girliness from frilly girls or the masculinity from rough-and-tumble boys. A better tactic would be to encourage our girls and boys to do more cross-gender play without putting down their girly or masculine leanings. Unfortunately, parents are not well-supported in this effort because toy companies rarely encourage cross-gender play.

It is the responsibility of all of us to teach empathy and understanding. The parents at home; the teachers at school; the marketing execs at corporations; the creative departments in advertising and media—we all play a role in raising diverse, accepting children.

(出典 Carrie Goldman: "Bullying: the Role of Gender-Based Marketing")

Notes

masculinity (*n.*) < masculine (*adj.*): having qualities that are like a man.

femininity (*n.*) < feminine (*adj.*): having characteristics that are traditionally thought to be typical of or suitable for a woman.

transgression: an act that goes against a law, rule, or code of conduct.

fag: an offensive word for a gay man.

continuum: a continuous extent, series, or whole.

misogyny: feelings of hating women, or the belief that men are better than women.

homophobia: a fear or dislike of gay people.

Katie: the author's daughter's name.

empowerment (*n.*) < empower (*v.*): to give someone power or the freedom to do something.

girly = girlie: typical of females, or suitable for females rather than males.

rough-and-tumble: characterized by violent, random, disorderly play and struggles.

disservice: an action that harms something or someone.

frilly: overelaborate or showy in character or style.

leaning: a particular set of beliefs, opinions, etc. that someone prefers.

empathy: the ability to understand and share the feelings of another.

exec: an executive.

(1) 下線部 (ア) の言っていることを、本文に即して具体的に日本語で説明しなさい。

(2) 下線部 (イ) はどういう意味か、本文に即して、日本語で説明しなさい。

(3) 下線部 (ウ) を和訳しなさい。

(4) 下線部 (エ) はどういう意味か、本文の主旨にそって、日本語で説明しなさい。

〔 II 〕 次の文章を読んで、下の問いに解答欄の範囲内で答えなさい。

Linda Campbell was not quite four years old when her appendix burst, spilling its bacteria-rich contents throughout her abdomen. She was in severe pain, had a high fever, and wouldn't stop crying. Her parents, in a state of panic, brought her to the emergency room in Atlanta, where they lived. Campbellの全身の臓器が衰え始め、心臓が止まる寸前であるとわかったので、⁽⁷⁾医師たちは彼女を急いで手術室に運んだ。

Today removing an appendix leaves only a few droplet-size scars. But back then, in the 1960s, the procedure was much more involved. As Campbell recalls, an anesthesiologist told her to count backward from ten while he flooded her lungs with anesthetic ether gas, allowing a surgeon to slice into her torso, cut out her earthworm-size appendix, and drain her abdomen of infectious slop, leaving behind a lengthy longitudinal scar.

The operation was successful, but not long after Campbell returned home, her mother sensed that something was wrong. The calm, precocious girl who had gone into surgery was not the same one who emerged.⁽⁴⁾ Campbell began flinging food from her high chair. She suffered random episodes of uncontrollable vomiting. She threw violent temper tantrums during the day and had disturbing dreams at night. "They were about people being cut open, lots of blood, lots of violence," Campbell remembers. She refused to be alone but avoided anyone outside her immediate circle. Her parents took her to physicians and therapists. None could determine the cause of her distress.⁽⁷⁾ When she was in eighth grade, her parents pulled her from school for rehabilitation.

Over time Campbell's most severe symptoms subsided, and she learned how to cope with those that remained. She managed to move on, become an accountant, and start a family of her own, but she wasn't cured. Her nightmares continued, and nearly anything could trigger a panic attack: car horns, sudden bright lights, wearing tight-fitting pants or snug collars, even lying flat in a bed. She explored the possibility of post-traumatic stress disorder with her therapists but could not identify a triggering event. One clue that did eventually surface, though, hinted at a possibly traumatic experience. During a session with a hypnotherapist, Campbell remembered an image, accompanied by an acute feeling of fear, of a man looming over her.⁽¹⁾

Then, one fall afternoon in 2006, four decades after her symptoms began, Campbell met an anesthesiologist at a hypnotherapy workshop. Over lunch she found herself telling the anesthesiologist about her condition. She mentioned the appendectomy she'd had not long before everything changed.

The anesthesiologist was intrigued. He told her about a phenomenon that had sometimes

accompanied early gas anesthetics, particularly ether, in which patients reacted to the gas by coughing and choking, as if they were suffocating.

The comment sparked something in Campbell. "I started having all these flashes," she remembers. "The flashes were me being on the table. The flashes were of the room. The flashes were of the bright lights over me." A man—the same one from her memory?—was there. At some point the room went black. "And then I got to the place where I was on the table, and I just remember feeling terror," she says. "That's all I remember. I don't see anything. I don't feel anything. It's absolute, abject terror. And the feeling that I am dying." At that moment, Campbell realized that something had happened to her during her appendectomy, something that changed her forever. After several years of investigation, she figured it out: she had woken up on the table.

This experience is called "intraoperative recall" or "anesthesia awareness," and it's more common than you might think. Although studies diverge, most experts estimate that for every thousand patients who undergo general anesthesia each year in the United States, one to two will experience awareness. Patients who awake hear surgeons' small talk, the swish and stretch of organs, the suctioning of blood; they feel the probing of fingers, the yanks and tugs on innards; they smell cauterized flesh and singed hair. But because one of the first steps of surgery is to tape patients' eyes shut, they can't see. And because another common step is to paralyze patients to prevent muscle twitching, they have no way to alert doctors that they are awake.

(出典 Joshua Lang: "Awakening" in *The Atlantic* January/February 2013)

Notes

appendix: 虫垂.

abdomen: the lower part of a person's body, containing the stomach, bowels, and other organs.

anesthesiologist < anesthesiology: the science and practice of giving anesthetics (= substances to stop patients feeling pain, for example during operations).

ether: a clear liquid used, especially in the past, as an anesthetic to make people sleep before a medical operation.

precocious: (especially of children) showing mental development or achievement much earlier than usual.

vomit: to empty the contents of the stomach through the mouth.

temper tantrum: a sudden period of uncontrolled anger like a young child's.

subside: to become less strong or intense.

hypnotherapist < hypnotherapy: the use of hypnosis (= a state similar to sleep, in which someone's thoughts and actions can be influenced by someone else) to treat emotional or physical problems.

loom: to appear as a large, often frightening or unclear shape or object.

appendectomy: a medical operation to remove the appendix.

intrigued: very interested in something because it seems strange or mysterious.

suffocate: to die by choking.

anesthesia: a state in which someone does not feel pain, induced by anesthetics.

diverge: to follow a different direction, or to be or become different.

swish: a quick movement through the air or fluid, making a soft sound.

suction: to remove by negative pressure.

yank: an abrupt, vigorous pull.

innards: the organs inside a person.

cauterize: to burn an injury to stop bleeding.

singe: to burn slightly on the surface, without producing flames.

twitch: to make a sudden small movement with a part of the body, usually without intending to.

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(3) 下線部 (ウ) の原因は何だったのか、本文に即して、日本語で答えなさい。

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〔Ⅲ〕 次の文章を読んで、下の問いに解答欄の範囲内で答えなさい。

Here is a classic conundrum of cause and effect: the men who survive the crushing pace (not to mention lethal diet) of multiple U.S. presidential campaigns and go on to hold one of the most stressful jobs in the world also have a habit of outliving the rest of us.

In the fall of 2012, Jimmy Carter, now 90, took his place in history as the President who had lived the longest after leaving the White House—31 years and 231 days out of office, breaking the record of Herbert Hoover, who died in 1964. Carter left the White House in January 1981, went back to Georgia and proceeded to teach, improve his Spanish, paint, write poetry, win the Nobel Peace Prize and write 21 books about, among other things, how to find a second career. He is rather typical. Ronald Reagan lived until 93. So did Gerald Ford. George Bush the elder, like Carter, is 90. Even in the 19th century, when the average man died at age 47, U.S. Presidents lived an average of 69 years, and John Adams made it to 90. Granted, the presidential demographic typically enjoys access to better nutrition, health care and living conditions. Yet these men also knew pressure that few of us can imagine, and stress is a proven toxin.

So does the presidency endow people with some special life force, or do they share some quality that helps get them to the White House in the first place? Is there something about holding the office that forces men—and presumably one day women—to live a healthy lifestyle rather than just aspire to it?

For starters, there is constant vigilance. Ignoring troubling symptoms is not an option for someone who has a doctor following him virtually everywhere he goes; medical teams are steps away at all times. Even when Presidents return to private life, they are shadowed by Secret Service details, albeit smaller ones. Among those agents, an EMT is always on duty. Think of it as a retirement benefit.

At least since the mid-1970s, nearly every President has been devoted to some kind of regular exercise. Ford swam and skied. Carter jogged almost daily. Reagan chopped brush and lifted weights. Bush the younger took to biking when his knees put a halt to running. If some of that recreation was done for public relations purposes, most Presidents have come to rely on it for private sustenance.

There's body, and then there's mind. We all may know we need to manage our stress, but for a sitting President this is imperative, a consistent part of the advice they give one another. Be sure to rest. Take your vacations. Use Camp David. After the hard-fought 1960 election, Richard Nixon and John F. Kennedy met in Key Biscayne, Fla., where Nixon made an unsolicited promise. I may criticize your policies, he told Kennedy, but "of one thing I can assure you: I

shall never join in any criticism of you, expressed or implied, for taking time off for relaxation. There is nothing more important than that a President be physically, mentally and emotionally in the best possible shape to confront the immensely difficult decisions he has to make.”

For many Presidents, stress acts as a force multiplier. The toll stress takes, research has shown, depends on how it is viewed. What is normally harmful becomes helpful when it is treated as a fact of life or a chance to learn. The more powerful a person is, the more in control, the better the odds he has learned to use stress to his advantage. Clinton aides flaunted his mantra like a bumper sticker: “That which doesn’t kill him only makes him stronger.” For people with that kind of resilience—sometimes called adaptive competence—stress can correlate with a longer life.

Out of office, the challenge changes. Presidents tend to be not just type-A but triple-A personalities, guys who don’t spend a lot of time lounging around checking their Facebook feeds (although Clinton and Bush the elder both tweet). Slowing down isn’t something they really want to do. “When I got out of the White House,” Carter recalled, “I had a life expectancy of 25 more years, and so I needed to figure out how to use it.”

Former Presidents are particularly well positioned to do good: to engineer an immense humanitarian rescue effort, as Hoover did in the years after World War II, or to promote reform and democracy, as Ford and Carter did as unlikely partners. Clinton launched his Global Initiative, while George W. Bush has focused on veterans. Engaging in meaningful work also correlates closely with longevity—and modern Presidents have typically made it their mission to leverage their fame for a cause they believe in. So, in psychological terms, they settle in for the long haul.

Finally, there’s the kind of legacy you can read about in books, and then there’s the kind any fool can see. And so as 2015 unfolds, it’s important to note that three of the four current ex-Presidents may have something else to live for now. Clinton’s wife Hillary is trying to become the 45th President, and so is Bush son and brother Jeb. Aides to the elder Bush privately admit that the prospect of seeing a second son run for the White House helps keep him going.

And nothing gets the blood pumping like a little competition among friends.

(出典 *Time* February 23 – March 2, 2015 より 一部省略)

Notes

conundrum: a confusing and difficult problem or question.

demographic: a particular sector of a population.

toxin: a substance containing poison.

vigilance (*n.*) < vigilant (*adj.*): carefully watching for problems or signs of danger.

EMT: emergency medical technician.

sustenance: the maintaining of someone or something in life or existence.

imperative: of vital importance; crucial.

unsolicited: given or done voluntarily, usually not asked for.

toll: the adverse effect of something.

flaunt: to show something you are proud of to other people, in order to impress them.

mantra: a statement or slogan repeated frequently.

resilience: the capacity to recover quickly from difficulties; toughness.

correlate: to have a mutual relationship or connection, in which one thing affects or depends on another.

lounge: to lie, sit, or stand in a relaxed or lazy way.

longevity: long life.

long haul: a long period of time.

- (1) 下線部 (ア) について、その程度をもっとも明確に表している一文を本文から抜き出さない。
- (2) 下線部 (イ) を和訳さない。
- (3) 下線部 (ウ) は具体的には何を指すのか、先行する本文から2箇所(いずれも2語)抜き出さない。
- (4) 下線部 (エ) について、約束の内容と約束した理由を日本語で答えなさい。
- (5) 下線部 (オ) について、この段落で言及されていない1人の姓名を英語で書きなさい。