Unit 6 VLS -- 填空练习答案 == scripts

Listening and understanding

Conversation P95

Scripts:

**Host:** Joining us today is Maddy Moon, who is now ***running a website*** helping those suffering orthorexia. Welcome, Maddy.

**Maddy:** Thank you. Hello, everyone!

**Host:** So, Maddy, what’s orthorexia?

**Maddy:** Orthorexia is an ***anxiety disorder*** where sufferers have an ***obsession*** with healthy eating. Anything ***outside their food boundaries*** makes them feel they lack control.

**Host:** I know you once suffered the disorder, right? Can you share some of your experiences?

**Maddy:** Yeah. I restricted major food groups for my ***bodybuilding*** and always ***broke down in tears*** and anxiety if I was given any food not on my fitness meal plan. I even felt scared around just ... fruit. I was taught that fruit had sugar and would ruin my body. Two years later, I lost a worrying amount of weight. I was always tired and yet I was unable to sleep through the night. Just ***getting through the day*** was a challenge.

**Host:** What do you think causes orthorexia?

**Maddy:** Well, I’m afraid the causes are complicated and ***wide-reaching.*** Nowadays, an increasing number of health-related social media accounts definitely promote orthorexic attitudes. With the help of social media, you can see somebody’s healthy lifestyle and ***stunning*** body within seconds. Yet, what you don’t realize is that you’re only getting a limited view of their life. And there’re also psychological factors – I once had ***tendencies toward perfectionism***, high anxiety, or a need for control.

**Host:** If you meet people who worry they’re orthorexic, what advice will you give them?

**Maddy:** First of all, keep away from those fitness and dieting articles and ***social media accounts.*** It really makes no sense to have a “perfect body” but suffer emotionally and physically. Second, don’t hesitate to ask experts for help. You can work with a ***dietician*** to help you balance your eating, and talk to a ***therapist*** to overcome your emotional problems.

**Questions:**

1. What was one of the symptoms of Maddy’s orthorexia?

2. What happened to Maddy two years after she followed her fitness meal plan?

3. What’s Maddy’s attitude toward the stunning bodies promoted on some social media?

Passage 1 P97

The term “e-Patient” was first ***coined*** in 1976. It means a health consumer who uses the Internet to gather information and to cope with a medical condition. While health care providers want patients to read about their illnesses and ***make informed choices***, they often get frustrated by the misleading information that comes with it.

***In light of this***, social networks and media sharing networks have recently announced ***initiatives*** to stop misleading information by ***fact-checking***, ***issuing warnings,*** and removing misleading content. Providing links to correct information and ***partnering*** with health and science organizations can also encourage the spread of ***reliable*** information.

While we have yet to see if these safety measures are adequate, the medical community also needs to ***cultivate*** e-Patients’ ability to evaluate information from electronic sources. Encouraging patients to critically analyze online information and to use ***credible*** sources, and alerting them to the warnings against unreliable information are some of the discussions worth considering.

A practical approach for e-Patients could be to ask the four Whs considered fundamental in information gathering: Who, What, Why, and When.

Who runs the website? Examine the authors and ***sponsors***. Government website addresses end in “.gov,” educational institutions maintain “.edu,” large professional or ***nonprofit*** organizations often use “.org,” and ***commercial*** websites use “.com.”

What is offered? Does it provide unbelievable solutions, quick cures or ***wonder cures***?

Why was the site created? Was the goal to inform, explain, or to sell health or medical products? Check details on “About This Site” or “About Us.”

When was the information written or the webpage ***last updated***?

Outdated or incomplete information, the lack of medical ***credentials*** and medical research, the use of ***testimonials*** as evidence, and emotional or ***exaggerated*** language should ***raise doubts*** about the ***reliability*** of the information.

Passage 2 P99

What’s the secret to a long life? Scientists have studied communities where a healthy old age is typical, and they found that there could be a gene for not only a long life, but a long and healthy life.

The small village of Molochio in Calabria ***numbers*** about 2,000 residents. Of these, there are at least eight ***centenarians***. When researchers ask these people what the secret of their long life is, the answer is almost always the same: “I eat a lot of fruit and vegetables.” “A little bit, but of everything.” “No smoking, no drinking.”

But such evidence is now regarded as unreliable.

New research looking at groups of people who have a genetic connection has taken scientists to Ecuador. In one small region, there are a number of people with a ***genetic*** condition called Laron syndrome. This ***syndrome*** restricts the individual’s growth to little more than a meter, but it also seems to protect them against cancer and ***diabetes***. Ultimately, those with Laron syndrome live longer than the rest of their families. Meanwhile, on the Hawaiian island of Oahu, there’s a group of particularly ***long-lived*** Japanese-American men who have a ***variant*** of the same gene as the Laron syndrome group.

Back in Calabria, researchers have been trying to work out exactly how much of the local ***longevity*** is due to ***genetics*** and how much to environmental factors. By checking public records going back to the 19th century, researchers drew the family trees of 202 nonagenarians and centenarians. They concluded that there were genetic factors which seemed to benefit the men more than the women – a surprising result because ***generally*** in Europe, women centenarians ***outnumber*** men by about five to one.

So what really makes people live longer? It seems likely that it is an ***interaction*** of genes, the environment and ***ultimately*** a third factor beyond our control – luck.

Lecture P101

In today’s lecture, we’ll look at an important psychological response: stress.

For years I’ve been telling people: Stress makes you sick. I believe stress increases the risk of everything. Basically, I’ve turned stress into an enemy. But I have changed my mind about stress, and today, I want to change yours.

Let me start with a study. In this study, people who experienced a lot of stress in the previous year had a 43 percent increased risk of dying. But that was only true for the people who also believed that stress was harmful for their health. People who experienced stress but did not ***view*** stress as harmful were no more likely to die. In fact, they had a lower risk of dying than anyone in the study, including people who had ***relatively*** little stress.

So this study ***got me wondering***: Can changing how you think about stress make you healthier? And here the science says yes.

I want to tell you about one of the most ***underappreciated*** aspects of the stress response, and the idea is this: Stress makes you social.

To understand this side of stress, we need to talk about a ***hormone***, oxytocin. Oxytocin is a neurohormone. It enables you to do things that strengthen close relationships. It makes you ***crave*** physical contact with your friends and family. It even makes you more willing to help and support the people you care about.

Well, oxytocin doesn’t only act on your brain. It also acts on your heart.

Your heart has ***receptors*** for this hormone, and oxytocin helps heart cells ***regenerate*** and heal from ***stress-induced*** damage. So, when you reach out to others under stress, either to seek support or to help someone else, you ***release*** more of this hormone, your stress response becomes healthier, and you actually recover faster from stress.

How you think and how you act can ***transform*** your experience of stress. When you view your stress response as helpful, you create the ***biology of courage***. And when you connect with others under stress, you can create ***resilience***. Now I wouldn’t ask for more ***stressful*** experiences in my life, but I believe I have a whole new ***appreciation*** for stress.

**Questions:**

1. What do we know about the subjects in the study?

2. What does the speaker think of the social side of the stress response?

3. What is the function of oxytocin?

4. How does oxytocin act on the heart?

5. What is the speaker mainly talking about?

Viewing and understanding P103

This is Maria, and her husband, Reuben.

Before their day even starts, they are providing a detailed ***snapshot*** of their health and ***wellness*** to their network.

Maria slept great, but Reuben, who has a history of ***depression*** and anxiety, ***tossed and turned all night***. Data from his neuroendocrine system shows a ***spike*** in cortisol. That may be a sign that he could be ***headed*** for a significant depressive ***episode***. So, before he is even awake, his network has placed time in his busy schedule that day to talk with a ***virtual*** therapist about ways to reduce his stress.

Twenty years from now, ***radically*** interoperable data and open and secure platforms will allow consumers to own their own journey of health, providing them with a ***holistic***, real-time view of themselves and their environment, a system in which personalized experiences that are highly ***tailored*** to one’s ***preferences*** and needs are ***the norm, not the exception***, and where care and services can be accessed quickly and ***seamlessly***.

Consumers are increasingly willing to share their personal data through wearable technology, smart ***appliances*** in the home and even with the home itself. This vast ***pool*** of data forms the basis of their personal health ***profiles***, so their changes or ***deviations*** can be detected and addressed immediately. This information ***empowers*** consumers to take control of their well-being in ways that were impossible in the past, whether it’s ***proactively*** heading off depressive episodes for Reuben or getting Maria her time-released antihistamine well ahead of a high-pollen day. This data also provides more opportunities than ever to glean novel insights into the health of entire communities and to enable research and scientific ***breakthroughs*** at a rate that will only increase ***exponentially*** as technology continues to ***evolve and to integrate into our daily lives***.

***Tailoring*** care individually based on ever-advancing capabilities to capture, interpret and act on ***near-perfect*** data in real time is a ***radical*** change. This change will require a complete ***rebuild*** of today’s health care system and the ***collaboration*** of several actors, some old and many new. Those with deep roots in ***care-delivery*** must ask themselves how they can use data and technology to transform what ***well-being*** and care-delivery means. Players in the health ***ecosystem*** will include nontraditional ones, for example, those focused on the data platforms and tools, and enable this new model of health. And regulators, financiers and ***intermediaries*** will all play a new role in this new vision. ***Disruptive*** thinking and commitment to emerging technology are more important than ever before because the future isn’t as far off as it seems. In fact, it’s ***at your very fingertips.***

**Questions:**

1 What can Reuben’s health network do to reduce his stress levels?

2 How does Maria’s health profile help her?

3 According to the speaker, what is more important now than ever before?

Further Listening P108

Conversation

**W:** I haven’t seen you in the gym lately. Have you given up your New Year’s ***resolution*** already?

**M:** Of course not! You know exercise is always my way of coping with life. When I’m nervous or tired, I turn to exercise.

**W:** But you’re not running as much as you did, are you?

**M:** That’s true. I’m ***running shorter distances***, three miles at the most, but ***typically*** about two miles.

**W:** How come? If I don’t run seven miles a day, I feel like I haven’t exercised at all.

**M:** I used to feel the same. But I have had some warning signs from my heart recently. I’m worried I may have made a ***fatal*** mistake.

**W:** But isn’t exercise supposed to be good for your heart?

**M:** Short periods are good. 20 to 30 minutes of daily exercise can add years to your life, but the benefits start to ***plateau*** at 40 minutes. Apart from that, I read an article which compared non-runners to runners and found that the ***mortality*** rate of ***moderate*** runners was 44 percent lower than that of ***non-runners*** or that of those taking extreme exercise. They lived about six years longer.

**W:** So ***lighter*** exercise is better?

**M:** Yes, for example, just walking in parks, swimming at a ***leisurely*** pace, and doing some ***yoga***. Even doing housework can be beneficial.

**W:** So how many days of exercise a week, ***ideally***?

**M:** According to the study, two to five days ***ideally***, and 10 to 15 miles a week.

**W:** That’s interesting. Sounds like what the father of medicine said 2,500 years ago was right, “If we could give every individual the right amount of ***nourishment*** and exercise, not too little and not too much, we would have found the safest way to health.”

**M:** Yeah. That’s why I’ve decided to ***cut down on*** it, and hopefully, enjoy more ***sunrises*** and ***sunsets***.

**Questions:**

1. Why has the man shortened his running distance?

2. What amount of daily exercise does the man recommend?

3. According to the man, which of the following is the result of lighter exercise?

Passage 1

Once upon a time, a psychology professor walked around on a ***stage*** while teaching stress management principles to a classroom filled with students. As she raised a glass of water, everyone expected they’d be asked the typical “glass half empty or glass half full” question. Instead, with a smile on her face, the professor asked, “How heavy is this glass of water I’m holding?”

Students shouted out answers ranging from eight ounces to a couple of pounds.

She replied, ***“From my perspective,*** the absolute weight of this glass doesn’t matter. It all depends on how long I hold it. If I hold it for a minute or two, it’s ***fairly*** light. If I hold it for an hour ***straight***, its weight might make my arm ***ache*** a little. If I hold it for a day straight, my arm will likely ***cramp*** up and feel completely ***numb***, forcing me to drop the glass to the floor. In each case, the weight of the glass of water doesn’t change, but the longer I hold it, the heavier it feels to me.”

“Your stresses and worries in life are very much like this glass of water,” she continued. “Think about them for a while and nothing happens. Think about them a bit longer and you begin to ache a little. Think about them all day long, and you will be completely ***incapable*** of doing anything else until you drop them.”

The moral: It’s important to remember to ***let go of*** your stresses and worries. No matter what happens during the day, don’t ***carry them through*** the night and ***into*** the next day with you. If you still feel the weight of yesterday’s stress, it’s a strong sign that it’s time to put the glass down.

**Questions:**

1. Which is a typical psychological question related to a glass of water?

2. What did the professor say about the glass of water?

3. What is the message the professor tried to convey to the students?

Passage 2

Crying is a natural ***response*** to a range of emotions, from deep sadness to extreme happiness. But is crying good for your health? The answer appears to be yes.

Crying is an important safety ***valve***, largely because keeping difficult feelings inside is linked with a less ***resilient*** immune system, ***cardiovascular*** disease, as well as with stress, anxiety, and depression. Crying also encourages ***closeness*** and support from friends and family.

Not all tears are created equal. Some scientists divide the liquid product of crying into three categories: ***reflex*** tears, continuous tears, and emotional tears. The first two categories ***perform the function*** of removing smoke and ***dust*** from our eyes, and ***lubricating*** our eyes to protect them from ***infection***. Their content is 98 percent water.

It’s the third category, emotional tears, which ***flush*** stress hormones and other ***toxins*** out of our system, that ***potentially*** offers the most health benefits. Crying releases ***endorphins***. These feel-good chemicals help ease both physical and emotional pain. Popular culture, for its part, has always known the value of a good cry as a way to feel better – and maybe even to experience physical pleasure. The millions of people who watched classic ***sentimental*** films such as *Titanic* will likely prove that fact.

Sometimes, crying can be a sign of a problem, especially if it happens very frequently or ***for no apparent reason,*** or when it affects daily activities or becomes ***uncontrollable***. In these situations, it would be best to see a medical professional.

As challenging as it may be, the best way to handle difficult feelings, including sadness and sorrow, is to ***embrace*** them. Allow yourself to cry if you feel like it. Teaching people that it’s OK to cry may reduce negative health behavior and help them ***have fuller lives.***

**Questions:**

1. Why is crying important to us?

2. What is one of the functions of endorphins according to the passage?

3. What is the best way to deal with difficult feelings according to the passage?

Lecture

What do you know about maintaining psychological health? In today’s lecture, I’d like to talk about why we need to practice emotional ***hygiene***.

We ***sustain*** psychological injuries even more often than we do physical ones, injuries like loneliness or failure or ***rejection***. If we ignore them, they can ***impact*** our lives ***in dramatic ways***. And yet, it doesn’t even occur to us that we should treat these psychological injuries.

It’s time we ***closed the gap*** between our physical and psychological health.

Loneliness creates a deep psychological ***wound***. ***Chronic*** loneliness poses as significant a risk to your long-term health and ***longevity*** as cigarette smoking, but loneliness doesn’t give you a warning. And that’s why it’s important that we ***prioritize*** our psychological health, because you can’t treat a psychological wound if you don’t even know you’re injured.

Loneliness isn’t the only psychological wound that ***distorts our perceptions*** and misleads us. Failure does that as well. Are you aware of how your mind reacts to failure? If your mind tries to convince you that you’re incapable of something, and you believe it, then you’ll begin to feel helpless and you’ll stop trying too soon, or you won’t even try at all. And then you’ll ***be even more convinced*** you can’t succeed. That’s why so many people ***function below their actual potential.*** Our mind is hard to change once we become convinced. But you have to fight feelings of helplessness. You have to gain control over the situation. And you have to ***break this kind of negative cycle*** before it begins.

Rejection is also extremely painful. After a rejection, we usually start thinking of all our faults and shortcomings. But why do we do this? Why would we want to damage our ***self-esteem*** even further while it is already hurting? So, when you get rejected, the first thing you should do is to ***revive your self-esteem***. We have to catch our unhealthy psychological habits and change them.

By ***taking action*** when you’re lonely, by changing your responses to failure, by protecting your self-esteem, and by fighting negative thinking, you won’t just ***heal your psychological wounds***, you will ***build emotional resilience***, and you will ***thrive***.

**Questions:**

1. Which of the following does the lecture mainly focus on?

2. Why is it difficult to treat a psychological wound according to the speaker?

3. Which of the following is true of loneliness and failure?

4. What is the first thing we should do when we get rejected?