###### TRƯỜNG ĐẠI HỌC LAO ĐỘNG - XÃ HỘI

**KHOA NGOẠI NGỮ**

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GIÁO TRÌNH

TIẾNG ANH CHUYÊN NGÀNH TÂM LÍ HỌC

**(ENGLISH FOR PSYCHOLOGY)**

**HÀ NỘI - 2018**

***Nhóm biên soạn:***

*TS. Lê Anh Tuấn, Phó Trưởng khoa Ngoại ngữ (Chủ biên) ThS. Đỗ Diệp Linh (Thư ký), ThS. Hoàng Thị Hiền, ThS. Trần Thị Thu Hương, Ths. Đàm Lan Hương.*

## Preface

The English for psychology course book is designed for the single-semester introduction to psychology course. For many students, this may be their only college-level psychology course. As such, this textbook provides an important opportunity for students to learn the core concepts of psychology and understand how those concepts apply to their lives.

The textbook has been developed to meet the scope and sequence of most general psychology course. At the same time, the book includes a number of innovative features designed to enhance student learning. A strength of Psychology is that instructors can customize the book, adapting it to the approach that woks best in their classroom.

As intructors, we strive to make psychology, as a discipline, interesting and accessible to students. We include fact, data, and examples that seek to represent. The result is a book that covers the breadth of psychology topics with variety and depth that promote student engagement.

The instructor group includes:

* Dr. Le Anh Tuan, deputy dean of foreign languages (ed) (Unit

17)

* Master Do Diep Linh (Secretary) (Unit 1,2,3,4)
* Master Hoàng Thị Hiền (Unit 5,6,7,8)
* Master Đàm Lan Hương (Unit 9,10,11,12)
* Master Trần Thị Thu Hương (Unit 13,14,15,16)

We would like to thank the lectures of Social Work Departments as well as lectures of Foreign Language Department at university of labor and social affair for their extensive help, discussion and suggestions while we were writing this book.

Many thanks also to our family, who have always encourages and supported us.

***Authors***

## Lời nói đầu

*Trong xu thế hội nhập quốc tế, tiếng Anh nói chung và tiếng Anh chuyên ngành nói riêng trở thành một phương tiện vô cùng quan trọng. Tiếng Anh không chỉ là công cụ hữu hiệu cho người lao động trong việc khai thác thông tin tiếp thu thành tựu khoa học kỹ thuật cao và học hỏi kinh nghiệm tốt của các nước trên thế giới về lĩnh vực chuyên ngành của mình mà còn là một phương tiện hữu ích trong việc nâng cao chất lượng cuộc sống vật chất và tinh thần của con người. Nắm được tiếng Anh, con người có thể hiểu biết sâu sắc hơn nữa về nền văn minh thế giới, mở rộng quan hệ hợp tác, giao lưu và phát triển tiềm năng của chính mình.*

*Vì thế, nhóm giảng viên tiếng Anh, khoa Ngoại ngữ, trường Đại học Lao động - Xã hội tiến hành biên soạn cuốn* ***Giáo trình tiếng Anh chuyên ngành Tâm lí học,*** *nhằm giúp sinh viên và độc giả có thể tra cứu thêm các thuật ngữ về chuyên Tâm lí học bằng tiếng Anh, giúp cho việc nâng cao kỹ năng đọc hiểu, dịch thuật các tài liệu chuyên ngành ngày một tốt hơn. Nhóm biên soạn gồm:*

* *TS. Lê Anh Tuấn, Phó Trưởng khoa Ngoại ngữ (Chủ biên) (Bài*

*17)*

* *ThS. Đỗ Diệp Linh (Thư ký) (Bài 1,2,3,4)*
* *ThS. Hoàng Thị Hiền (Bài 5,6,7,8)*
* *ThS. Đàm Lan Hương (Bài 9,10,11,12)*
* *ThS. Trần Thị Thu Hương (Bài 13,14,15,16)*

*Cuốn giáo trình là kết quả của quá trình lao động nghiêm túc, các tác giả đã cố gắng hoàn thành cuốn sách với nội dung kết cấu hợp lý và phù hợp với nội dung chương trình đào tạo của ngành Tâm lí học tại Trường Đại học Lao động - Xã hội. Tập thể tác giả rất mong nhận được những ý kiến đóng góp chân thành của các đồng nghiệp và bạn đọc để cuốn thuật ngữ được hoàn thiện hơn.*

***Nhóm Tác giả***

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### UNIT 1: INTRODUCTION TO PSYCHOLOGY

###### PRE-READING TASK

In your opinion, what is management? What are organizations?

###### READING COMPREHENSION

Psychology is the scientific study of mind and behavior. The word “psychology comes from the Greek words “psyche ,‖ meaning life, and “logos,‖ meaning explanation. Psychology is a popular major for students, a popular topic in the public media, and a part of our everyday lives. Television shows such as Dr. Phil feature psychologists who provide personal advice to those with personal or family difficulties. Crime dramas such as CSI, Lie to Me, and others feature the work of forensic psychologists who use psychological principles to help solve crimes. And many people have direct knowledge about psychology because they have visited psychologists, for instance, school counselors, family therapists, and religious, marriage, or bereavement counselors.

Psychologists do work in forensic fields, and they do provide counseling and therapy for people in distress. But there are hundreds of thousands of psychologists in the world, and most of them work in other places, doing work that you are probably not aware of. Most psychologists work in research laboratories, hospitals, and other field settings where they study the behavior of humans and animals. For instance, my colleagues in the Psychology Department at the University of Maryland study such diverse topics as anxiety in children, the interpretation of dreams, the effects of caffeine on thinking, how birds recognize each other, how praying mantises hear, how people from different cultures react differently in negotiation, and the factors that lead people to engage in terrorism. Other psychologists study such topics as alcohol and drug addiction, memory, emotion, hypnosis, love, what makes people aggressive or helpful, and the psychologies of politics, prejudice, culture, and religion. Psychologists also

work in schools and businesses, and they use a variety of methods, including observation, questionnaires, interviews, and laboratory studies, to help them understand behavior.

The earliest psychologists that we know about are the Greek philosophers Plato (428–347 BC) and Aristotle (384–322 BC). These philosophers asked many of the same questions that today‘s psychologists ask; for instance, they questioned the distinction between nature and nurture and the existence of free will. In terms of the former, Plato argued on the nature side, believing that certain kinds of knowledge are *innate* or inborn, whereas Aristotle was more on the nurture side, believing that each child is born as an “empty slate” (in Latin atabula rasa) and that knowledge is primarily acquired through learning and experience. European philosophers continued to ask these fundamental questions during the Renaissance. For instance, the French philosopher René Descartes (1596–1650) also considered the issue of free will, arguing in its favor and believing that the mind controls the body through the pineal gland in the brain (an idea that made some sense at the time but was later proved incorrect). Descartes also believed in the existence of innate natural abilities. A scientist as well as a philosopher, Descartes dissected animals and was among the first to understand that the nerves controlled the muscles. He also addressed the relationship between mind (the mental aspects of life) and body (the physical aspects of life). Descartes believed in the principle of dualism: that the mind is fundamentally different from the mechanical body. Other European philosophers, including Thomas Hobbes (1588–1679), John Locke (1632–1704), and Jean-Jacques Rousseau (1712– 1778), also weighed in on these issues.

The fundamental problem that these philosophers faced was that they had few methods for settling their claims. Most philosophers didn’t conduct any research on these questions, in part because they didn’t yet know how to do it, and in part because they weren’t sure it was even possible to objectively study human experience. But dramatic changes came during the 1800s with the help of the first two research psychologists: the German psychologist Wilhelm Wundt (1832–1920), who developed a psychology laboratory in Leipzig, Germany, and the American psychologist William James (1842– 1910), who founded a psychology laboratory at Harvard University.

*(Adapted from A history of the proffession of psychology in America)*

###### Comprehension questions

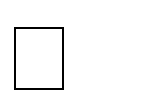
1. According to the author, how can psychology be defined?
2. Where do most psychologists work?
3. What kinds of method do most psychologists use when they study the topics that interest them?
4. Who are the earliest psychologists?
5. What does the word “innate” refer to?
6. What was the difference between Plato and Aristotle’s belief?

###### GRAMMATICAL REVIEW: Word classes (part of speech)

1. **Review**

All words belong to categories called [word classes](http://www.oxforddictionaries.com/definition/english/word-class) (or parts of speech) according to the part they play in a sentence. The main word classes in English are listed below:

|  |  |  |
| --- | --- | --- |
| [*Noun*](http://www.oxforddictionaries.com/words/word-classes-or-parts-of-speech#noun) | [*Verb*](http://www.oxforddictionaries.com/words/word-classes-or-parts-of-speech#verb) | [*Adjective*](http://www.oxforddictionaries.com/words/word-classes-or-parts-of-speech#adjective) |
| [*Adverb*](http://www.oxforddictionaries.com/words/word-classes-or-parts-of-speech#adverb) | [*Pronoun*](http://www.oxforddictionaries.com/words/word-classes-or-parts-of-speech#pronoun) | [*Preposition*](http://www.oxforddictionaries.com/words/word-classes-or-parts-of-speech#preposition) |
| [*Conjunction*](http://www.oxforddictionaries.com/words/word-classes-or-parts-of-speech#conjunction)  [**Noun**](http://www.oxforddictionaries.com/words/nouns) | [*Determiner*](http://www.oxforddictionaries.com/words/word-classes-or-parts-of-speech#determiner) | [*Exclamation*](http://www.oxforddictionaries.com/words/word-classes-or-parts-of-speech#exclamation) |

A noun is a wor[d that identifies](http://www.oxforddictionaries.com/definition/english/identify):

* a person (*man, girl*[*, engineer,*](http://www.oxforddictionaries.com/definition/english/engineer) *friend*)
* a thing (*horse, wall, flower, country*)
* an idea, quality, or state (*anger,* [*courage,*](http://www.oxforddictionaries.com/definition/english/courage) *life,* [*luckiness*](http://www.oxforddictionaries.com/definition/english/lucky#lucky__14))

###### [Verb](http://www.oxforddictionaries.com/words/verbs)

A verb [describes](http://www.oxforddictionaries.com/definition/english/describe) what a person or thing does or what happens. For example, verbs describe:

an action - *jump, stop, explore*

an event - *snow, happen*

a [situation](http://www.oxforddictionaries.com/definition/english/situation) - *be, seem, have*

a change - *evolve, shrink, widen*

###### [Adjective](http://www.oxforddictionaries.com/words/adjectives)

An adjective is a word that describes a noun, giving extra [information](http://www.oxforddictionaries.com/definition/english/information) about it. For example:

*an* ***exciting*** *adventure a* ***green*** *apple a* ***tidy*** *room*

###### [Adverb](http://www.oxforddictionaries.com/words/adverbs)

An adverb is a word that‟s used to give information about a verb, adjective, or other adverb. They can make the meaning of a verb, adjective, or other adverb stronger or weaker, and often appear betwee[n the subject](http://www.oxforddictionaries.com/words/subjects-and-objects) and its verb (*She* [***nearly***](http://www.oxforddictionaries.com/definition/english/nearly) *lost everything*).

###### [Pronoun](http://www.oxforddictionaries.com/words/pronouns)

Pronouns are used in place of a noun that is already known or has already bee[n mentioned.](http://www.oxforddictionaries.com/definition/english/mention) This is often done in order to [avoid](http://www.oxforddictionaries.com/definition/english/avoid) repeating the noun. For example:

*Laura left early because* ***she*** *was tired. Anthony brought the* [*avocados*](http://www.oxforddictionaries.com/definition/english/avocado) *with* ***him****.*

***That*** *is the only option left.*

***Something*** *will have to change.*

Personal pronouns are used in place of nouns referring to specific people or things, for example *I*, *me*, *mine*, *you*, *yours*, *his*, *her*, *hers*, *we*, *they*, or *them*. They can be divided into various different categories according to their role in a sentence, as follows:

[subjective pronouns](http://www.oxforddictionaries.com/words/pronouns#subjective_pronouns) [objective pronouns](http://www.oxforddictionaries.com/words/pronouns#objective_pronouns) [possessive pronouns](http://www.oxforddictionaries.com/words/pronouns#possessive_pronouns) [reflexive pronouns](http://www.oxforddictionaries.com/words/pronouns#reflexive_pronouns)

###### [Preposition](http://www.oxforddictionaries.com/words/prepositions)

A preposition is a word such as *after, in, to, on,* and *with*. Prepositions are usually used in front of nouns or pronouns and they show the relationship between the noun or pronoun and other words in a sentence. They describe, for example, the position of something, the time when something happens, or the way in which something is done.

###### [Conjunction](http://www.oxforddictionaries.com/words/conjunctions)

A conjunction (also called a [connective](http://www.oxforddictionaries.com/definition/english/connective#connective__6)) is a word such as *and, because, but, for, if, or,* and *when*. Conjunctions are used to connect [phrases, clauses,](http://www.oxforddictionaries.com/words/phrases) and [sentences](http://www.oxforddictionaries.com/words/sentences). The two main kinds are known as *coordinating conjunctions* and *subordinating conjunctions*.

###### [Determiner](http://www.oxforddictionaries.com/words/determiners)

A determiner is a word that introduces a noun, such as a/an, the, every, this, those, or many (as in a dog, the dog, this dog, those dogs, every dog, many dogs)

The determiner ***the*** is sometimes known as the *definite article* and the determiner ***a*** (or ***an***) as the *indefinite article*.

###### [Exclamation](http://www.oxforddictionaries.com/words/exclamations)

An exclamation (also called an [interjection](http://www.oxforddictionaries.com/definition/english/interjection)) is a word or phrase that expresses strong emotion, such as [surprise,](http://www.oxforddictionaries.com/definition/english/surprise) pleasure, or anger. Exclamations often stand on their own, and in writing they are usually followed by an exclamation mark rather than a full stop.

How wonderful!

Ow! That hurt!

###### Drilling exercises

**Put the words in the correct form**

* 1. Detroit is renowned for the… of cars. (PRODUCE)
  2. If you make a good at the interview, you will get the

job. (IMPRESS)

* 1. Teaching and medicine are more than , they're

professions. (OCCUPY)

* 1. My history teacher has a vast… of past events.

(KNOW)

* 1. You are never too old to go to college and gain some…………….

(QUALIFY)

* 1. My greatest… was graduating from the university.

(ACHIEVE)

* 1. The weatherman said there is a strong of rain today.

(POSSIBLE)

* 1. Some old laws are no longer (EFFECT)
  2. Athens is for its ancient buildings. (FAME)
  3. He was caught shoplifting so now he has a… record.

(CRIME)

###### WORD STUDY

**Exercise 1: Fill in the blank with a suitable word.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| relationship | abilities | philosophers | through | mind | existance |
| questioned | science | different | As | also | nerves |

The earliest psychologists that we know about are the Greek (1)

Plato (428-347 BC) and Aristotle (384-322 BC). These philosophers asked many of the same questions that today’s psychologists ask; for instance, they (2) the distinction between nature and nurture and the (3) of free will. In terms of the fomer, Plato argued on the nature side, believing that certain kinds of knowledge are innate or (4) , wherease Aristotle was more on the nurture side believing that each child is born as an “empty slate” and that

knowledge is primarily acquired (5) experience.

learning and

European philosophers continued to ask these fundamental questions during the Renaissance. For instance, the French philosopher Rene

Descartes (1596-1650) also considered the issue of free will, arguing in its favor and believing that the (6) controls the body through the pineal gland in the brain (an idea that made some sense at the time but was later proved incorrect). Descartes also believed in the existance of innate natural (7) . A scientist as well as a philosopher, Descartes dissected animals and was among the first to

understand that the (8) controlled the muscles. He also

addressed the (9) between mind (the mental aspects of life) and body (the physical aspects of life). Descartes believed in the principle ofdualism: that the mind is fundamental (10) from the mechanical body. Other European philosophers, including Thomas Hobbes (1588-1679), John Locke (1632-1704), and Jean-Jacques Rousseau (1712-1778) also weighed in on these issues.

###### Exercise 2: Word formation.

Psychology is the scientific study of mind and behaviour. Most (1)

(PSYCHOLOGY) work in research laboratories,

hospitals and other field settings where they study the behaviour of humans and animals. Some psychologists are reseachers and others are

(2) (PRACTICE) , but all psychologists use scientific methods to inform their work.

Although it is easy to think that everyday situations have commonsense answers, scientific studies have found that people are not always as good

as (3) (PREDICT) outcomes as they often think they

are. The hindsight bias leads us to think that we could have events that

we could not actually have (4) (PREDICT) predicted.

Employing the scientific method allows psychologists to objectively and

(5) (SYSTEM) understand human behaviour.

Psychologists study behaviour at different levels of explanation, ranging from lower (6) (BIOLOGY) levels to higher social and cultural levels. The same behaviours can be studied and explained within

psychology at different levels of (7) (EXPLAIN) .

The first spychologists were (8) (PHILOSOFY) , but the field became more objective as more sophiticated scientific approaches were developed and employed. Some of the most important historical schools of psychology include (9) (STRUCTURE) , functionalism, behaviorism and psychodynamic psychology. Cognitive psychology, evolutionary psychology, and social-cultural psychology are some important contemporary approaches. Some of the basic

questions (10) (ASK) by psychologists, both

historically and currently, include those about the relative roles of nature versus nurture in behavioir, free will versus determinism, accuracy versus inaccuracy, and concious versus unconcious processing.

###### Exercise 3: Match the words or word phrase with its definitions.

|  |  |
| --- | --- |
| 1. Psychologist | a. Scientific study of the mind as an information processor |
| 2. Therapist | b. Long-term goal of strategy. |
| 3. Psychodynamic | c. the ability to decide what to do independently of any outside influence. |
| 4. Cognitive psychology | d. someone who studies the human mind and human emtions and behaviors, and how different situations have an effect on  people. |
| 5. Free will | e. an approach to spychology that emphasizes systematica study of the psychological forces that underlie human behaviour, feelings, and emotions and  how they might relate to early experience. |

|  |  |
| --- | --- |
| 6. Determinism | f. someone whose job is to treat a particular type of mental or physical illness or disability, usually with a particular type of therapy. |
| 7. Empty slate | g. undeveloped, free of information or associations. |
| 8. Dualism | h. Informational roles |
|  | i. stage of having two main parts or aspects, or the belief that something has two main parts or aspects. |
|  | j. An alternative framework for management analysis. |
|  | k. The theory that everything that happens must happen as it does and could not have happened any other way. |
|  | l. someone or something that is still in an original state and that has not yet been changed by people, experiene, etc. |

1. **TRANSLATION**

###### Psychology in everyday life

One way that the findings of psychological research may be particular helpful to you is in terms of improving your learning, and study skills. Psychological research has provided a substantial amount of knowledge about the priciples of learning and memory.

The most important thing you can learn is how to better study, learn and remember. These skills will help you throughout your life, as you learn new jobs and take on other responsibilities. These are subtantial individual differences in learning and memory, such that some people learn faster than others. But even if it takes you longer to learn than you think it should, the extra time you put into studying is well worth the effort. And you can learn to learn-learning to effectively study and to remember information is just like learning any other skill, such as playing a sport or a video game.

To learn well, you need to be ready to learn. You cannot learn well when you are tired, when you are under stress, or if you are abusing ahcohol or drugs. Try to keep a consistent routine of sleeping and eating. Eat moderately and nutriously, and avoid drugs that can impair memory, particularly alcohol. There is no evidence that stimulants such as caffein, amphetamines, or any of the many “memory enhancing drugs” on the market will help you learn.

When you study, try to elaborate by connecting the information to other things that you already know. If you want to remember the difference schools of psychology, for instance, try to think about how each of the approaches is different from the others. As you make the compariosns among the approaches, determine what is most important about each one and then relate it to the features of the other approaches.

###### DISCUSSION PROMPTS

New research on positive psychology exercises has found a number of ways to give your happiness.

If you are trying to manage your stress better, lift some of the holiday blues, or simply become a bit happier, pick one of these 7 exercises and try it for 1 week.

-one door closes, another door opens

* gift of time

-counting kindness

* three funny things
* gratitude letter/visit
* three good things

### UNIT 2: HUMAN BEHAVIOUR AND SOCIAL ENVIRONMENT

###### PRE-READING TASKS

Match the terms with their definition. What do you know about each of these terms?

|  |  |
| --- | --- |
| *1. Behaviour* | *a. A single person or thing, especially when compared to the group or set to which they belong to.* |
| *2. Individual* | *b. The way in which one acts or conducts oneself, especially towards others.* |
| *3. Personality* | *c. A belief or opinion, often helded by many people and based on how things seem.* |
| *4. Dependent factor* | *d. A characteristic way of thinking, feeling, and behaving.* |
| *5. Perception* | *e. It is something that depends on other factors. For example, a test score could be a dependent factor because it could change depending on several factors such as how much you studied, how much sleep you got the night before you took the test, ect.* |

###### READING COMPREHENSION

It is very essential to understand human behaviour in today’s world as the existence of the organization depends on the employees/individuals.

Without understanding human behaviour it is very difficult to work in an organization. In order to understand human behaviour let see how the perception of human being has changed from time to time.

All organizations are composed of individuals, with different

personality, attitudes, values, perception, motives, aspirations and abilities. The main reason to understand behaviour is that individuals are different. No two individuals are similar. In the early studies, theories of organization and management treated people as though they were the same; scientific management was based on the similarities among workers, not the differences. In constrast, modern theories of human behaviour are based upon the differences among people and how those differences can affect the organization. Individual differenes are many of examples some employees are motivated to work and some are not.

Before we proceed to understand human behaviour, it is better to know what the term “behaviour” means. Behaviour can be defined as a response/s which is observed directly/indirectly. Direct observation is possible by studying the responses of people to a work environment. Indirect observations are decision making processes and attitudes, in terms on results or how people describe them verbally.

Human behaviour is very much unpredictable. In behaviour we can not assume one set pattern of behavior. Lavitt classified behaviour as (1) Caused behaviour, (2) Motivated behaviour, (3) Goal oriented behaviour. From these observations it can be understood that behaviour is a dependent factor. By understaning behaviour one can predict, direct, change and control behaviour of individuals or group. There are generally four basic assumptions regarding nature of people: individual differences, a whole person, caused behavior (***motivation***) and value of the person (human dignity).

In an organizational set up it is essential for managers to understand behaviour, as they are constantly with people, interacting with them in terms of communication (either written or oral) in terms of work (either by specifying the work and getting things done).

Understanding past behaviour is important for developing effective human skills, and it also provides a framework for predicting behaviour. It also gives an idea to managers as to how behaviour is similar in certain circumstances and changing in changing environment conditions.

Another skill which an effective manager or leader needs is the ability to direct, change and control behaviour.

Managers have to understand that there are going to be individual differenes among the employees, as no individual is similar to other. Each individual is unique by themselves. Then one has to understand that each individual has to be taken care of as a whole person by taking care of his needs as well as training and making him up to date in terms of work. Ultimately human beings have to be treated with respect only then you can expect effective performance.

*(Adapted from The practice of behavior therapy)*

###### Comprehension questions

* 1. In general, what is said about the term “behaviour”?
  2. Why do the managers in organizations have to understand workers’ behaviour?
  3. How many types of behaviours did Lavitt categorize?
  4. What does the word “motivation” refer to?
  5. Why is undertanding past behaviour important for developing effective human skills?
  6. What is other skill needed by an effective manager?
  7. According to the author, only when can the managers expect effective performance from their workers?

###### GRAMMATICAL REVIEW: Although, Though, Despite, In spite of

1. **Review**

###### Despite, in spite of

Despite, in spite of a[re prepositions](http://speakspeak.com/resources/english-grammar-rules/prepositions), and have the same meaning. They are used with this structure:

 despite + noun, or despite + verb + -ing

 in spite of + a noun, or in spite of + verb + -ing

|  |  |  |
| --- | --- | --- |
| **Uses** | **Form** | **Examples** |
| **Despite** and **in spite of** have the same meaning and are prepositions.  We use **despite** / **in spite of** to express that something is unexpected or surprising. | **Despite/in spite of**  **+** something (noun)  **Despite/ in spite of**  + verb + -ing  **Despite**/**in spite of**  the fact that | ***In spite of*** */* ***despite*** *the heavy traffic, we got there on time.*  ***In spite of*** */* ***despite*** *the traffic being heavy, we got there on time.*  ***In spite of*** */* ***despite*** *being much older than the others, he won the race.*  ***In spite of*** */* ***despite*** *the fact that he is much older than the others,*  *he won the race.* |
| **Despite** is used more often than **in spite of** in formal written English. | | |

###### Although, even though

Although, even though have a similar meaning to **despite** and **in spite of**. We use all of these words to say that a thing is surprising, unusual, or unexpected.

While the meaning of these words is similar, there is a difference in how we use them.

**Although** and **even though** are [conjunctions](http://speakspeak.com/resources/english-grammar-rules/conjunctions). They have the same meaning. In spoken English we can use **even though** or **though** instead of **although**. We use them with this structure:

 although + a clause even though + a clause though + a clause

|  |  |
| --- | --- |
| **Although, even though vs. despite** | |
| Here are some examples showing us that **although** / **even though** and **despite** / **in spite of** are similar in meaning, but are used with different structures. | |
| **Although, even though, though**  (+ clause)  *E.g:* ***Even though*** *he's a millionaire, he lives in a very small flat.*  *He lives in a very small flat,* ***even though*** *he's a millionaire.* ***Although*** */* ***even though*** */* ***though*** *he's much older than the others, he won the race. He won the race,* ***although*** */* ***even though*** */* ***though*** *he's much older than the others.* | **Despite, in spite of (+ verb + -ing)** *E.g: Despite* ***/*** *in spite of* ***being a millionaire, he lives in a very small flat.***  ***He lives in a very small flat,*** *despite*  ***/*** *in spite of* ***being a millionaire.*** *Despite* ***/*** *in spite of* ***being much older than the others, he won the race.***  ***He won the race,*** *despite* ***/*** *in spite of*  ***being much older than the others.*** |
| **Athough, even though, though**  (+ clause)  ***Even though*** */* ***although*** */* ***though*** *it rained a lot, I enjoyed the holiday.*  ***Even though*** */* ***although*** */* ***though*** *they have a lot of money, they're still not happy.* | **Despite, in spite of** (+ noun)  ***Despite*** */* ***in spite of*** *the rain, I enjoyed the holiday.*  ***Despite*** */* ***in spite of*** *their money, they're still not happy.* |

###### Drilling exercise Rewrite the sentence

* 1. Although he's younger than the other players, he has no problem fitting in with the team.

Despite younger than the others, he has no

problem fitting in with the team.

* 1. It's a small house but it's big enough for our needs.

Although a small house, it's big enough for

our needs.

* 1. Although he had very little time, he offered to help us.

In spite of very little time, he offered

to help us.

* 1. Despite a lot of problems last year, I continued to work on the project.

Although a lot of problems last year, I

continued to work on the project.

* 1. Although they split up over forty years ago, the Beatles are still incredibly popular.

Despite the fact that up over forty years ago, the

Beatles are still incredibly popular.

* 1. Although they split up over forty years ago, the Beatles are still incredibly popular.

Despite up over forty years ago, the Beatles

are still incredibly popular.

* 1. Despite revenues being very low last year, the company spent a lot of money on expansion.

Even though very low last year, the company

spent a lot of money.

###### WORD STUDY

**Exercise 1: Fill in the blank with a suitable word.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| psychological | unions | come | conditions | physical | norms |
| individual | form | originate | personal | original | mental |

“Environment factors” are characteristics of the broader environment such as economic (1) , social and cultural (2) and political factors that can affect the individuals’ behaviour. (3)

factors include physical and personal attributes e.g., age, sex, race, education and abilities, psychological factors are less observable. They are (4) characteristics and attributes such as values, attitudes, personality and aptitudes that affect behaviour through complex (5) processess.

All aspects of the physical world that can be seen, heard, feld, smelled or touched are part of the (6) environment of behaviour. The social environment of an (7) includes relationships with family, friends, co-workers, supervisors and subordinates and membership in groups such as (8) . The behaviour of others (as distinct from the individual relationship with them) is also part of an individual’s social environment. Any “norms, rules, laws or reward systems that (9) with other individuals or groups help to (10) on individual’s social environment.

###### Exercise 2: Word formation.

Behaviour is the result of (1) (INTERACT) between individual characteristics and the characteristics of the environment in which the behaviour (2) (OCCUR). Each person has a unique combination of characteristics. Some of these characteristics are present from birth; others develop over time.

Behaviour is (3) (PREDICT). Study of behaviour is however, rewarding and necessary for management. It is (4)

(DOUBT) whether the manager can perform his tasks (5)

(SATISFY) without developing a fair degree of understanding of the people around him.

Any attempt to learn why people behave as they do in organizations

requires some (6) (UNDERSTAND) of individual

differences. (7) (MANAGE) spend considerable time making judgement about the fit between individuals, job tasks and from these approaches it can be concluded that there is an overwhelming consensus that the environment has a much (8) (GREAT)

effect than it is believed. The implications for organizations are important. It means that large areas of human behaviour are (9)

(MODIFY). Organizational design, training and (10)

(DEVELOP) can have a profound impact on the behaviour of the members of an organization.

###### Exercise 3: Match the words or word phrases with its definitions.

|  |  |
| --- | --- |
| 1. Motives | a. Working and acting for your own advantage. |
| 2. Individual diffrences | b. It is a stage in human development. It generally includes toddlerhood and some time aftterwards. |
| 3. Psychological processes | c. It is the science of behaviour and mind, including conscious and unconscious phenomena, as well as feeling and thought. |
| 4. Self-serving | d. It is a cornerstone subject area in modern psychology. In many ways, it is the “classic” psychology that the general public refers to-it refers the psychology of the person-the psychological differences  between people and their similaries |
| 5. Unconscious | e. Refers to promotional material sent directly to peoples‟ homes or place of work. |

|  |  |
| --- | --- |
| 6.Free-will factor | f. in the state of not being awake, especially as the result of a head injury. |
| 7. Instinct | g. certain processes which involve joint contribution of mental, physical, social and physiological activities. |
| 8. Early age | h. If we have this, we can consciously make decisions that are not determined by the physics and biology of our brains. |
|  | i. The way people or animals naturally react or behave, without having to think or learn about it. |
|  | j. very young |
|  | k. It is a philosophical term of art for a particular sort of capacity of rational agents to choose a course of action from  among various alternatives. |
|  | l. something that causes a person to act in a certain way, do a certain thing, etc., incentive. |

1. **TRANSLATION**

Models to understand human behaviour

To understand one’s behaviour all we have to know is the individual’s past responses to similar (stimulus) situations and the rewards or punishments that followed that response.

There are two models which come out of these approaches:

* 1. Behaviouristic Model: in this model the behaviour is dependent on two factors i.e., stimulus and response. Learning occurs with this kind of model. Pavlov and Watson with their research felt that behaviour can be best understood by stimulus and response.

Behaviour model is represented as: S-R (Stimulus- Response)

* 1. Cognitive Model: S-OR-R. This model emphasises the positive and free-will factors of human beings and uses concepts such as expectancy, demand and incentive.

The cognitive model is represented as:

S-O-R (Stimulus- Organism- Response model)

Both approaches see learning and the environment as having a major impact on behaviour.

From these different approaches it can be said that:

* Behaviour is caused by instincts, genetic background and personality traits that are formed at an early age. Change is very difficult for the individual and that one’s capacity is several limited.
* Behaviour is mostly learned through our interactions with the environment. Present events rather than past events are important. Even though there are some limitations on one’s capacities, one is capable of great amounts of change.

###### DISCUSSION PROMPTS

See the table below and give some ideas in groups

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Characteristics* |  | *Behaviour* |  | *Relationship found* |  |
|  | Tolerance for conflict |  | Percieved role conflict |  | Less role conflict with greater tolerance for conflict. |  |
|  | Relative importance for |  | Expressed job satisfaction |  | “Extrinsic Managers” expressed less job satisfaction extrinsic versus intrinsic rewards |  |
|  | Value or work ethic |  | Attendance |  | Stronger work ethic associated with greater attendance |  |
|  | Diversity of interests |  | Salary based measure |  | High genenral interst of performance diversity associated with better performance. |  |
|  | Locus of control |  | Experienced job stress |  | More stress with  emphasis on external locus of control |  |

*Table 1: Learned Characteristics and its Effect on Behaviour*

# Optional reading

###### The Evolution of Psychology: History, Approaches, and Questions

In this section we will review the history of psychology with a focus on the important questions that psychologists ask and the major approaches (or schools) of psychological inquiry. The schools of psychology that we will review are summarized in Table 1.2 "The Most Important Approaches (Schools) of Psychology", and Figure 1.5 "Timeline Showing Some of the Most Important Psychologists" presents a timeline of some of the most important psychologists, beginning with the early Greek philosophers and extending to the present day. Table 1.2 "The Most Important Approaches (Schools) of Psychology" and Figure 1.5 "Timeline Showing Some of the Most Important Psychologists" both represent a selection of the most important schools and people; to mention all the approaches and all the psychologists who have contributed to the field is not possible in one chapter.

The approaches that psychologists have used to assess the issues that interest them have changed dramatically over the history of psychology. Perhaps most importantly, the field has moved steadily from speculation about behavior toward a more objective and scientific approach as the technology available to study human behavior has improved (Benjamin & Baker, 2004). [1] There has also been an increasing influx of women into the field. Although most early psychologists were men, now most psychologists, including the presidents of the most important psychological organizations, are women

|  |  |  |
| --- | --- | --- |
| ***School of***  ***psychology*** | ***Description*** | ***Important***  ***contributors*** |
| Structuralism | Uses the method of introspection to identify the basic elements or “stru ctures‖ of psychological  experience | Wilhelm Wundt, Edward B.  Titchener |
| Functionalism | Attempts to understand why | William |

|  |  |  |
| --- | --- | --- |
|  | animals and humans have  developed the particular psychological aspects that they currently possess | James |
| Psychodynamic | Focuses on the role of our  unconscious thoughts, feelings, and memories and our early childhood experiences in determining behavior | Sigmund  Freud, Carl Jung, Alfred Adler, Erik Erickson |
| Behaviorism | Based on the premise that it is not  possible to objectively study the mind, and therefore that psychologists should limit their  attention to the study of behavior itself | John B.  Watson, B. F. Skinner |
| Cognitive | The study of mental processes,  including perception, thinking, memory, and judgments | Hermann  Ebbinghaus, Sir Frederic Bartlett, Jean  Piaget |
| Social-cultural | The study of how the social  situations and the cultures in which people find themselves influence thinking and behavior | Fritz Heider,  Leon Festinger, Stanley Schachter |

Table 1.2 The Most Important Approaches (Schools) of Psychology

|  |  |  |
| --- | --- | --- |
| Date | Psychologists | Description |
| 428-347 BC | Plato | Greek philosopher who argued for  the role of nature in psychological development |
| 384-322 BC | Aristotle | Greek philosopher who argued for the role of nurture in  psychological development |
| 1588-1679 | Thomas  Hobbes | English philosopher |

|  |  |  |
| --- | --- | --- |
| 1596-1650 | Rene  Descartes | French philosopher |

|  |  |  |
| --- | --- | --- |
| ***Date*** | ***Psychologists*** | ***Description*** |
| 1632-1704 | John Locke | English philosopher |
| 1712-1778 | Jean-Jacques  Rousseau | French philosopher |
| 1801-1887 | Gustav Frechner | German experimental psychologist who developed the idea of the just noticeable difference which is considered to be the first empirical  psychological measurement. |
| 1809-1882 | Charles Darwin | British naturalist whose theory of natural selection influenced the functionalist school and the field  of evolutionary psychology. |
| 1832-1920 | Wihelm Wundt | German psychologist who opened one of the first psychology laboratories and helped develop  the field of structuralism |
| 1842-1910 | William James | American psychologist who Opened one of the first one of the first psychology laboratories and helped develop the field of  functionalism |
| 1849-1936 | Ivan Pavlov | Russian physiologist whose experiments on learning led to the principle of classical  conditioning. |
| 1850-1909 | Hermann Ebbinghaus | German psychologist who studied the ability of people to remember lists of nonsense syllables under  different conditions. |
| 1856-1939 | Sigmus Freud | Autraan psychologist who founded the field of  psychodynamic psychology. |

|  |  |  |
| --- | --- | --- |
| 1867-1927 | Edward Bradford  Titchener | American psychologist who  contributed to the field of structuralism. |
| 1878-1958 | John B. Watson | American psychologist who  contributed to the field of behaviorism. |
| 1886-1969 | Sir Frederic  Barlett | British psychologist who studied  the cognitive and social processes of remembering. |
| 1896-1980 | Jean Piaget | Swiss psychologist who  developed an important theory of cognitive development in  children. |
| 1904-1990 | B.F. Skinner | American psychologist who  contributed to the school of behaviorism. |
| 1926-1993 | Donald  Broadbent | British cognitive psychologist  who was a pioneer in the study of attention. |
| 20th and 21st  centuries | Linda Bartoshuk;  Daniel Kahneman; Elizabeth loftus; Gerorge Miller | American psychologists who  contributed to the cognitive school of psychology by studying learning, memory, and judment. An important contribution is the advancement of the field of neroscience. Daniel Kahnemen won the Nobel Prize in economics for his work in psychological  decision making. |
| 20th and 21st  centuries | Mahzarin Banaji;  Marilyn Brewer; Susan Fiske; Fritz Heider; Kurt Lewin; Stanley Schachter;  Claude Steele; | American psychologists who  contributed to the social-cultural school of psychology. Their contributions have included an understanding of how people develop and are influenced by  social norms. |

Table 1.3. Timelines Showing Some of the Most Important Psychologists

Although psychology has changed dramatically over its history, the most important questions that psychologists address have remained constant. Some of these questions follow, and we will discuss them both in this chapter and in the chapters to come:

Nature versus nurture. Are genes or environment most influential in determining the behavior of individuals and in accounting for differences among people? Most scientists now agree that both genes and environment play crucial roles in most human behaviors, and yet we still have much to learn about how nature (our biological makeup) and nurture (the experiences that we have during our lives) work together (Harris, 1998; Pinker, 2002). [2] The proportion of the observed differences on characteristics among people (e.g., in terms of their height, intelligence, or optimism) that is due to genetics is known as the heritability of the characteristic, and we will make much use of this term in the chapters to come. We will see, for example, that the heritability of intelligence is very high (about .85 out of 1.0) and that the heritability of extraversion is about .50. But we will also see that nature and nurture interact in complex ways, making the question of “Is it nature or is it nurture?‖ very difficult to answer.

Accuracy versus inaccuracy. To what extent are humans good information processors? Although it appears that people are “ good enough‖ to make sense of the world around them and to make decent decisions (Fiske, 2003),[4] they are far from perfect. Human judgment is sometimes compromised by inaccuracies in our thinking styles and by our motivations and emotions. For instance, our judgment may be affected by our desires to gain material wealth and to see ourselves positively and by emotional responses to the events that happen to us. Conscious versus unconscious processing. To what extent are we conscious of our own actions and the causes of them, and to what extent are our behaviors caused by influences that we are not aware of? Many of the major theories of psychology, ranging from the Freudian psychodynamic theories to contemporary work in cognitive psychology, argue that much of our behavior is determined by variables that we are not aware of.

Differences versus similarities. To what extent are we all similar, and to

what extent are we different? For instance, are there basic psychological and personality differences between men and women, or are men and women by and large similar? And what about people from different ethnicities and cultures? Are people around the world generally the same, or are they influenced by their backgrounds and environments in different ways? Personality, social, and cross-cultural psychologists attempt to answer these classic questions.

*(Adapted from From seance to science: A history of the profession of psychology in America)*

### UNIT 3: COGNITIVE DEVELOPMENT IN PSYCHOLOGY

###### PRE-READING TASKS

Why do we bother with theories of cognitive development?

* Organize understanding of many individual cognitive changes
* Raise crucial questions about human nature
* Motive new research

###### READING COMPREHENSION

Cognitive development is a field of study in neuroscience and spychology focusing on a child’s development in terms of information processing, conceptual resources, perceptual skills, language learning, and other aspects of brain development and cognitive psychology compared to an adult’s point of view. In other words, cognitive development is the emergence of the ability to think and understand. A large portion of research has gone into understanding how a child imagines the world. Jean Piaget was a major force in the establishment of this field, forming his “theory of cognitive development”. In recent years, however alternative models have been advanced, including information-processing theory, neo-Piagetian theories of cognitive development, which aim to integrate Piaget’s ideas with more recent models and concepts in developmental and cognitive science, theoretical cognitive neuroscience and social-constructivist approaches.

###### Piagtian approach to cognitive developmen

Piaget was the first psychologist to make a systematic study of cognitive development. His contributions include a theory of cognitive child development, detailed observation studies of cognition in children, and a series of simple but ingenious tests to reveal different cognitive abilities. Before Piaget’s work, the common assumption in psychology was that children are merely less competent thinkers than adults. Piaget

showed that young children think in strikingly different ways compared to adults.

According to Piaget, children are born with a very basic mental structure (genetically inherited and evolved) on which all subsequent learning and knowledge is based.

###### There are Three basic components to Piaget’s Cognitive Theory Schemas

Piaget called the schema the basic building block of intelligent behaviour- a way of organizing knowledge. Indeed, it is used to think of schemas as “units” of knowledge, each relating to one aspect of the world, including objects, actions and abstract concepts.

When a child’s existing schemas are capable of explaining what it can percieve around it, it is said to be in a state of equilibrium, i.e. a state of cognitive (i.e. mental) balance.

Piaget emphasized the importance of schemas in cognitive development, and described how they were developed or acquired.

A schema can be defined as a set of linked mental representations of the world, which we use both to understand and to respond to situations. The assumption is that we store these mental representations and apply them when needed.

For example, a person might have a schema about buying a meal in a restaurant. The schema is a stored form of the pattern of behaviour which includes looking at a menu, ordering food, eating it and paying the bill.

###### Assimilation and accomodation

Jean Piaget viewed intellectual growth as a process of adaption to the world. This happends through:

* Assimilation: which is using an existing schema to deal with a new object or situation
* Accomodation: this happends when the existing schema (knowledge) does not work, and needs to be chaged to deal with a new object or situation
* *Equilibration*: this is a force, which moves development along. Piaget believed that cognitive development did not progress at a steady rate, but rather in leaps and bounds. Equilibrium occurs when a child’s schema can deal with most new information through assimilation. However, an unpleasant state of disequilibrium occurs when new information cannot be fitted into existing schemas (assimilation). Equilibration is the force which drives the learning process as we do not like to be frustrated and will seek to restore balance by mastering the new challenge.

###### Stage of development

A child’s cognitive development is about a child developing or constructing a mental model of the world. Imagine what it would be like if you did not have a mental model of your world. It would mean that you would not be able to make so much use of information from your past experience, or to plan future actions.

*(Adapted from: “Cognitive psychology”. International Journal of psychology”)*

###### Comprehension questions

1. According to the author, what is said about the term “cognitive development?
2. Who studied cognitive development systematically for the first time?
3. What were the differences between his findings and the common assumption about cognitive development before?
4. How many basic components in Piaget’s Cognitive Theory?
5. What is schema?
6. When does the word “Equilibration” refer to?

###### GRAMMATICAL REVIEW: A/an/the

**A. Review**

An **article** is a word that is used before a noun to show whether the noun refers to something specific or not. **A**, **an** and **the** are articles.

|  |  |  |
| --- | --- | --- |
|  | **Use a or an** | **Use the** |
| **General use** | Use *a/an* with a singular count noun when you mean “one of many”, “any”, “in  general” | Use *the* with any noun when the meaning is specific, for example, when the noun names the only  one (or one) of a kind |
| *E.g: Bob is a student (one of many students)* | *E.g: Adam was the first man (the only first man)* |
| *I like a good movie (one of many movies)* | *New York is the largest city in the United States (only one city can be the largest)* |
| Use *a/an* the first time you see a noun in a paragraph. | Use *the* the second time you use that same noun in the same paragraph |
| *E.g: I saw a movie last night.* | *E.g: I saw a movie last night. The movie was*  *entertaining.* |
| *A man ran into the street* | *A man ran into the street. A car hit the man* |
| **Title** | Use a/an if the title is not a specific title.  *E.g: a president, a doctor, a queen* | Use the if a specific person has a title or if only one person has a title.  *E.g: the president, the doctor, the queen of England* |
| **Names of countries** | Non-specific | Use the if the names of the country is plural or indicates a group (of states,  island, etc) |

|  |  |  |
| --- | --- | --- |
|  | *Eg: a country* | *E.g: the United States, the Netherlands, the Philippines,* |
| **Names of continents** | Non- specific |  |
| **Names of some geographical areas** |  | Use the in the following cases  *E.g: the South Pole, the West, the South, the North East* |
| **Names of oceans, rivers, seas, deserts, forests, canals** | Use a/an for non- specific  *E.g: an ocean, a river, a sea, a desert* | Use the for specific  *E.g: the Pacific Ocean, the Potomac River, the Atlantic Ocean, the Painted Desert.* |
| **Names of lakes** | Non-specific  *E.g: a lake* |  |
| **Names of parks, monuments, memorials, and national shrines** | Use a/an if you write about a non-specific building or monument  *E.g: a building, a museum, an institution.* | Use the for specific place  *E.g: The Capitol, the While House, The Senate Office Building, the National Archives, the Library of*  *Congress, the National Gallery of Art* |
| **Names of buildings, university, campus** | Non-specific buildings  *E.g: a dorm, an office* | Use the with specific places that have no names.  *E.g: the infirmary, the library, the dorm, the cafeteria, the bookstore* |

Exception

Don‟t use a/an or the in some following cases

* + A non-count noun when you mean “any”, “in general”

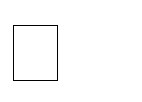
*E.g: We believe in love (in general)*

* + A plural count noun when you mean “some of many things”, “any”, “in general”

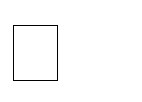
*E.g: Movies are interesting (some movies; movies in general)*

* + The person‟s name is given

*E.g: President Kenedy, Dr Yang, Queen Elizabeth*

Names of specific countries, continents, streets

*E.g: Russia, South Africa, Holland, Asia, Europe, North America, Western Europe, Fourth Street, Florida Avenue*

If the school or a building on campus is named for a person or place

*E.g: Harvard University, Maryland University, Catholic University, Peet Hall, Ely Center, Dawes Hall.*

###### B. Drilling exercises Choose the best answer

1. Danny wanted *(a/an/the)* new bicycle for Christmas.
2. Jennifer tasted *(a/an/the)* birthday cake her mother had made.
3. The children have *(a/an/the)* new teacher called Mr. Green
4. All pupils must obey *(a/an/the)* rules.
5. Dad turned on *(a/an/the)* radio to listen to *(a/an/the)* news.
6. Alex is in Boston studying for *(a/an/the)* MBA.
7. The teacher read *(a/an/the)* interesting article from the newspaper.
8. There was *(a/an/the)* huge crowd of people outside the church.
9. Julie talked for *(a/an/the)* hour about her school project.
10. *(a/an/the)* European expert was invited to speak to the committee.

###### WORD STUDY

**Exercise 1: Fill in the blank with a suitable word.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| curiousity | readiness | influenced | Child | teacher | concerned |
| solve | best | knowledge | naturally | concepts | active |

###### Educational implication

Quite obvisously, Piaget thought that children learned (1) by experimenting for themselves. Recall that, in his early experiences with intelligence testing, Piaget was more (2) with the way that children (3) problems than with whether or not they arrived at a correct solution. To take this a step further, struggling with a problem can is in itself be seen as learning something, even if it is not the answer to the problem one began with. Teachers who are (4)

by Piaget thus tend to believe that quality learning comes

from being challenged (5) by problems, motivated

intrinsically by (6) , and attempting different solutions through experimentation. The Piaget classroom is thus child - centered, rather than being knowledge centered: solutions to problems should come from the (7) , not come from the teacher. Learning is, for the child, an (8) process of discovery.

Also, the task presented to the child should be appropritate for that child’s level of development. (9) is an important factor on

that one should not try to teach (10) that are beyond the

child’s period or stage of development (the child himself will learn such concepts when he is ready).

###### Exercise 2: Word formation.

**Visual development**

Babies learn to see over a period of time, much like they learn to walk and talk. They are not born with all the visual (1) (ABILITY) they need in life. The ability to focus their eyes, move them (2) (ACCURATE)

, and use them together as a team must be learned. Also, they need to learn how to use the visual information the eyes send to their brain in order to understand the world around them and interact with it

appropriately. Vision, and how the brain (3) (USE) visual

information, are (4) (LEARN)

From birth, babies begin (5) (EXPLORE)

skills.

the wonders in the

world with their eyes. Even before they learn to reach and grab with their hands or crawl and sit-up, their eyes are (6) (PROVIDE) information and stimulation important for their development.

(7) (HEALTH) eyes and good vision play a critical role in

how infants and children learn to see. Eye and vision problems in infants

can cause (8) (DEVELOP) delays. It is important to detech

any problems early to ensure babies have the opportunity to develop the

visual abilities they need to grow and learn.

Parents play an important role in (9) (HELP) to assure their child’s eyes and vision can develop properly. Steps that any parents should take include:

-Watching for signs of eyes and vision problems

* Seeking (10) (PROFFESION) eyes care starting with the first comprehensive vision assessment at about 6 months of age.
* Helping their child develop his or her vision by engaging in age- appropriate activities.

###### Exercise 3: Match the words or word phrases with its definitions.

|  |  |
| --- | --- |
| 1. Motivate | a. refer to a candidate’s ability to represent their organization. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. Intrinsic | b. It is more formal or specialized synonym for “baby”, the very young offspring of a human. | | | |
| 3. Infant | c. An industry made up of companies that primarily earn revenue through providing intangible products and services. | | | |
| 4. Assimilation | d. the first two years of an infants life | | | |
| 5. Accomodation | e. to cause someone to behave in a particular way | | | |
| 6. Sensorimotor period | f. being an extremly inportant and basic characteristics of a person or thing. | | | |
| 7. Mental process | g. it’s process whereby a child can come up with a new description of represenations which curently exist within the child’s mind, making way for new and more sophiticated use of  knowledge. | | | |
| 8. Reflex | h. All appointments satisfactory referrals. | are | subject | to |
|  | i. the process of becoming a part, or making  someone become a part, of a group, country, society, etc. | | | |
|  | j. The way that something is shared or exists over a particular area or among a particular group of people. | | | |
|  | k. an action which is automatic or not intended | | | |
|  | l. the act of accomodating or the state of being accomodated, adjustment | | | |

1. **TRANSLATION**

###### Piaget’s stage theory of cognitive development

Piaget was among other things, a psychologist who was interested in cognitive development. After observation of many children, he posited that children progress through 4 stages and that they all do so in the same order. These 4 stages are described below

###### The sensorimotor period (birth to 2 years)

During this time, Piaget said that a child’s cognitive system is limited to motor reflexes at birth, but the child builds on these reflexes to develop more sophiticated procedures. They learn to generalize their activities to a wider range of situations and coordinate them into increasingly lengthy chains of behaviour.

###### PreOperational Though (2 to 6/7 years)

At this age, according to Piaget, children acquire representational skills in the areas mental imagery, and specialy language. They are very self- oriented and have an egocentric view; that is, preoperational children can use these representational skills only to view the world from their own perpective.

###### Concrete Operations (6/7 to 11/12 years)

As opposed to preoperational children, children in the concrete operations stage are able to take another’s point of view and take into account more than one perpective simultaneously. They can also represent transformations as well as static situations. Although they can also understand concrete problems, Piaget would argue that they cannot yet perform on abstract problems, and that they do not consider all of the logically possible outcomes.

###### Formal Operatons (11/12 to adults)

Children who attain the formal operation stage are capable of thinking logically and abstractly. They can also reason theoretically. Piaget

considered this the ultimate stage of development, and stated that although the children would still have to revise their knowledge base, their way of thinking was as powerful as it would get.

###### DISCUSSION PROMPTS

What is the impact of social media on human behaviour? Discuss your answer with your partner.

### UNIT 4: SOCIAL PSYCHOLOGY

###### PRE-READING TASKS

* 1. What is social psychology?
  2. Write the definitions for the following terms, in your own words. Use a dictionary if necessary.

*Thought*

*Feelings Forecast-based planning Oriented (strategic) planning*

###### READING COMPREHENSION

Social psychology is the scientific study of how people’s thought, feelings, and behaviours are influenced by the actual, imagined or implied presence of others. By this definition scientific refers to the empirical method of investigation. The terms thoughts, feelings, and behaviours include of all the spychological variables that are measurable in a human being.

Social spychologist typically explain human behaviour as a result of the interaction of mental states and immediate social situations, in Kurt Lewin’s conceptual formular, behaviour can be viewed as a function of the person in the environment. In general, social spychologist have a preference for laboratory based, empirical findings. Social psychology theories tend to be specific and focused, rather than global and general.

Social spychology is an interdiscilinary domain that bridges the gap between psychology and sociology. During the years immediately following World War II, there was frequent collaboration between psychologists and sociologists. However, the two discipline have

become increasingly specialized and isolated from each other in recent years, with sociologists focusing on “macro variable” to a much greater extend. Nevertheless, sociological approaches to social spychology remain an important counterpart to psychological research in this area.

In addition to the split between psychology and sociology, there has bee a somewhat less pronounced difference in emphasiz between American social psychologists and European social psychologists. As a broad generalization, American reseachers traditionally have focused more on the individual, whereas Europeans have paid more attention to group level phenomena.

###### History

The discipline of social psychology began in the United States at the dawn of the 20th century. The first published study in this area was an experiment in 1989 by Norman Triplett in the phenomenon of socia facilitation. During the 1930s, many Gestalt psychologists, most notably Kurrt Lewin, fled to the United States from Nazi Germany. They were instrumental in developing the field as something separate from the behavioral snd psychology has always maintained the legacy of their interests in perception and cognition. Attitudes and small group phenomena were the most commonly studied topics in this area.

During WWII, social psychologists studied persuaton and propaganda for the U.S,military. After the war, researchers became interested in a variety of social problems, including gender issues and racial prejudice. Most notable, revealing, and contenious of them all were the Stanley Milgram shock experiments on obedience to authority. In the sixties, there was growing interest in the new topic, such as cognitive dissonance, bystander intervention, and aggression. By the 1970s, however, social spychology in America had reached a crisis. There was heated debate over the ethics of laboratory experimentation, whether or not attitudes really predicted behaviour, and how much science could be done in a cultural context. This was also the time when a radical situations approach challenged the relevance of self and personality in

psychology.

Social pschology reached maturity in both theory and method during the 1980s and 1990s. Careful ethical standards now regulate research, and greater pluralism and multiculturalism, peroectives have emrged. Modern reasearchers are interested in a many phenomena, but attribution, social cognition, and the self-concept are perhaps the greatest areas of growth in recent years. Social psychologists have also maintained their applied interestes with contributions in health and environmental spychology, as well as the pschology of the legal system.

*(Adapted from The historical background of social psychology;*

*Allport, G.W)*

**Comprehension questions**

1. According to the author, what does the term “social psychology” mean?
2. Who studied behaviour as a function of the person in the environment?
3. What is the difference between American social psychologists and European social psychologists?
4. Where did the discipline of social psychology begin?
5. What did Norman Triplett first study in 1898?
6. When were social psychologists interested in studying new topics?

###### GRAMMATICAL REVIEW: Basic sentence structures

* 1. **Review**

There are five basic patterns around which most English sentences are built.\* They are as follows:

|  |  |  |
| --- | --- | --- |
| **S-V** | Subject-Verb | John sleeps. |
|  |  | Jill is eating. |
|  |  | Jack will arrive next week. |
| **S-V-O** | Subject-Verb-Object | I like rice. |
|  |  | She loves her job. |

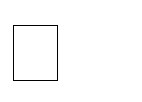
|  |  |  |
| --- | --- | --- |
|  |  | He's eating an orange. |
| **S-V-Adj** | Subject-Verb-Adjective | He is funny. |
|  |  | The workers are lazy. |
|  |  | Karen seems angry. |
| **S-V-Adv** | Subject-Verb-Adverb | Jim is here. |
|  |  | Flowers are everywhere. |
|  |  | No one was there. |
| **S-V-N** | Subject-Verb-Noun | She is my mom. |
|  |  | The men are doctors. |

At the heart of every English sentence is the Subject-Verb relationship. Other elements can be added to make a sentence more interesting, but they are not essential to its formation.

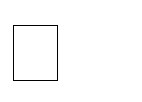
The following sentences are examples of the **S-V** pattern.

|  |  |
| --- | --- |
| *She sleeps.* | Core sentence |
| *She sleeps soundly.* | An adverb is added to describe how she sleeps. |
| *She sleeps on the sofa.* | A prepositional phrase is added to tell where she sleeps. |
| *She sleeps every afternoon.* | A time expression is added to tell when she sleeps. |
| *She is sleeping right now.* | Verb tense is changed, but S-V relationship remains the same. |
| *Mary will sleep later.* | Subject is named and another tense is used. |
| The dogs are sleeping in the garage. | New subject may require a different form of the verb. |

Note

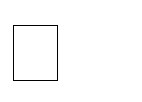
Any action verb can be used with this sentence pattern. The following sentences are examples of the **S-V-O** pattern.

|  |  |
| --- | --- |
| *They like rice.* | Core sentence |
| *The people like rice.* | Specific subject |
| *The friendly people like rice.* | Subject modified with an adjective |
| *The people in the restaurant like rice.* | Subject modified with an adjective |
| *The people like boiled rice.* | Object modified with an adjective |
| *The people like hot, white rice.* | Object modified with more than one adjective |

Only transitive action verbs can be used with this sentence pattern.

The following sentences are examples of the **S-V-Adj** pattern.

|  |  |
| --- | --- |
| *He is fine.* | Basic sentence with "be" verb |
| *He seems happy.* | Basic sentence with another linking verb |
| *Jordan is tall, dark and handsome.* | Series of adjectives |
| *He appears very comfortable.* | Adverb or intensifier added |
| *George became sick last night.* | Different tense and linking verb |

Only linking verbs can be used with this sentence pattern. The following sentences are examples of the **S-V-Adv** pattern.

|  |  |
| --- | --- |
| *The teacher is here.* | Basic sentence |
| *The teacher is over there.* | Using an adverb phrase |
| *Teachers are everywhere.* | Plural noun and verb used |
| *The teachers are in the lobby.* | Prepositional phrase functioning as adverb |

Only linking verbs can be used with this sentence pattern. The following sentences are examples of the **S-V-N** pattern.

|  |  |
| --- | --- |
| *The man is a doctor.* | Basic sentence |
| *The women are doctors.* | Using plural noun and verb |
| *My father is a nice guy.* | Modified subject and complement |
| *My grandparents are senior citizens.* | Modified plural subject and complement |

###### B. Drilling exercises

**In each of the following sentences, identify the function of the underline sentence element from the choices given.**

1. In the last few months, fighting in the region has escalated.
   1. Subject B. Verb

C. Direct object D. Indirect object

E. Subject complement F. Object complement

G. Adverbial complement H. Adverbial

1. Several thousand soldiers attacked villagers in the western region
   1. Subject B. Verb

C. Direct object D. Indirect object

E. Subject complement F. Object complement

G. Adverbial complement H. Adverbial

1. The area appears calmer now
   1. Subject B. Verb

C. Direct object D. Indirect object

E. Subject complement F. Object complement

G. Adverbial complement H. Adverbial

1. In the last two weeks alone, many thousands of refugees fled the area
   1. Subject B. Verb

C. Direct object D. Indirect object

E. Subject complement F. Object complement

G. Adverbial complement H. Adverbial

1. The government offered the rebels a new deal after many days of heavy
   1. Subject B. Verb

C. Direct object D. Indirect object

E. Subject complement F. Object complement

G. Adverbial complement H. Adverbial

###### Identify the structure of each sentence

1. Students from 45 colleges and universities today agreed to form a national organization devoted to fighting student apathy
   1. S/V- Subject-verb
   2. S/V/SC- Subject-verb-subject complement
   3. S/V/O- Subject-verb-object
   4. S/VIO/DO- Subject-verb-indirect object-direct object
2. The students said that their immediate objective is to increase student turnout in elections
   1. S/V- Subject-verb
   2. S/V/SC- Subject-verb-subject complement
   3. S/V/O- Subject-verb-object
   4. S/VIO/DO- Subject-verb-indirect object-direct object
3. Students don‟t vote
   1. S/V- Subject-verb
   2. S/V/SC- Subject-verb-subject complement
   3. S/V/O- Subject-verb-object
   4. S/VIO/DO- Subject-verb-indirect object-direct object
4. That was the message the group told delegates to take home
   1. S/V- Subject-verb
   2. S/V/SC- Subject-verb-subject complement
   3. S/V/O- Subject-verb-object
   4. S/VIO/DO- Subject-verb-indirect object-direct object
5. Most of the delegates to the weekend conference appeared enthusiastic about the prospect of increasing student activism
   1. S/V- Subject-verb
   2. S/V/SC- Subject-verb-subject complement
   3. S/V/O- Subject-verb-object
   4. S/VIO/DO- Subject-verb-indirect object-direct object

###### WORD STUDY

**Exercise 1: Fill in the blank with a suitable word**

|  |  |  |  |
| --- | --- | --- | --- |
| evaluation | formation | Relationship | advanced |
| defined | result | Lead | attitudes |
| predictors | influenced | Experience | employee |

In social psychology, attitudes are (1) as learned, global evaluations of a person, object, place, or issue that influence thought and action. Put more simply, (2) are basic expressions of approval or disapproval, favorability or unfavorability, like or dislike.

Social psychologists have studied attitude (3) , the structure of attitudes, attitude change, the function of attitudes, and the

(4) between attitudes and behaviour. Because people

are (5) by the situation, general attitudes are not always good (6) of specific behaviour. For a variety of reason, a person may value the environment and not recycle a can on a

particular day. Attitudes that are well remembered and central to our

self-concept, however, are more likely to (7) to

behaviour, and measures of general attitudes do predict patterns of behaviour over time.

One hypothesis on how attitudes are formed, first (8) by Abraham Tesser (1983), is that strong likes and dislikes are rooted in our genetic make-up. Tesser speculates that individuals are disposed to hold certain strong attitudes as a result of inborn physical, sensory, and cognitive skills, temperament, and personality traits. Whatever disposition nature elects to give us, our most treasured attitudes are often formed as a (9) of exposure to attitude object. Our history of rewards and punishments; the attitude that our parents, friends, and enemies express; the social and cultural context in which

we live; and other types of (10) we have. Obviously,

attitudes are formed through the basic process of learning. Numerous studies have shown that people can form strong positive and negative attitudes toward neutral objects that are in some way linked to emotionally charged stimuli.

###### Exercise 2: Word formation

**Social influence**

Social influence refers to the (1) (THINK) , feelings, and behaviours of others. Like the study of attitudes, it is a traditional, core topic in social psychology. In fact, research on social influence overlaps

(2) (CONSIDER) with research on attitudes and

persuation. Social influence is also closely to the study of group dynamics, as most of the principles of influence are (3) (STRONG) when they take place in social groups.

Conformity is the most common and pervasive form of social influence. It is (4) (GENERAL) defined as the tendency to act or think like other members of a group. Group size, unanimity, cohesion, status, and prior commitment all help to determine the level of conformit in an individual.

The two major motives in conformity are normative influence, the (5) (TEND) to conform in order to gain social acceptance, and

avoid social (REJECT) (6) or conflic, as in peer pressure; and (7) (INFORMATION) influence, which is based on the desire to obtain useful information through conformity, and thereby achieve a correct or appropriate result.

Minority influence is the degree to which a (8) (SMALL) faction within the group influences the group furing decision making. Note that this refers to a minority position on some issue, not an ethnic minority. Their influence is primarily informational and depends on consistent adherence to a position, degree of (9) (DETECH)

from the minority, and the status and self-confidence of the minority members.

A different kind of social influence is the self-fulfilling prophecy. This is a prediction that, in being made, actually (10) (CAUSE) itself to become true. For example, in the stock market if it is widely believed that a crash is imminent, investors may lose confidence, sell most of their stock, and actually cause the crash. Likewise, people may expect hostility in others and actually induce their hostility by their own behaviour.

###### Exercise 3: Match the words or word phrase with its definitions.

|  |  |
| --- | --- |
| 1. Phenomenon | a. measures in which respondents are asked to report directly on their own  behaviors, beliefs, attitudes or intentions |
| 2. Persuation | b. A general direction in which a situation is changing or developing. |
| 3. Conformity | c. a fact, occurrence, or circumstance observed or observable. |
| 4. Cognitive dissonance | d. the stage of having inconsistent thoughts, beliefs, or attitudes, especially as relating to behavioral decisions and attitide change. |
| 5. Bystander intervention | e. behaviour that follows the usual standards that are expected by a group or society. |
| 6. Aggression | f. a form of speech or writing that uses argument or emotion to make the listener or reaser believe what the author is saying |
| 7. self-report measures | g. An advantage that something gives you, a helpful and useful effect that something has. |
| 8. Self-concept | h. understanding you have of yourself that’s based on your personal experiences, body image, your thoughs, and how you tend to  label yourself in various situations. |
|  | i. to recognize a potentially harmful situation or interaction and choosing to respond in a way that could positively influence the outcome. |
|  | j. The end of a particular period of time especially one who an agreement etc, lasts. |
|  | k. A standard by which something can be measured or judged. |

|  |  |
| --- | --- |
|  | l. spoken or physical behaviour that is threanteing or involves harm to someone or  something. |

1. **TRANSLATION**

The goal of social psychology is to understand cognition and behaviour as they naturally occur in a social context, but the very act of observing people can influence and alter their behaviour. For this reason, many social psychology experiments utilize deception to conceal or distort certain aspects of the study. Deception may include false cover stories, false participants, false feedback given to the participants, and so on.

The practie of deception has been challenged by some psychologists who maintain that deception under any circumstances is unethical, and that other research strategies should be used instead. Unfortunately, research has shown that role-playing studies do not produce the same result as deception studies and this has cast doubt on their validity. In addition to deception, experiments have at times put people into potentially uncomfortable or embarrassing situations, and this has also been criticized for ethical reasons.

###### DISCUSSION PROMPTS

Discuss in groups of 4 or 5 some following situations

* 1. Would OTHERS do or say something asked of them, even if they thought it was stupid, false, or immoral? Give an example
  2. Would YOU do or say something asked of you, even if you thought it was stupid, false, or immoral? Give an exampl

### UNIT 7: PERSONALITY DEVELOPMENT

###### PRE-READING TASKS

**What are some of the ways to enhance our self-awareness?**

###### READING COMPREHENSION

Personality, according to the Longman Dictionary of Contemporary English, is the ’whole nature or character of a person.’ How a person behaves, feels and thinks, how he conducts himself in a given set of circumstances is largely determined by the state of his mind. Mere external appearance or a person’s speech or mannerisms are only fringes of one’s personality. They do not reflect the real personality. Personality development in the real sense refers to deeper levels of a person. So a study of our personality should start from a clear grasp of the nature of our mind, and how it functions.

The four functions of the mind:

Memory

The storehouse of memory and impressions of our past experiences presents various possibilities before the mind. This storehouse is called chitta. It is in this storehouse that the impressions of our thoughts and actions—good and bad—are stored. The sum total of these impressions determine our character.

Deliberation and Conceptualization

Not yet sure, the mind examines the many options presented before it. It deliberates on several things. This faculty of the mind is called manas. Imagination and formation of concepts are also functions of the manas. ***Determination and Decision-making***

Buddhi is the faculty responsible for decision making. It has the capacity to judge the pros and cons of things and find what is more desirable. It is also the discriminative faculty in a person, which enables him to discriminate between the real and the unreal, between what is to be done and what is to be avoided, what is morally right and what is wrong. It is also the seat of will-power so essential for personality development and

hence this aspect of the mind concerns us the most.

’I’ Consciousness

Appropriating to oneself all physical and mental activities eg, ‘I eat’, ‘I see’, ‘I talk’, ‘I hear’, ‘I think’, ‘I am confused’, etc., is called ahamkara or ’I’ consciousness. As long as the ’I’ identifies itself with the undisciplined body-mind complex, human life is dictated by events and circumstances of the world; we become happy with pleasurable events, and miserable with adverse circumstances. The more the mind gets refined and disciplined, the more does one get to know the real source of ’I’ consciousness. Correspondingly, a person becomes more balanced and equipoised in his daily life. Such a person is no longer swayed by any event or circumstances of life.

How to Change Our Character?

Every work that we do, every movement of the body, every thought that we think, leaves such an impression on the mind-stuff, and even when such impressions are not obvious on the surface, they are sufficiently strong to work beneath the surface, subconsciously. What we are every moment is determined by the sum total of these impressions on the mind. What I am just at this moment is the effect of the sum total of all the impressions of my past life. This is really what is meant by character; each man’s character is determined by the sum total of these impressions. If good impressions prevail, the character becomes good; if bad, it becomes bad. If a man continuously hears bad words, thinks bad thoughts, does bad actions, his mind will be full of bad impressions; and they will influence his thought and work without his being conscious of the fact. In fact, these bad impressions are always working, and their resultant must be evil, and that man will be a bad man; he cannot help it. The sum total of these impressions in him will create the strong motive power for doing bad actions. He will be like a machine in the hands of his impressions, and they will force him to do evil. Similarly, if a man thinks good thoughts and does good works,the sum total of these impressions will be good; and they, in a similar manner, will force him to do good even in spite of himself. When a man has done so much good work and thought so many good thoughts that there is an irresistible

tendency in him to do good, in spite of himself and even if he wishes to do evil, his mind, as the sum total of his tendencies, will not allow him to do so; the tendencies will turn him back; he is completely under the influence of the good tendencies. When such is the case, a man’s good character is said to be established.

If you really want to judge of the character of a man, look not at his great performances. Every fool may become a hero at one time or another. Watch a man do his most common actions; those are indeed the things which will tell you the real character of a great man. Great occasions rouse even the lowest of human beings to some kind of greatness, but he alone is the really great man whose character is great always, the same wherever he be.

All the actions that we see in the world, all the movements in human society, all the works that we have around us, are simply the display of thought, the manifestation of the will of man. Machines or instruments, cities, ships, or men-of-war, all these are simply the manifestation of the will of man; and this will is caused by character, and character is manufactured by Karma. As is Karma, so is the manifestation of the will. The men of mighty will the world has produced have all been tremendous workers—gigantic souls, with wills powerful enough to overturn worlds, wills they got by persistent work, through ages, and ages.

We are what our thoughts have made us; so take care of what you think. Words are secondary. Thoughts live, they travel far. Each thought we think is tinged with our own character, so that for the pure and holy man, even his jests or abuse will have the twist of his own love and purity and do good.

Great work requires great and persistent effort for a long time. Neither need we trouble ourselves if a few fail. It is in the nature of things that many should fall, that troubles should come, that tremendous difficulties should arise, that selfishness and all the other devils in the human heart should struggle hard when they are about to be driven out by the fire of spirituality. The road to the Good is the roughest and steepest in the universe.

*(Adapted from: “Personality development”by Swami Vivekananda- Printed in India at Trio Process Kolkata 70 014)*

###### Comprehension questions

* 1. What does personality development in the real sense refer to?
  2. What are the four functions of the mind according to the text?
  3. Which faculty enables a person to discriminate between the real and the unreal, between what is to be done and what is to be avoided, what is morally right and what is wrong What is difference between personnel management and human resource management?
  4. What are the things which will tell you the real character of a great man?
  5. What are the display of thought, the manifestation of the will of man?
  6. What does great work require?

###### GRAMMATICAL REVIEW: Both, both of, neither, neither of, either, either of

**A. Review**

We use **both/neither/either** for *two* things. You can use these words with a *noun* (**both** books, **neither** book etc.).

*E.g*: *Both restaurants are very good. (not „ the both restaurants‟). Neither restaurant is expensive.*

*We can go to either restaurant. I don‟t mind. (either=one or the other,it doesn‟t matter which one)*

###### Both of... / neither of…/ either of…

When we use both/neither/either + of, you always need the …/ these/ those…/ my/ yours/ his/ Tom‟s…. (etc.). You cannot say

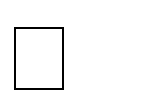
„both of restaurants‟. You have to say „both of the restaurants‟,

„both of those restaurants‟.

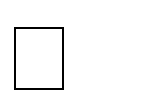
*E.g: Both of these restaurants are very good.*

*Neither of the restaurants we went to was (or were) expensive.*

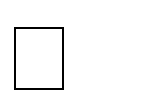
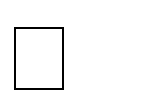
*I haven‟t been to be either of those restaurants. (= I haven‟t been to one or the other)*

 Do not need **of** after **both**.

*E.g: Both my parents are from London.* ***or*** *Both of my parents….*

 Use **both of** / **neither of** / **either of** + **us**/**you**/**them**:

*E.g: (talking to two people) Can either of you speaking Spanish? I asked two people the way to the station but neither of them knew.*

* Use „**both of’** before **us**/**you**/**them** (**of** is necessary): *E.g: Both of us were very tired. (not „ Both us were…‟) *After **neither of...** a singular or a plural verb is possible: *E.g: Neither of the children wants (* or *want) to go to bed. *Use **both**/**neither**/**either** alone:

*E.g: I couldn‟t decide which of the two shirts to buy. I liked both****.*** *(*or *I liked both of them)*

*„Is your friend British or American?‟ „Neither****.*** *She‟s Australian.‟*

*„Do you want tea or coffee?‟ „Either****.*** *I don‟t mind.‟*

* **Both**… **and**…:

*E.g: Both Sara and Abdullah were late.*

*I was both tired and hungry when I arrived home.*

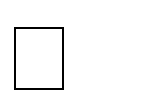
* **Neither** ….**nor**…:

*E.g: Neither Ali nor Omer came to the party.*

*She said she would contact me but she neither wrote nor phoned.*

* **Either**… **or**…:

*E.g: I‟m not sure where he‟s from. He‟s either Arabic or aItailn. Either you apologies or I‟ll never speak to youagain.*

 Compare **either**/**neither**/**both** (*two things*) and **any/none/all**

(*more than two*):

*E.g: There are two good hotels in the town. You can stay at either of them.*

*There are many good hotels in the town. You can stay at any of them.*

*We tried two hotels. Neither of them had any rooms. / Both of them were full.*

*We tried a lot of hotels. None of them had any rooms. / All of them were full.*

###### B. Drilling exercises

**Complete the sentence with both, both of, neither, neither of, either, either of**

1. Do you want tea or coffee? I really don‟tmind
2. What day is it today? - the 18th or the 19th? It‟s the 20th.
3. There are two sandwiches here, which one shall I take? Oh, take

.

1. I asked two people the way to the station but them could help me.
2. “When shall I phone you, morning or afternoon?”

, I‟ll be in all day

1. “Where is Kate? Is she at work or at home? , she‟s always on holiday
2. To get to the town centre you can go along the footpath by the river or you can go along the road. You can go way
3. I tried to call George twice but times he was out.
4. Tom‟s parents is English. His father isPolish and his mother is Italian.
5. I was invited to two parties last week but I didn‟t go to

them.

###### WORD STUDY

**Exercise 1: Fill in the blank with a suitable word.**

|  |  |  |  |
| --- | --- | --- | --- |
| bad | checked | good | like |
| action | mind | become | impressions |
| doing | consolation | number | habit |

Character has to be established through a thousand stumbles. The mind, to have non-attachment, must be clear, good, and rational. Why should we practise? Because each action is (1) the pulsations quivering over the surface of the lake. The vibration dies out, and what is left? The samskaras, the impressions. When a large (2).

of these impressions are left on the mind, they coalesce and become a habit. It is said, “Habit is second nature”, it is first nature also, and the whole nature of man; everything that we are is the result of (3). . That gives us consolation, because, if it is only habit, we can make and unmake it at any time. The samskaras are left by these vibrations passing out of our (4).

, each one of them leaving its result. . Our character is the sum-total of these marks, and according as some particular wave prevails one takes that tone. If (5). prevails, one becomes good; if wickedness, one becomes wicked; if joyfulness, one becomes happy. The only remedy for (6) habits is counter habits; all the bad habits that have left their impressions are to be controlled by good habits. Go on (7) good, thinking holy

thoughts continuously; that is the only way to suppress base impressions. Never say any man is hopeless, because he only represents a character, a bundle of habits, which can be (8) by new and better ones. Character is repeated habits, and repeated habits alone can reform character.

###### Exercise 2: Word formation.

Just as every action that emanates from us comes back to us as reaction, even so our actions may act on other people and theirs on us. Perhaps all of you have observed it as a fact that when persons do evil

(1) (ACT) , they become more and more evil, and when they begin to do good, they become (2) (STRONG)

\_and stronger and learn to do good at all times. This intensification of the influence of action cannot be explained on any other ground than that we can act and react upon each other. To take an (3) (ILLUSTRATE) from physical science, when I am doing a certain action, my mind may be said to be in a certain state of vibration; all minds which are in similar circumstances will have the tendency to be affected by my mind. If there are different (4) (MUSIC)

\_ instruments tuned alike in one room, all of you may have noticed that when one is struck, the others have (5) (TEND). to vibrate so as to give the same note. So all minds that have the same tension, so to say, will be (6) (EQUAL). affected by the same thought. Of course, this influence of thought on mind will vary according to distance and other causes, but the mind is always open to affection. Suppose I am doing an evil act, my mind is in a certain state of (7) (VIBRATE). ,and all minds in the universe, which are in a similar state, have the possibility of being affected by the vibration of my mind. So, when I am doing a good action, my mind is in another state of vibration; and all minds similarly strung have the (8) (POSSIBLE) of being affected by my mind; and this power of mind upon mind is more or less according as the force of the tension is greater or less.

###### Exercise 3: Match the words or word phrases with its definitions.

|  |  |
| --- | --- |
| 1. Perceptions | a. the way in which we conduct ourselves-the way in which we act. |
| 2. Attitudes | b. describes the relatively stable set of characteristics, tendencies and temperaments that have been formed by heredity and by social, cultural and environmental factors. |
| 3. Behaviour | c. evaluative statements or learned pre-dispositions  to respond to an object, person or an idea in a favorable or unfavorable way. |
| 4. Environment | d. describes the process by which individuals gather sensory information and assign meaning to it. |
| 5. Self Awareness | e : factors that exert pressures on our personality formation are the culture in which we are raised, our early conditioning, the norms among our family, friends and social groups, and other influences that  we experience. |
| 6. Emotional Stability | f. knows your motivations; preferences, personality and understanding how these factors influence your judgment, decisions and interactions with other  people. Through self-awareness one |
| 7. Extroversion | g. Association is a group of people (called Members) who come together for a common purpose. |

|  |  |
| --- | --- |
| 8. Personality | h. characterizes the degree to which a person is consistent or inconsistent is how they react to certain events, reacts impulsively or weighs options before acting and takes things personally or looks at a  situation objectively. |
|  | i. a set or category of things having some property or attribute in common and differentiated from others by kind, type, or quality. |
|  | k. a group of living organisms consisting of similar individuals capable of exchanging genes or interbreeding. |
|  | l. is a group of people related either by consanguinity (by recognized birth), affinity (by marriage or other relationship), or co-residence |
|  | m. represents the degree to which an individual is social or antisocial, outgoing or shy, assertive or  passive, active or inactive and talkative or quiet. |

1. **TRANSLATION**

The man that has practised control over himself cannot be acted upon by anything outside; there is no more slavery for him. His mind has become free. Such a man alone is fit to live well in the world. We generally find men holding two opinions regarding the world. Some are pessimists and say, “How horrible this world is, how wicked!” Some others are optimists and say, “How beautiful this world is, how wonderful!” To those who have not controlled their own minds, the world is either full of evil or at best a mixture of good and evil.

This very world will become to us an optimistic world when we become masters of our own minds. Nothing will then work upon us as good or

evil; we shall find everything to be in its proper place, to be harmonious. The more we grow in love and virtue and holiness, the more we see love and virtue and holiness outside. All condemnation of others really condemns ourselves. Adjust the microcosm (which is in your power to do) and the macrocosm will adjust itself for you.

It is like the hydrostatic paradox, one drop of water can balance the universe. We cannot see outside what we are not inside. The universe is to us what the huge engine is to the miniature engine; and indication of any error in the tiny engine leads us to imagine trouble in the huge one.

Every step that has been really gained in the world has been gained by love; criticising can never do any good, it has been tried for thousands of years.

1. **DISCUSSION PROMPTS**

True or false?

*If you really want to judge of the character of a man, look not at his great performances.*

*Self-analysis requires people to examine themselves as an object in an experience or event.*

**OPTIONAL READING**

CONTRACT

#### INFORMATION ABOUT THE SAMPLE PSYCHOTHERAPIST-PATIENT CONTRACT

**Eric Harris, J.D., Ed.D. Bruce E. Bennett, Ph.D**

This draft psychotherapist-patient contract has been prepared for two reasons.

First, it allows the psychologist to comply with the requirement that informed consent must be obtained from his/her patients (Ethical Principles of Psychologists and Code of Conduct, 2002, Standards 10.02, 4.02). Second, it allows the psychologist to establish a legally enforceable business relationship with the patient and avoid risks of such business issues that may become the bases for malpractice suits and ethics or licensing board complaints. Most commentators suggest that full informed consent is both ethically necessary and a good risk management strategy.

This draft was designed for psychotherapy practices. It can and should be modified to include other practice areas such as psychological evaluations, testing, neuropsychological assessment, family therapy, group psychotherapy, etc., if these are a part of a practitioner’s work.

There is a great diversity of business practices among psychologists. You should redraft the contract to fit your business practices rather than adjust your practices to fit the contract. Since regulations and laws governing certain institutions are somewhat different than those governing private practitioners, these forms may also need modification before they can be used in hospitals, clinics, or other institutional settings.

This document includes some general language about the risks and

benefits of psychotherapy, but it should be supplemented orally or in writing by the psychologist on a case-by-case basis. This approach was selected because the risks and benefits of therapy can vary considerably from case to case; it is hard to design a single document that is appropriate for all situations. For example, it is probably important to have a more thorough discussion of risks and benefits with patients who are dealing with difficult or risky situations or issues. If the psychologist is a group or family therapist, additional issues may need to be included. The psychologist may orally provide whatever additional information is necessary and make a note in the record about what was said. Of course this will not be as protective as a signed agreement, but in most cases it makes both clinical and risk management sense. It is always important to remember that an informed consent contract is only the beginning of providing informed consent. Important issues contained in this contract or not contained in this contract should be discussed when it is anticipated that they are likely to occur and that the client will feel angry or betrayed when they do.

The reader is strongly advised to have his/her personal attorney review the informed consent document prior to implementation. We recommend that the document you use be in compliance with HIPAA and state and local statutes regulating the practice of psychology and should not include any language that could be interpreted as a guarantee or implied warranty regarding the services rendered.

What follows is specific draft text that you may feel free to adapt for your practice or agency. Sections of the draft where you should insert numbers are designated XX, and sections you may want to add or specially modify are a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion

###### MEETINGS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide XX hours [days] advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. [If it is possible, I will try to find another time to reschedule the appointment.]

###### PROFESSIONAL FEES

My hourly fee is $XXX. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than XX minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge $XXX per hour for preparation and attendance at any legal proceeding.]

###### BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional

services will be agreed to when they are requested. [In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.]

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I release regarding a patient’s treatment is his/her name, the nature of services provided, and the amount due.

###### INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment

approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. [Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.]

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above [unless prohibited by contract].

###### CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office between 9 AM and 5 PM, I probably will not answer the phone when I am with a patient. I do have call-in hours at XXXX on

XXXXX. When I am unavailable, my telephone is answered by an answering service [machine, voice mail, or by my secretary] [that I monitor frequently, or who knows where to reach me]. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. [In emergencies, you can try

me at my home number.] If you are unable to reach me and feel that you can’t wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist [psychiatrist] on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

###### PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. [I am sometimes willing to conduct a review meeting without charge.] Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

For psychologists who practice in states that require patient access to records, unless to do so would cause emotional damage, upset, etc.

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. [I am sometimes willing to conduct a review meeting without charge.] Patients will be charged an appropriate fee for any time spent in preparing information requests.

For psychologists who practice in states that do not require patient access to records

As I am sure you are aware, I am required to keep records of the professional services I provide [your treatment, or our work together.] Because these records contain information that can be misunderstood by someone who is not a mental health professional, it is my general policy that patients may not review them; however, I will provide at your

request a treatment summary unless I believe that to do so would be emotionally damaging. If that is the case, I will be happy to send the summary to another mental health professional who is working with you. [This service will be provided without any additional charge.] [You should be aware that this will be treated in the same manner as any other professional (clinical) service and you will be billed accordingly.] [There will be an additional charge for this service.]

###### MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. [At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them.]

###### CONFIDENTIALITY

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient’s treatment. For example, if I believe that a child [elderly

person, or disabled person] is being abused, I must [may be required to] file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am [may be] required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don’t object, I will not tell you about these consultations unless I feel that it is important to our work together. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. [If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.]

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship

### UNIT 9: CHILD PSYCHOLOGY

###### PRE-READING TASKS

1. When you think of child development, what comes to mind?
2. What do you think is one of the most important parts of a child’s life?

###### READING COMPREHENSION Child Psychology

Child psychology is one of the many branches of psychology and one of the most frequently studied specialty areas. This particular branch focuses on the mind and behavior of children from prenatal development through adolescence. Child psychology deals not only with how children grow physically, but with their mental, emotional, and social development as well.

Historically, children were often viewed simply as smaller versions of adults. When Jean Piaget suggested that children actually *think differently* than adults, Albert Einstein proclaimed that the discovery was "so simple that only a genius could have thought of it."

Today, psychologists recognize that child psychology is unique and complex, but many differ in terms of the unique perspective they take when approaching development. Experts also differ in their responses to some of the bigger questions in child psychology, such as whether early experiences matter more than later ones or whether nature or nurture plays a greater role in certain aspects of development.

Because childhood plays such an important role in the course of the rest of life, it is little wonder why this topic has become such an important one within psychology, sociology, and education. Experts focus not only on the many influences that contribute to normal child development, but also to various factors that might lead to psychological problems during childhood. Self-esteem, school, parenting, social pressures, and other subjects are all of tremendous interest to child psychologists who strive to help kids develop and grow in ways that are healthy and appropriate. **Different Contexts of Child Psychology**

When you think of development, what comes to mind? If you are like most people, you probably think about the internal factors that influence how a child grows, such as genetics and personal characteristics. However, development involves much more than the influences that arise from within an individual. Environmental factors such as social relationships and the culture in which we live also play essential roles. Some of the major contexts that we need to consider in our analysis of child psychology include:

* **The Social Context:** Relationships with peers and adults have an effect on how children think, learn and develop. Families, schools and peer groups all make up an important part of the social context.
* **The Cultural Context:** The culture a child lives in contributes a set of values, customs, shared assumptions and ways of living that influence development throughout the lifespan. Culture may play a role in how children relate to their parents, the type of education they receive and the type of childcare that is provided.
* **The Socioeconomic Context:** Social class can also play a major role in child development. Socioeconomic status is based upon a number of different factors including how much education people have, how much money they earn, the job they hold and where they live. Children raised in households with a high socioeconomic status tend to have greater access to opportunities, while those from households with lower socioeconomic status may have less access to such things as health care,

quality nutrition, and education. Such factors can have a major impact on child psychology. Remember, all three of these contexts are constantly interacting. While a child may have fewer opportunities due to a low socioeconomic status, enriching social relationships and strong cultural ties may help correct this imbalance.

###### Important Things to Consider

Child psychology encompasses a wide range of topics, from the genetic influences on behavior to the social pressures on development. The following are just some of the major subjects that are essential to the study of child psychology: Genetics, Environmental Influences, Prenatal Development, Social Growth, Personality Development, Language, Gender Roles, Cognitive Development, and Sexual Development.

Child psychologists may specialize in helping kids cope with specific developmental concerns, or they may take a more general approach. In either case, these professionals strive to help kids overcome potential problems and grow in ways that lead to healthy outcomes. Child psychologists, for example, might look at which child care settings and practices lead to the best psychological outcomes or they might work with kids to help them develop growth mindsets.

(*Adapted from Child Psychology: Context and Important Things to Consider*

*by Kendra Cherry, 2018*)

###### Comprehension questions

* 1. What is the focus of child psychology?
  2. What are some big questions in child psychology?
  3. Why has child psychology become such an important one within psychology, sociology, and education?
  4. What are major contexts that need to be considered in the analysis of child psychology?
  5. What does social context refer to? 6.What do child psychologists do?

###### GRAMMATICAL REVIEW: Will and be going to

1. **Review**

|  |  |
| --- | --- |
| **Future simple** | **The near future** |
| **Will + infinitive** | **Be going to + infinitive** |
| A decision at the moment of speaking  *E.g*: *Julie: There's no milk.*  *John: Really? In that case, I'll go and get some.* | A decision before the moment of speaking  *E.g: Julie: There's no milk.*  *John: I know. I'm going to go and get some when this TV program finishes.* |
| A prediction based on opinion (prediction in the remote future)  *E.g*: *I think the Conservatives will win the next election.* | A prediction based on something we can see (or hear) now. The speaker is sure because there are signs about it  *E.g: The Conservatives are going to win the election. They already have most of the votes.* |
| A future fact:  *E.g: The sun will rise tomorrow.* | A planned activity for future  *E.g*: *A: There is a good film on TV tonight.*  *B: Yes. I know. I am going to watch it.* |

|  |  |
| --- | --- |
| For promises / requests / refusals / offers  *E.g: I'll help you tomorrow, if you like.* |  |
| To give an order or state our wishes  *E.g: Will you turn on the lights?* |  |

###### Drilling exercises

**Exercise 1: Complete the sentences with the verbs in brackets. Use the correct form of will or going to.**

*E.g: My hands are dirty. I am going to wash (wash)*

*them.*

*Our cars won‟t pollute (not pollute) in the future.*

1. I think Diana (pass) her exam. She‟s very intelligent.
2. What you (do) tomorrow evening?
3. I (not have) breakfast this morning. I‟m not hungry.
4. people (be) equal everywhere some day?
5. I‟m sure your friends (not travel) with us in the future.
6. Brian \_ (not buy) a new bike next week. **Exercise 2: Which is right? Circle the correct answer.** *E.g: We‟llwatch / We‟regoing to watcha film tonight.*

*We‟re going to watch is right*

1. What *will you do / are you going to do* next Friday evening?
2. They *won‟t visit / aren‟t going to visit* their grandparents next weekend.
3. What *will people eat / are people going to eat* in the 22nd century?
4. I‟m sure *she‟ll lend / she‟s going to lend* you some money. She‟s very rich.
5. Do you think *Tommy will phone / is going to phone* us tonight?
6. We *won‟t work / aren‟t going to work* next week.
7. Where *will you live / are you going to live* in twenty years?
8. One day, all this land *will belong / is going to belong* to our grandchildren.

###### Exercise 3: Answer the following questions. Use short answers.

*E. g: Will people live longer in the future? Yes, they will. OR No, they won‟t.*

*Is Samantha going to buy those jeans? Yes, she is. OR No, sheisn‟t.*

1. Will you call me tomorrow?
2. Are you and Mark going to buy that old house?
3. Is Bob going to come here next summer?
4. Will the world be a peaceful planet one day?
5. Are those children going to play with us?
6. Will humans travel to other planets in the future?
7. Will Patricia get her driving license?
8. Is it going to rain tonight?

###### Exercise 4*:* Write complete sentences with will or be going to in the following dialogue.

*E.g: Jack: What did Jane say on the phone? Jill: She / have / party on Saturday night.*

*She‟s going to have a party on Saturday night*

Jack: Do you want to play tennis on Friday? Jill: I can‟t. I / visit my grandmother.

Jack: Does she live near here?

Jill: Not really. About 100 miles away. But my car is broken at the moment. I / take it to the garage tomorrow.

Jack: Your car is very old, Jill. You / buy another car soon?

Jill: Not for now. I haven‟t got much money. I / get a new car in two years if I have the money

###### WORD STUDY

**Exercise 1: Fill in the blank with a suitable word.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| teach  other themselves | teach of  other about themselvep**s**ycholo | Teachof p  Otherabout d gitshtemspeslyvcehsologthi | sytecahciahtrisotf psy | chiatritshtuosf |
| esopthiter aboutdes | pite thearbeof |
| sitnthkeimngselpvseyschtohlio | ngkiisntg becpasuy |

###### A few tips to understand child psychology better

**Observe.**

You can be aware (1) your child be not just looking after your child but also observing them. Their characteristics with the kids of their age group show many things. There always is a reason behind the kid’s actions. For example, if they act aggressive, that is probably (2) there is something irritating them. Such little things will lead you to help them grow into ideal adults.

###### Motivate them.

As the parents shall motivate their children, the kids will grow self-esteem. It is the responsibility of your parents to (3) them the meaning of success. After the kids learn the same, the next step would be to observe the kids and their interest areas. Eventually, the parents learn their kid’s interest areas and (4) help them to prepare for success.

###### Reform their Psychology.

As I mentioned earlier, parents can also build their child’s way of (5)

. The kids may have a wrong belief regarding something. It is the moral duty of the parents or (6) adults to guide them through the reality. You may need a tutor for the same.

We provide many experience holders who shall understand and reform accordingly your child’s psychology for their future endeavors.

###### Develop your child’s conscience.

According to Sigmund Freud, a prominent (7) , kids gradually adapt the realistic approach by imbibing their parents’ values. This makes easy for the parents to shape their kid’s mentality. Teach them the fact that one should do to others what they want for (8) . This is the process of social relations in this world.

###### Exercise 2: Word formation.

**Spend time with kids.**

Yet another way to observe and teach kids is (1) (SPEND) as much as time possible with the kids. Talking to kids about their day, about the things going on around, about facts and rules of this world are few things to discuss with the children. This will enhance not just the kid’s (2)

(KNOW) but also their frankness towards you.

###### Provide the right environment for the kids.

Environment the kids grow in affects the most. Hence this is very important to provide a filtered nature to the children. (3)

(RESEARCH) say that a kid’s cognitive and speaking skills are majorly developed as they adjust to their environment. Along with this, you should gauge the whether your child is getting the right nourishment. This includes feeding them right too. Hence this may (4) (NEGATIVE) affect their child psychology

###### Focus on their way of expression.

Kids often love to tell stories. I insist the parents listen to their stories very (5)

(CARE). Attend on the way they speak, their tone, on the things they emphasize on etc. Never humiliate them in a way that they prefer not to recite you stories the next time. If you find them wrong, just take the right (6) (ACT) after thinking a couple of times. Remember parents, overprotective parents raise the best liars!

###### Be empathetic to them.

The best way to understand child psychology is to step into your kid’s shoe. This happens often that we percept their problems according to our mindset. And this results in you taking wrong (7) (DECIDE) for your kids. For example, parents can be protective from their side and thus stop their kids to practice horse riding. But this is wrong. If the kid is enjoying playing in that field, parents must never stop that. Rather, they can find a (8)

(GOOD) alternative to their insecurity.

###### Exercise 3: Match the words or word phrases with its definitions.

|  |  |
| --- | --- |
| 1. Child psychology | a. Refers to techniques that are used to accurately and  consistently measure personality |
| 2. Child | b. A specialty in professional psychology that |

|  |  |
| --- | --- |
| psychologist | develops and applies scientific knowledge to the  delivery of psychological services to infants, toddlers, children and adolescents within their social context |
| 3. Personality  testing | c. A test designed to measure the ability to think and  reason rather than acquired knowledge |
| 4. Intelligence test | d. Who studies the mental, social and emotional  development of children |
| 5. Social growth | e. the process of enlarging people's freedoms and  opportunities and improving their well-being. |
| 6. Human  development | f. how we develop the ability to deal with other  people and different groups in society. |
| 7. Physical growth | g. The study of the basic principles, problems and  methods that underlie the science of psychology. Includes human development, emotions, motivation, learning, senses, perception, thinking, etc. |
| 8. Psychology | h. The branch of biology concerning the mechanisms  and phenomena of heredity and the laws that determine inherited traits |
|  | i. Refers to an increase in body size (length or height  and weight) and in the size of organs |
|  | k. An action that is constructive, positive and  beneficial to society as a whole. Prosocial behavior can benefit a single individual or a group |
|  | l. The study of genetic and early environmental  factors that will influence child development. In the 19th and early 20th centuries this was synonymous  with... |
|  | m. A highly trained physician who holds a specialty  in diagnosing, treating and study of mental disorders. Training (in the United States) includes 4 years... |

1. **TRANSLATION**

###### What Is a Child Psychologist?

A child psychologist is a type of psychologist who studies the mental, social and emotional development of children. Typically, child psychologists look at development from the prenatal period through adolescence. Some of the major topics of interest in this field of psychology include genetics,

language development, personality, gender roles, cognitive development, sexual development and social growth.

Child psychologists may work with a range of clients including infants, toddlers, children, and teens or they may specialize in working with a particular age group. No matter what population a child psychologist chooses, his or her focus will be on helping understand, prevent, diagnose and treat developmental, cognitive, social and emotional issues.

* + **Abnormal child psychologist** work with children suffering from psychological disorders including anxiety, mood and personality disorders.
  + **Adolescent psychologist** work with adolescent clients between the ages of 12 and 18 who suffer from psychological illness or distress including eating disorders, depression or anxiety.
  + **Developmental psychologist** may study childhood development, but may also focus on development throughout the entire lifespan.
  + **School psychologist** work within the educational system to help children with emotional, social and academic issues.
  + **Educational psychologist** involve the study of how people learn, including topics such as student outcomes, the instructional process, individual differences in learning, gifted learners and learning disabilities.

###### DISCUSSION PROMPTS

Consider the statement “*While a child may have fewer opportunities due to a low socioeconomic status, enriching social relationships and strong cultural ties may help correct this imbalance*”. Give an example of why this should be.

###### UNIT 11: ABNORMAL PSYCHOLOGY

**PRE-READING TASKS**

* 1. How will you define “abnormal” as opposed to your ideas of what is “normal”.
  2. The definition of the word abnormal is simple enough but applying this to psychology poses complex problems. What problems can you think of?

###### READING COMPREHENSION Understanding Abnormal Psychology

Abnormal psychology is a branch of psychology that deals with psychopathology and abnormal behavior, often in a clinical context. The term covers a broad range of disorders, from depression to obsessive- compulsive disorder (OCD) to personality disorders. Counselors, clinical psychologists, and psychotherapists often work directly in this field.

###### Overview

In order to understand abnormal psychology, it's essential to first understand what we mean by the term "abnormal." On the surface, the meaning seems obvious; abnormal indicates something that's outside of the norm.

Many human behaviors can follow what is known as the normal curve. Looking at this bell-shaped curve, the majority of individuals are clustered around the highest point of the curve, which is known as the average. People who fall very far at either end of the normal curve might be considered "abnormal."

It's important to note that the distinctions between normal and abnormal are not synonymous with good or bad. Consider a characteristic such as intelligence. A person who falls at the very upper end of the curve would fit under our definition of abnormal; this person would also be considered a genius. Obviously, this is an instance where falling outside of the norms is actually a good thing.

When you think about abnormal psychology, rather than focus on the distinction between what is normal and what is abnormal, focus instead on the level of distress or disruption that a troubling behavior might cause. If a behavior is causing problems in a person's life or is disruptive to other people, then this would be an "abnormal" behavior that may require some type of mental health intervention.

###### Perspectives

There are a number of different perspectives used in abnormal psychology. While some psychologists or psychiatrists may focus on a single viewpoint, many mental health professionals use elements from multiple areas in order to better understand and treat psychological disorders. These perspectives include:

* **The psychoanalytic approach:** This perspective has its roots in the theories of Sigmund Freud. The psychoanalytic approach suggests that many abnormal behaviors stem from unconscious thoughts, desires, and memories. While these feelings are outside of awareness, they are still believed to influence conscious actions. Therapists who take this approach believe that by analyzing memories, behaviors, thoughts, and even dreams, people can uncover and deal with some of the feelings that have been leading to maladaptive behaviors and distress.
* **The behavioral approach:** This approach to abnormal psychology focuses on observable behaviors. In behavioral therapy, the focus is on reinforcing positive behaviors and not reinforcing maladaptive behaviors. The behavioral approach targets only the behavior itself, not the underlying causes. When dealing with an abnormal behavior, a behavioral therapist might utilize strategies such as classical conditioning and operant conditioning to help eliminate unwanted behaviors and teach new behaviors.
* **The medical approach:** This approach to abnormal psychology focuses on the biological causes of mental illness, emphasizing understanding the underlying cause of disorders, which might include genetic inheritance, related physical illnesses, infections, and chemical imbalances. Medical treatments are often pharmacological in nature, although medication is often used in conjunction with some type of psychotherapy.
* **The cognitive approach:** The cognitive approach to abnormal psychology focuses on how internal thoughts, perceptions, and reasoning contribute to psychological disorders. Cognitive treatments

typically focus on helping the individual change his or her thoughts or reactions. Cognitive therapy might also be used in conjunction with behavioral methods in a technique known as cognitive behavioral therapy (CBT).

###### Types of Psychological Disorders

Psychological disorders are defined as patterns of behavioral or psychological symptoms that impact multiple areas of life. These mental disorders create distress for the person experiencing symptoms.

The Diagnostic and Statistical Manual of Mental Disorders is published by the American Psychiatric Association (APA) and is used by mental health professionals for a variety of purposes. The manual contains a listing of psychiatric disorders, diagnostic codes, information on the prevalence of each disorder, and diagnostic criteria.

Some of the categories of psychological disorders include:

* Substance use disorders
* Mood disorders, such as depression and bipolar disorder
* Anxiety disorders, such as social anxiety disorder, panic disorder, and generalized anxiety disorder
* Neurodevelopmental disorders, such as intellectual disability or autism spectrum disorder
* Neurocognitive disorders like delirium
* Personality disorders, such as borderline personality disorder, avoidant personality disorder, and obsessive-compulsive personality disorder

###### Understanding Abnormalities Can Improve Lives

Abnormal psychology may focus on atypical behavior, but its focus is not to ensure that all people fit into a narrow definition of "normal." In most cases, it is centered on identifying and treating problems that may be causing distress or impairment in some aspect of an individual's life. By better understanding what is "abnormal," researchers and therapists can come up with new ways to help people live healthier and more fulfilling lives.

(*Adapted from Understanding Abnormal Psychology by Kendra Cherry,*

*2018*)

###### Comprehension questions

* 1. What disorders does abnormal psychology cover?
  2. What does abnormal psychology focus on?
  3. What perspectives do psychologists, psychiatrists or mental health professionals use in abnormal psychology?
  4. Why does a behavioral therapist use classical conditioning and operant conditioning strategies?
  5. What is cognitive behavioral therapy (CBT) model based on?
  6. How can researchers and therapists help people live healthier and more fulfilling lives?

###### GRAMMATICAL REVIEW: Quantifiers

**A. Review**

In English grammar, a quantifier is a word (or phrase) which indicates the number or amount being referred to. It generally comes before the noun (or noun phrase). Quantifiers are used at the beginning of noun phrases:

before a noun on its own: *fewer answers*

before an adjective and noun: *some useful phrases*

before an adverb, adjective and noun: *every reallypleasant experience*

Normally two quantifiers cannot be used together before the same noun. However, the quantifiers *all* and *both* are found immediately before *the* or a possessive pronoun: *all my relatives, both the ministers*. You will also see the following combinations of quantifiers:

*little less noise*



*a*

*few more questions every few minutes*

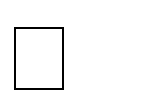


*a*

The chart below shows which type of noun goes with which quantifier.

|  |  |  |  |
| --- | --- | --- | --- |
| **Quantifier** | **Countable nouns** | | **Uncountable nouns** |
| **Singular nouns** | **Plural nouns** |
| All | - | Yes | Yes |
| Any | No, but see note | Yes | Yes |
| Both | \* | Yes | \* |
| Each | yes | - | - |
| Enough | - | Yes | Yes |
| Every | Yes | - | - |
| Few/a few/fewer | - | Yes | - |
| Little/a little/less | - | - | Yes |
| Lots of/a lot of | - | Yes | Yes |
| Many | - | Yes | - |
| More | - | Yes | Yes |
| No | Yes | Yes | Yes |
| Several | - | Yes | - |
| Some | - | Yes | Yes |

###### Notes

**Many, much, a lot of**

These are all used to talk about a large quantity of something; *many* is used only with C nouns, *much* with U nouns and *a lot of* can be used with both.

Only *many* and *much* can be preceded by the words *how*, to form questions (*how many / how much ...?*). The word *too* can be used to

express a negative idea (*too hot, too cold*) and *so*, to show the speaker's attitude to the quantity (*so many that ... /so much he couldn't*

*...*). *Many* and *much* tend to be rather formal in use and are therefore often found in legal documents, academic papers and so on; in speech we often use phrases like *a lot of*, *loads of, tons of, hundreds of*

###### Few, little

the meaning of these two words is similar since they both refer to small quantities, except that *few* is found with C nouns and *little* with U nouns.

If they are used without the indefinite article, *a*, they have the sense of *not enough* and are negative in feeling (*few events*, *little interest*) but these are quite formal and we would normally prefer *not many events* and *not much interest*.

When *few* and *little* are used with *a* they simply mean a small quantity with no extra negative overtones: *a few events* (i.e. three or four) and *a little interest* (i.e. *some* interest, but not a lot).



**Any**

*Any* can be used before countable and uncountable nouns usually in

*questions* and *negative* sentences:

*E.g: Are you bringing* ***any*** *friends with you?*

*Do you have* ***any*** *coffee?*

*I can't remember* ***any*** *songs. He isn't taking* ***any*** *chances.*

If we stress the word *any* heavily when speaking, we are suggesting an unlimited choice from a range of things or an unrestricted quantity; in this case its use is not confined to just questions and negatives:

*E.g: Yourself to* ***any*** *sandwiches.* (the choice is yours)

*Don't you like* ***any*** *Beatles song?* (I can't believe you dislike them all)

*I can't see* ***any*** *difference.* (nothing at all)

###### Some

*Some* is usually thought of as the *positive* counterpart to *any* in many circumstances.

*E.g: I'm bringing some friends with me. I have some coffee.*

Like *any* it is used before both C and U nouns, and means an indefinite quantity but not a large amount. The general rule given above for the use of *any* in negative sentences and questions does not always hold in requests and offers where we often use *some* to mean a small amount of a known quantity:

*E.g: Would you like some cake?* (here is the cake, do you want a piece of it?)

*Could I have some biscuits instead?* (*any* would not be possible in this case)

If we stress the word *some* in positive and negative sentences and in questions, we are suggesting a limited quantity or number of something:

*E.g: I like* ***some*** *Beatles songs. (But certainly not all!) I can see* ***some*** *difference. (But not a lot!)*

###### B. Drilling exercises

**Choose the best answer to fill in the blank**

1. We are going to be late. There is too

*(much/many)* traffic.

Yeah, the *(amount/number)* of people driving is incredible

I have never seen this *(much/many)* cars.

1. Can you bring soda to the picnic? I don‟t have

*(some/any)*

Yeah, I think I‟ve got *(some/any)* left over from the party.

1. How do you feel about your new job? Do you have as

*(much/ many)* responsibilities as you used to?

The job is great. I have about the same *(amount/number)* of work to do as before, but I have *(less/fewer)* stress and *(less/fewer)* problems.

1. How do you think you did on the test? I think I did

*(little/a little)* better than last time, maybe even

(*a lot/many)* better. What about you?

Well, I think I probably made *(few/a few)* mistakes, but I have the feeling I did well overall.

1. Mr. President, do you think *(much/many)* of your proposed legislation will be passed by congress during this session?

Yes, I think (*a great deal/a great many)* of our proposals will be approved. We‟ve not taking *(nothing/anything)* for granted, though. We still have

(*a great deal/a great many)* work to do.

###### WORD STUDY

**Exercise 1: Fill in the blank with a suitable word.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| by | children | how | That | by | children |
| what | with | why | So | what | with |

Behaviorists believe that our actions are determined largely (1)

the experiences we have in life, rather than by underlying pathology of unconscious forces. Abnormality is therefore seen as the development of behavior patterns (2) are considered maladaptive (i.e. harmful) for the individual.

Behaviorism states that all behavior (including abnormal) is learned from the environment (nurture), (3) that all behavior that has been

learnt can also be ‘unlearnt’ (which is how abnormal behavior is treated).

Classical conditioning has been said to account for the development of phobias. The feared object (e.g. spider or rat) is associated with a fear (5)

anxiety sometime in the past. The conditioned stimulus subsequently evokes a powerful fear response characterized by avoidance of the feared object and the emotion of fear (6) the object is encountered.

Learning environments can reinforce (re: operant conditioning) problematic behaviors. E.g. an individual may be rewarded for having panic attacks by receiving attention from family and friends – (7) would lead to the behavior being reinforced and increasing in later life.

Our society can also provide deviant maladaptive models that (8)

identify with and imitate (re: social learning theory).

###### Exercise 2: Word formation.

The cognitive approach assumes that a person’s thoughts are responsible for their behavior. The model deals with how information is (1) (PROCESS) in the brain and the impact of this on behavior.

The basic assumptions are:

* Maladaptive behavior is caused by (2) (FAULT) and irrational cognitions.
* It is the way you think about a problem, rather than the problem itself that (3) (CAUSE) mental disorders.
* Individuals can overcome mental disorders by learning to use more (4)

(APPROPRIATENESS) cognitions.

The individual is an active (5) (PROCESS) of information. How a person, perceives, anticipates and evaluates events rather than the events themselves, which will have an impact on behavior. This is (6)

(GENERAL) believed to be an automatic process, in other words we do not really think about it.

In people with psychological problems these thought processes tend to be negative and the cognitions (i.e. attributions, cognitive errors) made will be (7)

(ACCURATE):

These cognitions cause distortions in the way we see things; Ellis suggested it is through irrational thinking, while Beck proposed the (8)

(COGNITION) triad.

###### Exercise 3: Match the words or word phrases with its definitions.

|  |  |
| --- | --- |
| 1. Statistical Infrequency | a. the perspective focus on biological  causes on mental illness |
| 2. Violation of Social Norms | b. A mathematical method for defining abnormality. This definition works on the idea that abnormality should be based on infrequency; if it occurs rarely it is  abnormal |
| 3. Failure to Function Adequately | c. Under this definition, rather than defining what is abnormal, we define what is normal/ideal and anything that deviates from this is regarded as  abnormal |
| 4. Maladaptiveness | d. Under this definition, a person is  considered abnormal if they are unable to cope with the demands of everyday life |
| 5. Deviation from Ideal Mental  Health | e. the perspective focus on observable  behaviors |
| 6. Clinical psychology | f. the perspective focus on how internal thoughts, perceptions and reasoning  contribute to psychological disorders |
| 7. Psychopathology | g. Under this definition, a person's thinking or behavior is classified as abnormal if it violates the (unwritten) rules about what is expected or acceptable behavior in a particular social  group |
| 8. Behavioral perspective | h. the perspective focus on how internal thoughts, perceptions and reasoning  contribute to psychological disorders |
|  | i. Harmful or threatening to self |
|  | k. the perspective focus on how internal  thoughts, perceptions and reasoning contribute to psychological disorders |
|  | l. a similar term to abnormal psychology but has more of an implication of an underlying pathology (disease process),  and as such is a term more commonly |

|  |  |
| --- | --- |
|  | used in the medical specialty known as  psychiatry |
|  | m. the applied field of psychology that  seeks to assess, understand and treat psychological conditions in clinical practice |

1. **TRANSLATION Psychodynamic**

The main assumptions include Freud’s belief that abnormality came from the psychological causes rather than the physical causes that unresolved conflicts between the id, ego and superego can all contribute to abnormality, for example:

* Weak ego: Well- adjusted people have a strong ego that is able to cope with the demands of both the id and the superego by allowing each to express itself at appropriate times. If, however, the ego is weakened, then either the id or the superego, whichever is stronger, may dominate the personality.
* Unchecked id impulses: If id impulses are unchecked they may be expressed in self-destructive and immoral behavior. This may lead to disorders such as conduct disorders in childhood and psychopathic [dangerously abnormal] behavior in adulthood.
* Too powerful superego: A superego that is too powerful, and therefore too harsh and inflexible in its moral values, will restrict the id to such an extent that the person will be deprived of even socially acceptable pleasures. According to Freud this would create neurosis, which could be expressed in the symptoms of anxiety disorders, such as phobias and obsessions.

###### DISCUSSION PROMPTS

“*It's important to note that the distinctions between normal and abnormal are not synonymous with good or bad*.”

Give an instance to illustrate above statement.

###### UNIT 12: LABOR PSYCHOLOGY

**PRE-READING TASKS**

1. The standard perspective of labor psychology is that employers buy time and effort of the employees in exchange for money.
   * What are some additional assumptions of this perspective?
   * What are some of its implications?
2. What can psychology teach us about labor?

###### READING COMPREHENSION Labor psychology

Psychology of Labor can be broadly defined as the study of man in his workplace. It analyzes the relationship between the individual and his work activity, the relationship between the individual and the organization to which it is subject, relations between groups or between organizations. [Psychology](http://www.bath.ac.uk/psychology/) of labor is twofold: one theoretical to constitute a body of knowledge on business and human subjectivity in work situations, the other practice in its diversity, in order to solve problems in various fields of intervention. Psychology of labor is thus born of a humanist commitment to adapting work to man.

The labor psychologist forms the analysis of labor in order to transform the professional community. He seeks to study behavior, skills, and relationships within members of a company. His work is first and foremost to listen and advise. It occurs during job interviews to try to capture and understand the true personality of the candidate, he participates in career management, involved in the integration process or vocational rehabilitation, he conducts interviews for orientation and mobility, calls for training and also works on issues of pathology at work.

The occupational psychologist may serve different positions within a company. He can work either for the human resources department or occupational medicine. His positioning is related to the title of his post. As he is hired as a recruiter, an HR manager or an internal consultant, his way of

working is different.

The constant changes in legislation on the safety of employees as well as [ISO](https://www.iso.org/standards.html) [standards](https://www.iso.org/standards.html) becoming indispensable have forced leaders to use consultants recurrently to implement the necessary steps to comply with these rulings. Many companies having had recourse to external consultants (independent or belonging to a consulting firm) decided to entrust the task of looking for a permanent employee of the company.

For the internal consultant to be effective and efficient he must be innovative. Now, to be innovative, the consultant must have good flexibility. Numerous trainings enable internal consultants to get the tools necessary for such an approach.

In addition, they have the advantage of knowing the company, its stated objectives and actual customs, modes of communication, etc. The internal consultant is at home and logically knows every corner and the history of the company that may remain inaccessible to an external consultant.

Provided his situation is he preferable to an external consultant? This is not certain. Indeed, the employment contract between the employer and the internal consultant is not immune to subordination. The employee must not only do a good job but it also must please his employer, to keep his job.

In this position, the internal consultant can then be a tendency to a problem posed by its internal sponsor to accept the solution that this advances. However, no solution can be envisaged without a proper analysis of the order. In this context, the use of a psychologist working in this position will make the difference.

Indeed, it may be included in the employment contract a clause obligation to respect the code of ethics for psychologists. This protects the ethics insofar as it is to say what does and does not please the company. In addition, it involves the concept of professional secrecy. This concept requires only revealing what is a direct and certain relationship with the current analysis. Insurance of professional secrecy by both the employer and the consultant allows other employees to provide information in confidence.

Another aspect of the advantage of using a psychologist work is his knowledge and mastery of many analytical techniques. It is tempting to quickly give the most obvious conclusion, the occupational psychologist knows how to give time to a thorough wary of evidence analysis. For example if an employee is

caught playing online poker on his computer, it does not mean he is a gambling addict. [Playing games](http://www.casino8aces.com/) once in a while could be fine depending of the achievements of a particular employee.

It is tempting for all the powers that are in the business to exploit the consultant (internal or external). The occupational psychologist is aware of the power plays in a company and knows how to protect himself from them. Another mistake is to move towards a solution that the consultant knows.

However, the occupational psychologist by his conduct has an obligation to update their knowledge. And it must constantly inform solutions that other companies put in place to solve various problems. This search for external information allows the psychologist job to be innovative.

There are other known social [psychological bias](http://www.bath.ac.uk/psychology/)es, but it would take too long to detail here. Psychologists work remains a major asset in the company and a careful selection for the post of internal consultant is recommended.

(*Adapted from History of Labor Psychology by Karandashv V.N*)

###### Comprehension questions

* 1. In what way is psychology of labor twofold?What are the main purposes of a business plan?
  2. What positions may the occupational psychologist serve within a company?
  3. What have become indispensable?
  4. What is the difference between the internal consultant and the external consultant?
  5. How is the code of ethics for psychologists protected?
  6. Why is the psychologist job innovative?

###### GRAMMATICAL REVIEW: Comparisons

**A. Review**

Comparison is a feature in the grammar of some languages, whereby adjectives and adverbs are inflected or modified to produce forms which indicate the relative degree of the designated properties. The

grammatical category associated with comparison of adjectives and adverbs is degree of comparison. The usual degrees of comparison are the positive, which simply denotes a property; the **comparative**, which indicates greater degree; and the **superlative**, which indicates greatest degree.

###### Comparatives

You can also add “**-er”** to one-syllabus adjectives or adverbs. “**-er**” means “more.” (If you want to compare one item to another, you have to use “than,”.)

*E.g: Bigger; taller; larger; happier*

*The garden in that house is* ***larger*** *than this one. She prefers the* ***bigger***.

*He runs* ***faster*** *than anyone in the class.*

**\***If you add “-er” to an adjective or adverb that ends in “-y”, you have to change the “-y” to “-i”, and then write “-er”.

E.g: *Wrong: funnyer (x) Right: funnier*

\*If an adjective ends in “vowel-consonant,” you have to double the consonant before adding “er”.

*E.g: Wrong: biger (x), thiner (x)*

*· Right: bigger, thinner*

You can also add “-**er**” to a two-syllabus adjective or adverb if that ends in “-et”, “-ow”.

*E.g: quieter, narrower*

With longer adjectives, you add the word “more” or “less” in front of the adjective

*E.g: important → more important interesting → more interesting*

*beautiful → more beautiful*

*The first part of the film was* ***more interesting*** *than the second one. This room is* ***less comfortable*** *than the first one.*

*Jose drives* ***more carefully*** *than Mary does*.

To say that 2 things/ 2 people are the same, you use “as + adjective/adverb + as.”

*E.g: My car is* ***as big as*** *yours.*

*Keith is* ***as old as*** *Jake.*

*My brother drives* ***as carelessly as*** *a cowboy does.*

You can also say that something is “not as + adjective/adverb + as” something else. This is the opposite of “more + adjective/adverb.”

*E.g: The elephant is* ***bigger than*** *the mouse.*

*→ The mouse is* ***not as big as*** *the elephant.*

*Your test score is* ***better than*** *mine.*

*→ My test score is* ***not as good as*** *yours.*

*Jack types* ***more carefully than*** *Michael.*

*→ Michael doesn‟t type* ***as carefully as*** *Jackdoes.*

###### Superlatives

You can also add “-est” to one-syllabus adjectives to indicate greatest degree, the article “the” must be added in front of the adjective.

*E.g: (the) biggest; (the) happiest*

*Nam is* ***the tallest*** *person in the class. Math is* ***the hardest*** *subject in school.*

**\***If you add “-est” to an adjective that ends in “-y”, you have to change the “-y” to “-i”, and then write “-est”.

*E.g: Wrong: funnyest (x)*

*Right: funniest*

\*If an adjective ends in “vowel-consonant,” you have to double the consonant before adding “est”.

*E.g: Wrong: bigest (x), thinest (x) Right: biggest, thinnest*

You can also add “-**est**” to a two-syllabus adjective if that ends in “- et”, “-ow”.

E.g: *quietest, narrowest*

With long superlative adjectives, you have to use **the** + **most/least + adjective**.

*E.g: He is the* ***most intelligent*** *person in the class.*

*That is the* ***least interesting*** *game I‟ve ever played.*

With superlative adjectives, you **don’t** use the word “than‟ in the superlative.

Some **Comparative** Adjectives are Irregular - this means that the Comparative and Superlative forms are different, and you have to memorize them.

###### Here is a list of the most common Irregular Adjectives

|  |  |  |
| --- | --- | --- |
| **Adjectives** | **Comparatives** | **Superlatives** |
| Good | Better | best |
| Bad | Worse | worst |
| Far | farther/further | farthest/furthest |
| Fun | more fun | most fun |
| much/ many | More | most |
| Little | Less | least |

**B. Drilling exercises**

###### Exercise 1*:* Put one suitable word in each space.

1. My brother is two years than me.
2. The train takes just long as the bus.
3. I've never tasted such delicious apples these.
4. I thought the second hotel was more expensive than the first one.
5. Unfortunately we are well - off than we used to be.
6. Marion doesn't feel so happy there she did at first.
7. Do you think you could make a bit noise?
8. These exercises seem to be getting harder and Jean doesn't need as much help as Harry David didn't enjoy the match as as I did.

###### Exercise 2*:* Rewrite each sentence beginning as shown, so that the meaning stays the same.

1. Jill can run faster than Peter.

Peter ........................................................................................................

1. I didn't arrive as early as I expected.

I arrived ...................................................................................................

1. I have a brother who is older than me.

I have an ..................................................................................................

1. There aren't any trains earlier than this one.

This is......................................................................................................

1. All other pubs are further away.

This pub...................................................................................................

1. Is this the best price you can offer?

Can't you .................................................................................................

1. That's the best meal I've ever eaten.

I've never eaten .......................................................................................

1. Fish and meat are the same price in some countries.

Fish cost just............................................................................................

1. If you run a lot, you will get fitter.

The more .................................................................................................

1. The doctor can't see you earlier than Wednesday I'm afraid. Wednesday is ..........................................................................................

###### WORD STUDY

**Exercise 1: Fill in the blank with a suitable word.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| on | with | social | Technical | on | with |
| technology | mental | flow | Way | technology | mental |
| external | process | of | Physical | external | process |

###### What you need to know the psychology of labor?

Man lives not isolated from the environment, phenomena, events occurring in the world. She is constantly in interaction (1) various factors both biological and technical nature.

When actively developing scientific and (2) progress, when changes occur in all spheres of life, greater importance was the psychological factor. Today it is difficult to create a full psychological comfort. With the emergence of new technology has increased the speed of the equipment increased the (3) of information, which entails persistent and constant arousal of the human psyche.

If the source of psychology was mainly in the sphere of personal relationships, now it has spread to the sphere of professional activity. Now intensively intellectualizes work. In many professions, along with a reduction of the (4)

load on the body is becoming more important mental activity, increases man's responsibility for the work it performs, and,

consequently, the impact of the negative psycho-emotional factors. All this increases the demands (5) the internal resources of the person, an important component of which is mental health and emotional balance.

The subject of study of psychology of work is man as a participant in the (6)

of creation of values of consumption. Work psychology examines psychological patterns, mental processes and personality traits on the relationship with the objects, tools and physical and (7) environments. This understanding of the subject of psychology of labour, with a system of internal and (8) relationships of the object that is studied, the outcome of the application of the principles of the system approach.

**Exercise 2: Word formation.**

The main tasks defined for the psychology of work in practice, humanization of labor and increase its productivity. Under the humanization of work understand the prevention of fatigue, (1) (OCCUPATION) diseases, prevention of occupational traumatism and professional deformation of the personality, enhancing the meaningfulness of work, creating conditions for (2) (COMPREHEND) development of the employee, his abilities.

To solve these tasks it is necessary to take technical, technological, sanitary-

hygienic, (3) (ORGANIZE) activities. For example, the

replacement of computers for the better or the introduction of new technology

(programming) increase (4) (PRODUCTIVE), and

improve microclimatic conditions (air conditioning, lighting, humidity,

temperature, air movement etc) in the workplace improves employee health. Their questions psychology (5) (SOLUTION) the problems of labour humanization of their funds. Optimal use of the properties of the individual and personality, the optimization conditions of the person in the work achieved by these (6) (PRACTICE) activities, like professional selection (development of systems for specific conditions always include scientific and practical task more or less complex), rationalization of social and physical environments taking into account the psychological characteristics of (7) (EMPLOY).

All these activities are included in the structure (NOT) work. Practical problems of psychology of labor - to improve and expand the Arsenal of

methods that can be (8) (APPLY) in related fields of psychology. These are the methods of assessment and analysis activities, diagnostics, and forecasting abilities, the study of social structure and psychological climate in the team, assessing psychological States.

###### Exercise 3: Match the words or word phrases with its definitions.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Psychology management | of | a. The study of the psychological problems of interaction between the seller and the buyer, customer service, the issues of  advertising psychology, supply and demand | | | | |
| 2. Aviation psychology | | b. The systematic process of hiring and  promoting personnel | | | | |
| 3. Engineering psychology | | c. The study of the personal qualities, style and methods of work of the leader, the study of factors that increase the effectiveness of  leadership. | | | | |
| 4. Organizational  psychologists | | d. Who provide services to clients and  administration of organizations | | | | |
| 5. Psychology of trade | | e. The examination of the psychological problems of a person in the relevant field of professional activity, as well as the  conditions for successful training in the flight case | | | | |
| 6. Psychology of work | | f. The study of the problems of personality  and relationships with others | | | | |
| 7. Job analysis | | g. The process of identifying qualified candidates in the workforce and getting them  to apply for jobs within an organization | | | | |
| 8. Personnel recruitment | | h. The study of the psychological problems of interaction between man and technology | | | | |
|  | | i. The process in which an individual's or a group's work behaviors and outcomes are  assessed against managers' and others' expectations for the job | | | | |
|  | | k. The measurement of individual differences. I/O psychologists perform individual assessments in order to evaluate differences among candidates for employment as well as differences among  employees | | | | |
|  | | l. It | primarily | involves | the | systematic |

|  |  |
| --- | --- |
|  | collection of information about a job |
|  | m. An analysis of corporate and individual  goals |

1. **TRANSLATION Understanding I/O Psychology**

From the outside, it’s easy to assume that the sole determinant of a successful business is profitability. After all, profitability paves the way for growth and keeps a business competitive. However, profitability is often dependent on multiple factors: a good product; teams that communicate well; and employees who are motivated, well-trained and committed to the company goals. Success is also tied to a business’ ability to identify and resolve workplace issues at both the individual and organizational level. Enter I/O psychology.

I/O psychology is the scientific study of human behavior in the workplace. It focuses on assessing individual, group and organizational dynamics and using that research to identify solutions to problems that improve the well- being and performance of an organization and its employees.

I/O psychologists look at questions such as: How are decisions made? How effective is communication? How do team members interact and collaborate? Knowing the answers to these questions and many others help business owners assess where to change systems and dynamics to make their company function better.

###### I/O Psychology Applied

I/O psychologists are experts in the design, implementation and analysis of psychological research. They apply their findings in a variety of ways to help solve human and organizational problems in the workplace such as:

* + Identifying training and development needs;
  + Optimizing the quality of work life;
  + Formulating and implementing training programs and evaluating their effectiveness;
  + Coaching employees and organization leaders;
  + Developing criteria to evaluate performance of individuals and organizations; and
  + Assessing consumer preferences, customer satisfaction and market strategies.

As scientist-practitioners, I/O psychologists receive specialized training in the science of human behavior in the workplace. This training provides them with a deep knowledge of issues that are critical to business success. Some work in corporate America in positions dealing with worker productivity, employee training and assessment, and human resources, while others make their careers in academia.

###### DISCUSSION PROMPTS

Person A gets $80,000 in a company where the range is $80,000 - $100,000 Person B gets $70,000 in a company where the range is $50,000 - $70,000

* + Who will be happier? Who will work harder? Who will stay longer with the company?
  + What job will you select?

###### UNIT 13: COMMUNICATION SKILLS

**PRE-READING TASKS**

How are communication skills important to our life?

###### READING COMPREHENSION

**Communication Skills for Workplace Success**

The ability to communicate effectively with superiors, colleagues, and staff is essential, no matter what industry you work in. Workers in the digital age must know how to effectively convey and receive messages in person as well as via phone, email, and social media. Good [communication skills](https://www.thebalance.com/communication-skills-list-2063737) will help get hired, land promotions, and be a success throughout your career.

These are the top 10 communication skills that recruiters and hiring managers want to see on your [resume](https://www.thebalance.com/top-resume-writing-tips-2063314) and [cover letter](https://www.thebalance.com/how-to-write-a-personalized-cover-letter-2060283). Highlight these skills and demonstrate them during [job interviews](https://www.thebalance.com/how-to-prepare-for-a-job-interview-2061361), and you’ll make a solid first impression. Continue to develop these skills once you’re hired, and you’ll impress your boss, teammates, and clients.

###### Listening

Being a good listener is one of the best ways to be a good communicator. No one likes communicating with someone who only cares about putting in her two cents and does not take the time to listen to the other person. If you're not a good listener, it's going to be hard to comprehend what you're being asked to do. Take the time to [practice active listening.](https://www.thebalance.com/active-listening-skills-with-examples-2059684) Active listening involves paying close attention to what the other person is saying, asking clarifying questions, and rephrasing what the person says to ensure understanding ("So, what you're

saying is…").

Through active listening, you can better understand what the other person is trying to say, and can respond appropriately.

###### Nonverbal Communication

Your [body language,](https://www.thebalance.com/body-language-tips-for-your-next-job-interview-2060576) eye contact, hand gestures and tone all color the message you are trying to convey. A relaxed, open stance (arms open, legs relaxed), and a friendly tone will make you appear approachable, and will encourage others to speak openly with you.

Eye contact is also important, you want to look the person in the eye to demonstrate that you are focused on the person and the conversation (however, be sure not to stare at the person, which can make him or her uncomfortable).

Also pay attention to other people's nonverbal signals while you are talking.

Often, nonverbal signals convey how a person is really feeling. For example, if the person is not looking you in the eye, he or she might be uncomfortable or hiding the truth.

###### Clarity and Concision

Good communication means saying just enough – don’t talk too much or too little. Try to convey your message in as few words as possible. Say what you want clearly and directly, whether you're speaking to someone in person, on the phone, or via email. If you ramble on, your listener will either tune you out or will be unsure of exactly what you want. Think about what you want to say before you say it; this will help you to avoid talking excessively and/or confusing your audience.

###### Friendliness

Through a friendly tone, a personal question, or simply a smile, you will encourage your coworkers to engage in open and honest communication with you.

It's important to be nice and polite in all your workplace communications. This is important in both face-to-face and written communication. When you can, personalize your emails to coworkers and/or employees – a quick "I hope you all had a good weekend" at the start of an email can personalize a message and

make the recipient feel more appreciated.

###### Confidence

It is important to be confident in your interactions with others, confidence shows your co-workers that you believe in what you’re saying and will follow through. Exuding confidence can be as simple as making eye contact or using a firm but friendly tone. Avoid making statements sound like questions. Of course, be careful not to sound arrogant or aggressive. Be sure you are always listening to and empathizing with the other person.

###### Empathy

Even when you disagree with an employer, coworker, or employee, it is important for you to understand and respect their point of view. Using phrases as simple as "I understand where you are coming from" demonstrate that you have been listening to the other person and respect their opinions.

###### Open-Mindedness

A good communicator should enter any conversation with a flexible, open mind. Be open to listening to and understanding the other person's point of view, rather than simply getting your message across. By being willing to enter into a dialogue, even with people with whom you disagree, you will be able to have more honest, productive conversations.

###### Respect

People will be more open to communicate with you if you convey respect for them and their ideas. Simple actions like using a person's name, making eye contact, and actively listening when a person speaks will make the person feel appreciated. On the phone, you should avoid distractions and stay focused on the conversation.

Convey respect through email by [taking the time to edit your message.](https://www.thebalance.com/how-to-write-and-send-professional-email-messages-2061892) If you send a sloppily written, confusing email, the recipient will think you do not respect her enough to think through your communication with her.

###### Feedback

Being able to appropriately give and receive feedback is an important

communication skill.

Managers and supervisors should continuously look for ways to provide employees with constructive feedback, be it through email, phone calls, or weekly status updates. Giving feedback involves giving praise as well – something as simple as saying "good job" or "thanks for taking care of that" to an employee can greatly increase motivation.

Similarly, you should be able to accept, and even encourage, feedback from others. Listen to the feedback you are given, ask clarifying questions if you are unsure of the issue, and make efforts to implement the feedback.

###### Picking the Right Medium

An important communication skill is to simply know what form of communication to use. For example, some serious conversations (layoffs, changes in salary, etc.) are almost always best done in person.

You should also think about the person with whom you wish to speak – if they are very busy people (such as your boss, perhaps), you should convey your message through email. People will appreciate your thoughtful means of communication, and will be more likely to respond positively to you.

*(Adapted from Communication skills by Akagi, H.,&House, A.O, 2001)*

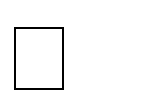
###### Comprehension questions

* 1. Why do exporters have to choose an appropriate payment method carefully?
  2. How many methods payment are there for international transactions? What are they?
  3. Why is payment in advance the least attractive option for the buyer?
  4. When is an LC useful?
  5. What is a documentary collection?
  6. How long are the goods shipped and delivered before payment is due an open account transaction?

###### GRAMMATICAL REVIEW: Prefix

1. **Review**

Prefixes and suffixes are sets of letters that are added to the beginning or end of another word. They are not words in their own right and cannot stand on their own in a sentence: if they are printed on their own they have a hyphen before or after them.

**Prefixes** are added to the beginning of an existing word in order to create a new word with a different meaning.

For example:

|  |  |  |
| --- | --- | --- |
| **Prefix** | **Meaning / use** | **Example** |
| *anti + adjective/noun* | *Opposite* | anti- clockwise/ anti-climax |
| anti + noun / adjective | Against | anti-theft device / anti- European |
| co + noun / verb | Together | Cohabit |
| dis + verb | negative/opposite | dislike / disembark |
| il + adjective | Opposite | Illegal |
| im + adjective | Opposite | Impossible |
| in + adjective | Opposite | Indirect |
| inter + adjective | Between | Intercontinental |
| Ir + adjective | Opposite | Irregular |
| mis + verb | wrongly/ badly | mistook / mishandle |

|  |  |  |
| --- | --- | --- |
| over + verb | too much | Overwork |
| out + verb | More | Outnumber |
| post + noun / verb | After | Postgraduate |
| pre + noun / verb | Before | pre- arrangement |
| pro + noun / adjective | in favour of | pro-Unions / pro-European |
| sub + adjective | Below | Substandard |
| Super + noun/ adjective | greater than | Superhuman |
| trans + noun / verb / | Across | transplant /transcontinental |
| un + verb / adjective | negative / opposite | unlock / unhappy |
| Under + verb | not enough/too little | undercook / undercharge |

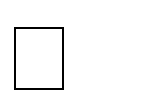
###### Some rules:

* We use il instead of in with words that begin with l: il + legal = illegal
* We use im instead of in with words that begin with m or p: im + polite - impolite
* We often use ir instead of in with words that begin with r: ir + responsible = irresponsible.
* Some common mistakes are:

You must *unconnect* the cable first

→ You must *disconnect* the cables first They expelled him for *disbehaving*

→ They expelled him for *misbehaving*

**Note**: Many words with a prefix have a base part that never exists on its own. Here are examples: immediate, incontrovertible, uncalled- for

###### Drilling exercises

**Choose the best answer to fill in the blank**

* 1. This signature is (*illegible/unlegible).* I‟ve no idea whose it is.
  2. I used to think I was *(indecisive/imdecisive)* but now I‟m not sosure!
  3. Try not to be so *(impatient/unpatient),* Tarquin. You‟ll get your dinner when it‟s ready so there‟s no point in making a fuss.
  4. You‟re so *(inadventurous/unadventurous),* Gordon! You only ever want to go to the same restaurant and eat the same food. Why don‟t we try something new for a change before I die of boredom?
  5. The soup was good and the vegetables were nice and fresh, but the fish was really rather *(irinteresting/uninteresting)* - it didn‟t taste of anything much.
  6. What an *(imusual/unusual)* dress, Dora dear! Where on earth did you get it? I don‟t think I‟ve ever seen a ball gown in plastic leopard skin before.
  7. The desserts were quite *(irresistible/unresistible).* I had three helpings of the *tiramisu* and two pieces of the gateaux.
  8. Do be careful with that vase! It‟s the only one remaining of four made especially for the Emperor Maximilian, so it‟s quite *(ilreplaceable/irreplaceable)*.
  9. My great uncle was an *(illiterate/imliterate)* peasant who only taught himself to read and write at the age of 25 - quite an achievement.
  10. Elspeth is the most hopeless person I‟ve ever met - quite

*(incapable/uncapable)* of doing anything right.

* 1. Smoking while pregnant is *(irresponsible/antiresponsible)* and puts the child at risk of illness.
  2. In Japan, it‟s considered very *(dispolite/impolite)* to blow your nose in pubic.
  3. Food which can not be eaten is *(inedible/unedible).*
  4. The electrical appliance should be *(anticonnected/disconnected)*

from the mains supply before the back is removed.

* 1. Stealing and lying are *(unhonest/dishonest)* things to do.

###### WORD STUDY

**Exercise 1: Fill in the blank with a suitable word.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| eye | need | demonstrate | take | ideas | skill |
| for | vital | quality | these | listen | communication |

Developing your (1) skills can help all aspects of your life,

from your professional life to social gatherings and everything in between.

The ability to communicate information accurately, clearly and as intended, is a (2) life skill and something that should not be overlooked. It’s never too late to work on your communication skills and by doing so improve your (3) of life.

Professionally, if you are applying (4) jobs or looking for a promotion with your current employer, you will almost certainly need to (5)

good communication skills. Communication skills are needed to speak appropriately with a wide variety of people whilst maintaining good (6) contact, demonstrate a varied vocabulary and tailor your language to your audience, listen effectively, present your (7) appropriately, write clearly and concisely, and work well in a group. Many of (8) are essential skills that employers seek.

###### Exercise 2: Word formation.

**Parental concerns**

In the past, most parents, pediatricians, and (1) (EDUCATE)

recommended giving a child time to outgrow a difficulty with (2) (SPEAK) language. From the late 1990s, research had shown that early speech and language disorders could lead to later difficulties in learning to read, write, and spell. Thus, many professionals

recommended (3)(EVALUATE) by a speech-

language [pathologist](http://www.healthofchildren.com/knowledge/Pathology.html) for toddlers who displayed language delay. However, not all speech-language (4) (SPECIAL) agree on early evaluation and therapy. (5) (RESEARCH) have found that about two-thirds of children who were not talking at the age two showed continued delays until the age three, and one half were still behind the typical language (6) (DEVELOP) schedule at age of four. But by kindergarten, only one-fourth of those children had not caught up with their peers

###### Exercise 3: Match the words or word phrases with its definitions.

|  |  |
| --- | --- |
| 1. Active listening | A. It is the process by which information is exchanged between individuals. It requires a shared understanding of symbol systems, such as language and mathematics. |
| 2. [language delay](http://www.healthofchildren.com/L/Language-Delay.html) | B. Listening with undivided attention and an open mind and being able to summarize the message accurately. |
| 3. Empathy | C. Those children who are slow in developing spoken language. |
| 4. Communication | D. A quality of the client-centered therapist, characterized by the [therapists](http://www.healthofchildren.com/knowledge/Psychotherapy.html) conveying appreciation and understanding of the client's point of view. |

|  |  |
| --- | --- |
| 5.Visual communication | E. It is a method by which people settle  differences. It is a process by which compromise or agreement is reached while avoiding argument and dispute. |
| 6. Negotiation | F. People communicate with eyes as well as ears. Communication occurs with cues of body language and facial expression. Eye contact is a communication connector. Making eye contact helps confirm attention and interest between the individuals communicating |
| 7.  Preschool children | G. Verbal communication extends beyond words.  Audible sounds transfer meaning. In addition, tone or attitude communicates sometimes a different meaning than the words used. Effective communicators do not send mixed messages. They say what they mean without sarcasm or equivocation. |
| 8 Verbal  communication. | H. [Recognizing](http://www.healthofchildren.com/knowledge/Recall__memory_.html) the right time to communicate is a  skill. A distraught child whose parents have left for work is not ready to hear a story. The time will be more productive and the information better received if the child has a chance to make an emotional transition. |
|  | I. Children from three to five years of age develop  further. They expand their word combinations and are able to speak in sentences, use correct grammatical patterns, use pronouns, articulate sounds clearly, and rapidly increase their working vocabulary. Preschool children may also understand words they do not use themselves. |
|  | K. Toddlers one and two years of age experience  the world through the physical senses. Language development for toddlers includes: using two-word combinations, taking turns speaking and listening, using the word no frequently, and using gestures to express needs and desires. |
|  | L. School-age children from six to 11 years of age  learn to communicate their own thoughts, as well |

|  |  |
| --- | --- |
|  | as understand viewpoints of others. They can  understand words with multiple meanings, however, words describing what they have not experienced are not thoroughly understood.  School-age children have expanding vocabularies, [enabling](http://www.healthofchildren.com/knowledge/Enabling.html) them to describe ideas, thoughts, and feelings. Their conversational skills refine. |
|  | M. The development of language in infants follows  this progression: crying, babbling, cooing, single words (mama and daddy), and simple names of some objects. |

1. **TRANSLATION**

Communication is much more than words going from one person's mouth to another's ear. In addition to the words, messages are transferred by the tone and quality of voice, eye contact, physical closeness, visual cues, and overall body language.

Experts in child development agree that all babies develop skills for spoken and written language according to a specific developmental schedule, regardless of which language the child is exposed to. Although the milestones follow one another in roughly the same sequence, there is significant variability from child to child on when the first word is spoken and the first sentence is composed.

Language employs symbols—words, gestures, or spoken sounds—to represent objects and ideas. Communication of language begins with spoken sounds combined with gestures, relying on two different types of skills. Children first learn to receive communications by listening to and understanding what they hear (supported by accompanying gestures); next, they experiment with expressing themselves through speaking and gesturing. Speech begins as repetitive syllables, followed by words, phrases, and sentences. Later, children learn to read and write. Many children begin speaking significantly earlier or later than the milestone dates.

###### DISCUSSION PROMPTS

Among these stages of age, which one is the most important for communication? Discuss with your partner then choose one of them. Give the reason why?

* Infancy
* Toddler hood
* Preschool
* School-age

###### UNIT 14: LIFE SKILLS

**PRE-READING TASKS**

What do you know about life skills?

###### READING COMPREHENSION

Life skills are the skills we need to deal effectively with the challenges in everyday life, whether at school, at work or in our personal lives.

###### The importance of life skills

In a constantly changing environment, having life skills is an essential part of being able to meet the challenges of everyday life. The dramatic changes in global economies over the past five years have been matched with the transformation in technology and these are all impacting on education, the workplace and our home life. To cope with the increasing pace and change of modern life, students need new life skills such as the ability to deal with stress and frustration. Today’s students will have many new jobs over the course of their lives, with associated pressures and the need for flexibility.

###### Benefits for the individual

In everyday life, the development of life skills helps students to:

* Find new ways of thinking and problem solving
* Recognize the impact of their actions and teaches them to take responsibility for what they do rather than blame others
* Build confidence both in spoken skills and for group collaboration and cooperation
* Analyze options, make decisions and understand why they make certain choices outside the classroom
* Develop a greater sense of self-awareness and appreciation for others

###### Benefits for employment

While students work hard to get good grades, many still struggle to gain employment. According to research by the CBI (Confederation of British Industry) in 2011 employers were looking not just for academic success but key employability skills including

* The ability to self-manage, solve problems and understand the business environment
* Working well as part of a team
* Time and people management
* Agility and adaptability to different roles and flexible working environments
* The potential to lead by influence

###### Benefits for society

The more we develop life skills individually, the more these affect and benefit the world in which we live:

* Recognizing cultural awareness and citizenship makes international cooperation easier
* Respecting diversity allows creativity and imagination to flourish developing a more tolerant society
* Developing negotiation skills, the ability to network and empathize can help to build resolutions rather than resentments.

###### The 8 Important Life Skills Managing Money (the right way)

Schools like to teach finance, accounting, etc but they fail to emphasize the importance of saving, how to keep your own budget, how to manage your own money, and how our tax system works. Required in depth courses on building my own personal budget, negotiating contracts,

reading financial statements, creating a budget geared towards long term saving, investing in companies and buying stocks would have been extremely beneficial. Above all else, we underestimate the importance of learning what the value of a dollar really means. While all of these are absolutely touched on in finance and business courses, the importance of maintaining a self-budget and managing your personal money should be required courses for all and heavily emphasized as required comprehension for life’s journey.

###### Marriage, Family, and Raising kids

Marriage, family, and kids are hard work. There are many wonderful things about family, but it has a lot of ups and downs. Maintaining a marriage over the course of several decades (or more) can be very hard work. Only an intense understanding of love, connection, and the depths of its meaning can bond two people for a relationship’s long term course. Raising a family is no easier. Ask anyone raising a newborn, toddler, or teen and most will tell you there was so much to learn that they didn’t know prior. There’s much to be learned in the real world about marriage, family, and children we didn’t know anything about upon leaving school.

###### Cooking

Let’s just say this one hasn’t done me any favors. I’m not much of a food buff. In fact, all I know how to cook is scrambled eggs, grilled cheese, popcorn, and coffee (does that even count?). And protein shakes. Good grief. This has done me no favors in the dating scene either. The fact is, cooking is a very important skill for home life, family, and romantic relationships / dating. Many have said that “Food is love.” Coming out of college not knowing how to cook is a shame. Cooking is an important part of our history. When I tell a woman I’m really great at making a grilled cheese and coffee there’s a bit of a blank stare. On that note, time to go taking a cooking class.

###### Time Management

We drastically underestimate the importance of time management. In my opinion, time management is critical. However, by no means would I imply that every moment of our lives should be spent working. The time

spent doing leisure activities, hobbies, self-development, and especially family time are crucial for being a healthy, happy person. There’s also certain hours of the day though that should be turned to focus on our life goals. How we spend those moments is critical. Time keeps on going. Unfortunately most people ineffectively manage it. There are strategies to help one improve and apps and programs one can download to improve this skill. Managing time effectively keeps us self-disciplined and focused on our goals at hand. Most people come out of college knowing little to nothing about how to manage and balance their time.

###### Mental Health

There is an immense amount of controversy today about mental health. From ADHD to schizophrenia to bipolar to depression and onward there is a long list of undiagnosed mental illnesses in our society. Not only that, but with controversy about big pharma, meds being under and over prescribed, lots of denial, and misdiagnosis many are forced to go through life without quality awareness of their mental state. A 2014 report by [*Newsweek*](http://www.newsweek.com/nearly-1-5-americans-suffer-mental-illness-each-year-230608) stated that 42.5 million American Adults or 18.2% of the total adult population in the United States suffers from mental illness. That’s nearly 1 in every 5 Americans. By emphasizing this as a topic of required learning and discussion, students would go into the real world not just with much more understanding of each of the primary mental illnesses and medical or holistic approaches that could help them, but with a better understanding of themselves. If you know what the issue is within yourself, you can find a way to fight it. There is therefore great value in learning more about this. Let’s start placing more emphasis on educating our children on mental health so that our future generations can live happier and more fulfilling lives and achieve what they are capable of.

###### Coping with Failure

There’s a misconception that failure means you’ve lost the game in life. This couldn’t be further from the truth. People graduate school thinking they can conquer the world. They have their first set of failures and they hit a wall. When people realize that failure is actually part of success, they

have break-through. My high school theater teacher Wayne Salomon used to tell our class ***“Fail. Fail better.”*** At the time I didn’t know what it meant. But it grew on me. There’s an interview with Will Smith I saw recently where he talks about how ***“fear kills creativity.”*** I agree whole heartedly. You have to be fearless and not afraid to take risks. Remember that Jerry Maguire quote at the Kinkos at 3 am? ***“That’s how you become great man. Hang your balls out there.”*** There’s tremendous truth to this. And not enough strategies, skills, and programs are implemented in our schools to teach our youth about failure being a given, how to react when it comes, and how to build on our failures.

###### Survival Skills

I was in Boy Scouts when I was in grade school. My Dad made me stick with it. In hindsight I now realize why. There are essential survival skills they never teach in school or when you are in dire straits. First Aid, CPR, swimming, how to light a fire, read a compass, make smoke signals, read topography, and changing a car tire all to name a few. While scouting taught me a lot I feel I could have learned even more had schools implemented these skills. At any moment you never know when you or someone around you will suddenly be in trouble and to be self-sufficient in a life and death situation is a platform of knowledge unfortunately most people lack.

###### How to apply for jobs

Many people don’t have any ideas about how to find jobs. They are short of knowledge for applying for a job, they don’t know where to hunt a job, how to write a good resume, what temp agencies are, what employers look for, the structure of companies, how to give themselves an edge, and how to find who does the hiring. Once the process starts they don’t know how to interview. There’s certain strategies and tips people can use throughout the interview process. I personally find [LinkedIn](http://www.linkedin.com/) to be a wonderful resource for job hunting. Believe it or not, it is still underused by many. The before, during, and after of the job application process should be incorporated more into our school’s curriculums. Finding quality jobs is a life skill that is required to reach

our goals and achieve our maximum potential.

*(Adapted from Exploration of Life skills by Smith, R.C., Gardiner, J.C., 2005)*

###### Comprehension questions

* 1. What are life skills?
  2. What are the benefits of life skills for individual?
  3. Can you name out the important life skills?
  4. What can bond a relationship’s long term course for two people?
  5. What are Survival Skills you could have learnt at school?
  6. What knowledge are they short off for applying for a job?

###### GRAMMATICAL REVIEW: Suffix

1. **Review**

Suffixes are syllables added to the ends of words to change their functions. For example, add the suffix -ful to *wonder* (a noun); the new word is the adjective, *wonderful*.

Other examples:

|  |  |  |
| --- | --- | --- |
| **Old word** | **Suffix** | **New word** |
| Angel (noun) | ic | Angelic (adjective) |
| Friend (noun) | ship | Friendship (noun) |
| Sterile (adjective) | ize | Sterilize (verb) |

|  |  |  |
| --- | --- | --- |
| Soft (adjective) | ly | Softly (adverb) |
| Read (verb) | able | Readable (adjective) |
| Japan (noun) | ese | Japanese (noun) |
| Correct (verb) | ive | Corrective (adjective) |
| Poison (noun) | ous | Poisonous (adjective) |
| Hunt (verb) | er | Hunter (noun) |
| Great (adjective) | ness | Greatness (noun) |
| Employ (verb) | ee | Employee (noun) |
| Piano (noun) | ist | Pianist (noun) |
| Refresh (verb) | ment | Refreshment (noun) |
| Create (verb) | ion | Creation (noun) |
| Dark (adjective) | en | Darken (verb) |
| Civil (adjective) | ity | Civility |
| Conduct (verb) | or | Conductor (noun) |
| Govern (verb) | ance | Governance (noun) |
| Commerce (v) | al | Commercial (adj) |

###### Drilling exercises

**Fill in the blank. Add the suffix to the word in parenthesis. Use er, or, ness, ment, ion, ist, ance, or ence.**

* 1. David is a great . *(drum)*
  2. Magic Jonhson was a fabulous basketball *\_* . *(play)*
  3. The of the sun made me put on my baseball cap. *(bright)*
  4. My baseball card is very extensive. *(collect)*
  5. I received an letter from the academy of arts.

*(accept)*

* 1. The teacher wants to see a great in my grades this month. *(improve)*
  2. The cornerback had pass on the biggest play of the game. *(interfere)*
  3. I want to file a against the company that didn‟t pay me. *(grieve)*
  4. I want to experience much in my life because I work so hard. *(happy)*
  5. The boy can be an to his sister when he is sad. *(annoy)*
  6. The two high school students experienced a love .

*(connect)*

* 1. The car was around six-hundred dollars every six months. *(insure)*
  2. The studied the cure for cancer his entire career. *(biology)*
  3. The teacher provides great advice and \_ .

*(guide)*

* 1. The director wanted his actors to have a good .

*(perform)*

###### WORD STUDY

**Exercise 1: Fill in the blank with a suitable word.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| communicators | interview | Down | Positive | here | work |
| courses | indoors | Respect | Decades | who | life |

Here are so many people in the work place who are frankly clueless about how to write good emails. They also are horrible at handling themselves in a formal or professional setting and are bad (1) Communication is critical in so many corners of life. (2)

in our schools implementing professional work etiquette would be extremely beneficial. It can be as simple as writing a thank

you card after a job (3) professional correspondence

to using proper notation in a

My grandmother Gloria “Go-Go” Pilkington was a stickler for hats (4)

If you came in with a hat on she’d stare you (5)

and by all means you had better take that hat off. If she saw a smart phone at the table I think it would be the end of all things. Point is, Go-Go was right. We’ve lost our connection to manners and common etiquette. I think above all they teach us to (6) each others and ourselves. If we show our appreciation for each other in formal and informal settings it brings (7) qualities out of us all. Positive reinforcement and support is an essential human need. Professional etiquette and Manners are the subtext of this. Particularly in the last few (8) we have lost some of our connection to common etiquette. Schools should start making more of an effort to emphasize manners so that our future generations revitalize them. Go- Go was right.

###### Exercise 2: Word formation.

There is not nearly enough emphasis on (1) (IMPORTANT) of buying and selling a car and home. This is a very extensive process that frankly most people come out of school not having a clue about. Buying or leasing a car is an ordeal to say the least. First off all, you have to decide which is best for you in your (2) (GIVE) \_ situation. Then it’s a process. Car Salesmen are ruthless as far as sticker price, (3) (NEGOTIATE) tactics, and strategic ways of talking to people to screw them over. Not to mention once you have the car there’s certain tips and tricks you need to know to properly maintain it, find good car insurance, and manage it’s day to day. The same goes with buying and selling a home. There’s the timing of it, negotiating a good price,

homeowners insurance, getting pre-approved for a mortgage, your down

1. (PAY) and loan price, dealing with real estate agents and
2. (DEVELOP) , and finally once you have it maintaining it especially during harsh weather. Any homeowner will tell you keeping a home up to speed is a massive undertaking. I put my Dad’s Christmas lights on the house last week. That’s a grain of sand on the beach of (6) (MAINTAIN) . a home. There’s endless amounts of (7)

(INFORM) to be learned that just isn’t (8) (TEACH)

much in schools. One must learn the strategies for buying and selling and also how to maintain. Many exit school having no idea about either one.

###### Exercise 3: Match the words or word phrases with its definitions.

|  |  |
| --- | --- |
| 1. Emotional skills | a. Defined as psychosocial abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. They are loosely grouped into three broad categories of skills: cognitive skills for analyzing and using information, personal skills for developing personal agency and managing oneself, and inter-personal skills for communicating and interacting effectively with others. |
| 2. Life skills | b. Dealing with Emotions and Coping with stress |
| 3. Social skills | c. Self awareness, Critical thinking, Problem solving, Decision making, and Creative thinking. |
| 4. Thinking skills | d. Effective Communication, Empathy, and Interpersonal relationship. |
| 5. Personal Skills | e. It is a suite of related skills that combines the other life skills. Good leaders take initiative, have strong social skills, are flexible, and are productive. |
| 6. Leadership | f. They are the essential life skills we need to help maintain a healthy body and mind. |
| 7. Cooperation | g. Learning how to handle money should start at a  very young age, with increasing lessons and practice |

|  |  |
| --- | --- |
|  | as your children get older. “[Teaching Your Kids](http://www.innovativefinancial.com/newsletters/April%202006/teachingkids.html)  [About Money](http://www.innovativefinancial.com/newsletters/April%202006/teachingkids.html),” from an previous newsletter, will provide much more information on this topic, from preschoolers to teens. |
| 8. Money Skills | h. You need to be able to work well and get along with others in meetings, on [team](https://www.thebalance.com/list-of-teamwork-skills-2063773) projects, and in other collaborative settings. |
|  | i. To have a friend, you must be a friend” is a wonderful saying, and it’s very true. By the time they are teens, you’ll know whether they are having difficulty making and keeping friends. But having the skills necessary to get along with co-workers, bosses and professors can be a totally different story. |
|  | k. Defining what it is you want is called setting a goal. Figuring out and taking the actions you need to reach your goal is how you obtain that goal. Both of these are important life skills. Learning how to set and obtain a goal are necessary life skills your teen will need to be a happy and successful adult. |
|  | l. Most teens live at home and don’t have a clue what it costs to have their own apartment. Rent, utilities, cable  – they cost more than kids might imagine. They will need your help in learning what is reasonable for rent and, if it’s more than they can earn, how to find and live with a roommate. |
|  | m. This is almost as important as money management.  The article, “[Take Back Your Time](http://www.innovativefinancial.biz/newsletters/August2005/takebackyourtime.html)” will provide more detailed information for you and your teen. |

1. **TRANSLATION**

Life skills are abilities and behaviors that help you effectively deal with the events and challenges of everyday life. They are the skills that allow you to handle everything from interactions with others to identifying and processing your emotions.

However, there are certain life skills that almost every employer looks for in his or her employees. After all, employers want job candidates to be able to handle common challenges that might come up at work, and life skills help employers do just that.

Read below for a list of life skills that employers seek in job candidates. Included is a detailed list of the five most important life skills, as well as a longer list of even more life skills.

###### Communication

[Communication skills](https://www.thebalance.com/communication-skills-list-2063779) are critical for life and work. Communication refers to one’s ability to convey information to others, either [verbally](https://www.thebalance.com/verbal-communication-skills-list-2059698), in [writing,](https://www.thebalance.com/writing-and-editing-skills-list-2063778) and through [body language.](https://www.thebalance.com/nonverbal-communication-skills-2059693) These are important abilities in the workplace, no matter what your job. You need to be able to communicate with your employer, your colleagues, and your customers and clients.

###### Decision Making

There are countless times in your life that you will have to make important decisions. This is true in the workplace as well. Employers want job candidates who can [analyze](https://www.thebalance.com/analytical-skills-list-2063729) situations, weigh options, and then [make decisions](https://www.thebalance.com/decision-making-skills-with-examples-2063748) on important matters. They do not want candidates who waffle and can’t make clear choices.

###### Handling Criticism

In work, you will have to receive lots of feedback from your employer. It is important that a job candidate thoughtfully and professionally receives feedback, and grows from it. Being able to handle criticism well takes a number of other life skills, including self awareness, thoughtfulness professionalism.

###### Information Technology

In this day and age, [information technology (IT)](https://www.thebalance.com/list-of-information-technology-it-skills-2062410) is definitely an important life skill. People need to know how to use smart phones and

the Internet in countless situations. IT skills are also critical for almost every job. You should be able to use common computer programs like Microsoft Word and Excel. Any additional IT experience typically makes you an even stronger candidate.

###### DISCUSSION PROMPTS

Among the 8 important life skills that you have read, which one is the most important with you?

###### UNIT 15: PSYCHOTHERAPY

**PRE-READING TASKS**

Have you ever heard the word “psychotherapy”? What is it?

###### READING COMPREHENSION

Psychotherapy**,** or talk therapy, is a way to help people with a broad variety of mental illnesses and emotional difficulties. Psychotherapy can help eliminate or control troubling symptoms so a person can function better and can increase well-being and healing.

Problems helped by psychotherapy include difficulties in coping with daily life; the impact of trauma, medical illness or loss, like the death of a loved one; and specific mental disorders, like depression or anxiety. There are several different types of psychotherapy and some types may work better with certain problems or issues. Psychotherapy may be used in combination with medication or other therapies.

**Therapy Sessions**

Therapy may be conducted in an individual, family, couple, or group setting, and can help both children and adults. Most sessions are 30 to 50 minutes long. Both patient and therapist need to be actively involved in psychotherapy. The trust and relationship between a person and his/her therapist is essential to work together effectively and benefit from psychotherapy.

Psychotherapy can be short-term (a few sessions), dealing with immediate issues, or long-term (months or years), dealing with longstanding and complex issues. The goals of treatment and

arrangements for how often and how long to meet are planned jointly by the patient and therapist.

Confidentiality is a basic requirement of psychotherapy. Also, although patients share personal feelings and thoughts, intimate physical contact with a therapist is never appropriate, acceptable, or useful.

**Psychotherapy and Medication**

Psychotherapy is often used in combination with medication to treat mental health conditions. In some circumstances medication may be clearly useful and in others psychotherapy may be the best option. For many people combined medication and psychotherapy treatment is better than either alone. Healthy lifestyle improvements, such as good nutrition, regular exercise and adequate sleep, can be important in supporting recovery and overall wellness.

**Does Psychotherapy Work?**

Research shows that most people who receive psychotherapy experience symptom relief and are better able to function in their lives. About 75 percent of people who enter psychotherapy show some benefit from it. Psychotherapy has been shown to improve emotions and behaviors and to be linked with positive changes in the brain and body. The benefits also include fewer sick days, less disability, fewer medical problems, and increased work satisfaction.

With the use of brain imaging techniques researchers have been able to see changes in the brain after a person has undergone psychotherapy. Numerous studies have identified brain changes in people with mental illness (including depression, panic disorder, PTSD and other conditions) as a result of undergoing psychotherapy. In most cases the brain changes resulting from psychotherapy were similar to changes resulting from medication. 2

To help get the most out of psychotherapy, approach the therapy as a collaborative effort, be open and honest, and follow your agreed upon plan for treatment. Follow through with any assignments between sessions, such as writing in a journal or practicing what you’ve talked about.

**Types of Psychotherapy**

Psychiatrists and other mental health professionals use several types of

therapy. The choice of therapy type depends on the patient’s particular illness and circumstances and his/her preference. Therapists may combine elements from different approaches to best meet the needs of the person receiving treatment.

Cognitive behavioral therapy (CBT) helps people identify and change thinking and behavior patterns that are harmful or ineffective, replacing them with more accurate thoughts and functional behaviors. It can help a person focus on current problems and how to solve them. It often involves practicing new skills in the “real world.”

CBT can be helpful in treating a variety of disorders, including depression, anxiety, trauma related disorders, and eating disorders. For example, CBT can help a person with depression recognize and change negative thought patterns or behaviors that are contributing to the depression.

Interpersonal therapy (IPT) is a short-term form of treatment. It helps patients understand underlying interpersonal issues that are troublesome, like unresolved grief, changes in social or work roles, conflicts with significant others, and problems relating to others. It can help people learn healthy ways to express emotions and ways to improve communication and how they relate to others. It is most often used to treat depression.

Dialectical behavior therapy is a specific type of CBT that helps regulate emotions. It is often used to treat people with chronic suicidal thoughts and people with borderline personality disorder, eating disorders and PTSD. It teaches new skills to help people take personal responsibility to change unhealthy or disruptive behavior. It involves both individual and group therapy.

Psychodynamic therapy is based on the idea that behavior and mental well-being are influenced by childhood experiences and inappropriate repetitive thoughts or feelings that are unconscious (outside of the person’s awareness). A person works with the therapist to improve self- awareness and to change old patterns so he/she can more fully take charge of his/her life.

Psychoanalysis is a more intensive form of psychodynamic therapy. Sessions are typically conducted three or more times a week.

Supportive therapy uses guidance and encouragement to help patients develop their own resources. It helps build self-esteem, reduce anxiety, strengthen coping mechanisms, and improve social and community functioning. Supportive psychotherapy helps patients deal with issues related to their mental health conditions which in turn affect the rest of their lives.

Additional therapies sometimes used in combination with psychotherapy include:

Animal-assisted therapy – working with dogs, horses or other animals to bring comfort, help with communication and help cope with trauma Creative arts therapy – use of art, dance, drama, music and poetry therapies

Play therapy – to help children identify and talk about their emotions and feelings.

*(Adapted from Systems of psychotherapy by Prochaska, J.O., & Norcross, J.C. 2007)*

###### Comprehension questions

* 1. What is psychotherapy?
  2. Who need the help of the psychotherapy?
  3. How long do the **Therapy Sessions often last?**
  4. What benefit do the people get after receiving psychotherapy?
  5. What does the choice of therapy type depend on?
  6. What is Dialectical behavior therapy?

###### GRAMMATICAL REVIEW: Noun phrase

1. **Review**

A [phrase](http://en.wiktionary.org/wiki/phrase) that can serve as the [subject](http://en.wiktionary.org/wiki/subject) or the [object](http://en.wiktionary.org/wiki/object) of a [verb](http://en.wiktionary.org/wiki/verb); it is usually headed by a [noun,](http://en.wiktionary.org/wiki/noun) (including [pronouns](http://en.wiktionary.org/wiki/pronoun)), with any associated [dependents](http://en.wiktionary.org/wiki/dependent) such as [determiners](http://en.wiktionary.org/wiki/determiner) or [modifiers.](http://en.wiktionary.org/wiki/modifier)

Examples

Banana (a noun)

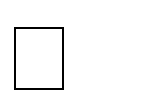
Big bananas (an [adjective](http://en.wiktionary.org/wiki/adjective) *big*, and a plural [noun](http://en.wiktionary.org/wiki/noun) *bananas*)

A big banana (an [article](http://en.wiktionary.org/wiki/article) *a*, an adjective *big* and a singular noun *banana*)

This big banana (a [determiner](http://en.wiktionary.org/wiki/determiner) *this*, an adjective *big* and a singular noun *banana*)

A very big banana (an article *a*, an [adverb](http://en.wiktionary.org/wiki/adverb) *very*, defining an adjective *big*, and a singular noun *banana*)

A very big banana that tastes great (an article *a*, an adverb *very*, defining an adjective *big*, and a singular noun *banana*; followed by a [relative clause](http://en.wiktionary.org/wiki/relative_clause) made up of a [relative pronoun](http://en.wiktionary.org/wiki/relative_pronoun) *that*, a [verb](http://en.wiktionary.org/wiki/verb) *tastes*, and an adjective *great*)

Components of noun phrases

A typical noun phrase consists of a noun (the [head](http://en.wikipedia.org/wiki/Head_%28linguistics%29) of the phrase) together with zero or more dependents of various types. The chief types of these dependents are:

[Determiners,](http://en.wikipedia.org/wiki/Determiner_%28linguistics%29) such as *the*, *this*, *my*, *some*

[Attributive adjectives,](http://en.wikipedia.org/wiki/Attributive_adjective) such as *large*, *beautiful*, *sweeter*

[Adjective phrases](http://en.wikipedia.org/wiki/Adjective_phrase) and [participial phrases,](http://en.wikipedia.org/wiki/Participial_phrase) such as *extremely large*, *hard as nails*, *made of wood*, *sitting on the step*

[Noun adjuncts,](http://en.wikipedia.org/wiki/Noun_adjunct) such as *college* in the noun phrase *a college student* [Prepositional phrases,](http://en.wikipedia.org/wiki/Prepositional_phrase) such as *in the drawing room*, *of his aunt* [Relative clauses,](http://en.wikipedia.org/wiki/Relative_clause) such as *which we noticed*

Other [clauses](http://en.wikipedia.org/wiki/Clause) serving as complements to the noun, such as *that God exists* in the noun phrase *the belief that God exists*

[infinitive phrases,](http://en.wikipedia.org/wiki/Infinitive_phrase) such as *to sing well* and *to beat* in the noun phrases *a desire to sing well* and *the man to beat*

###### Drilling exercises

In the following texts, some of the articles and other determiners have been left out. Fill in the blanks with suitable articles/determiners (a, the, this, that, his, her, their etc.), only if one is needed.

Text 1

(1) evidence is growing of (2) link between global warming and (3) floods and droughts that devastated parts of Asia, southern Africa and Europe (4)

year, (5) head of (6) head of United Nations' body on climate change said yesterday.

Rajendra Pachauri, chairman of the Inter-governmental Panel on Climate Change, told summit delegates there was undeniable proof that (7) Earth was warming.

"I think the evidence is becoming stronger that (8) lot of these extreme [weather] events are part of (9) overall process of climate change…… there is (10)

fair amount of statistical evidence and there is certainly anecdotal *evidence …… and I think (11) indications are that there is link there."*

Text 2

1. love-struck Chinese couple handcuffed themselves to each other during (2) tour outing and ended up being stopped by (3) policemen after tourist mistook them for escaped convicts and alerted (4) authorities.

The man, identified only as Mr Wang, had returned to Shanghai recently to visit (5) girlfriend.

He had been studying in (6) Japan for two years, Shanghai Morning Post reported. On (7) Wednesday night, (8) couple decided to travel to Hangzhou, the capital of Zhejiang province.

To show (9) deep love for her, he produced (10)

pair pf handcuffs and locked (11) wrists together, explaining to her that this was currently (12)

most popular way of expressing love in Japan.

###### WORD STUDY

**Exercise 1: Fill in the blank with a suitable word.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| process | Participate | unpleasant | most | symtoms | problem |
| relationship | Psychotherapy | treatment | tests | therapist | technique |

Psychotherapy is a two-way (1) , and there must be a trusting

1. between the client and the therapist. To benefit from the process, a person must first want to (3) They should then attend appointments as set, be honest when describing (4) , and be willing to complete any assignments set. Some clients may experience changes they had not expected, or did not want. Some people do not like to have to relive (5) events, but this does not happen in all psychotherapy (6) No therapist can ever predict when an unpleasant memory will resurface, but if it does, the (7)

is skilled in addressing the recalled memory. Psychotherapy can seem expensive and time-consuming. If (8) is considered necessary, the Mental Health Parity Act requires that insurance companies pay for mental health care similar to the way they pay for medical care. However, the definition of "reasonable and appropriate" or "medically necessary" may vary. Referral to a therapist may happen through a family doctor, or people can find a therapist through the Yellow Pages or on the Internet. Finally, do not put large picture files or so many picture files into your page that it takes forever to load. If it takes more than thirty seconds, it is too long.

###### Exercise 2: Word formation.

**What are the different kinds of psychotherapy?**

There are many (1) (DIFFER) .approaches to psychotherapy. Psychologists generally draw on one or more of these. Each theoretical perspective acts as a roadmap to help the psychologist understand their clients and their problems and develop (2) (SOLVE)

The kind of treatment you receive will depend on a variety of factors: current psychological research, your psychologist's (3) (THEORETICIAN) orientation and what works best for your situation.

Your psychologist’s theoretical perspective will (4) (EFFECT)

what goes on in his or her office. Psychologists who use cognitive-behavioral therapy, for example, have a (5) (PRACTICE)

.approach to treatment. Your psychologist might ask you to tackle certain tasks designed to help you develop more effective coping skills. This approach often involves homework assignments. Your (6) (PSYCHOLOGY) might ask you to gather more information, such as logging your reactions to a particular situation as they occur. Or your psychologist might want you to practice new skills between sessions, such as asking someone with an elevator phobia to practice pushing elevator buttons. You might also have reading assignments so you can learn more about a particular topic.

In contrast, psychoanalytic and humanistic approaches (7) (TYPICAL)

focus more on talking than doing. You might spend your sessions discussing your early experiences to help you and your psychologist better understand the root causes of your current problems. Your psychologist may (8) (COMBINATION) .elements from several styles of psychotherapy. In fact, most therapists don’t tie themselves to any one approach. Instead, they blend elements from different approaches and tailor their treatment according to each client’s needs.

###### Exercise 3: Match the words or word phrases with its definitions.

|  |  |
| --- | --- |
| 1. Intervening | a. This includes considering how the client’s and the therapist’s [**cognitive biases**](https://positivepsychologyprogram.com/cognitive-distortions/) may be shaping the session, as well as considering any other factors (sociological, interpersonal, developmental, etc.) that could shape the client’s thinking, then finally asking the client whether or not they agree with your hunches  and conclusions. |
| 2. Psychologists | b. It is the use of [psychological](https://en.wikipedia.org/wiki/Psychology) methods, particularly when based on regular [personal](https://en.wikipedia.org/wiki/Conversation)  [interaction](https://en.wikipedia.org/wiki/Conversation), to help a person change and overcome problems in desired ways. |
| 3. Psychotherapy | c. This includes presenting one’s  interpretations to the client so they can agree |

|  |  |
| --- | --- |
|  | or disagree with them, not enabling the  client’s destructive or dishonest behaviors, and teaching the client ways to deal with their issues |
| 4. Exploring | d. They help people of all ages live happier,  healthier and more productive lives. |
| 5. interpersonal  psychotherapy (IPT) | e. This includes paying attention to what a  client says (as well as what they don’t say) and their body language, as well as asking questions to better understand the client and clear up contradictions. |
| 6. family  and couple (systemic) therapy | f. Looks at the way an illness can be triggered  by events involving relationships with others, such as [bereavements](https://www.nhs.uk/livewell/bereavement/Pages/bereavement.aspx), disputes or relocation; it helps you cope with the feelings involved, as well as work out coping strategies |
| 7. cognitive-  behavioral therapy (CBT) | g. The therapy with other members of your  family that aims to help you work out problems together |
| 8. Explaining | h. It is a type of psychotherapeutic treatment  that helps patients understand the thoughts and feelings that influence behaviors. |
|  | i. A group therapy session usually involves 6-  12 clients and one therapist. The participants have similar problems, and they benefit from the therapist, and by observing how others handle their issues and respond to feedback. |
|  | k. It focuses on the deep-seated causes of behavior. For instance, patterns of behavior stemming from a person's upbringing or earlier life experiences, which continue to  impact present-day behaviors |
|  | l. Treat every question and comment with  respect. It never helps to [shame](https://www.psychologytoday.com/intl/basics/embarrassment)people or make them feel stupid—even when they’re  trying their darndest to do that to you. |
|  | m. Establish a connection with your listeners  by schmoozing about the easy stuff before leaping into a difficult idea that makes you (and others) nervous. If you can make people [laugh](https://www.psychologytoday.com/intl/basics/laughter) early on, so much the better. |

1. **TRANSLATION**

How to Deal with Resistance in Psychotherapy: Techniques for Therapists

One way to deal with resistance in psychotherapy is for the therapist to ask the client for feedback at the end of each session, and attempt to modify their treatment plan in response to that feedback (Esmiol-Wilson et al., 2017). For example, certain clients whose feedback was solicited expressed that their therapist did not understand their situations because of their own privilege as a therapist. The therapist was then able to recognize this and incorporate it into their treatment, so that they could deal with their client from a more honest and open perspective.

Another study looking at resistance in psychotherapy focused specifically on in-session distress (Yasky et al., 2016). These researchers had clients complete post-session questionnaires which asked them to identify any in-session distress they experienced. From there, the therapists were more careful to monitor in-session distress, and discussed this distress with their client when they felt it was becoming an issue. When in-session distress was identified and discussed, clients completed more [therapy sessions](https://positivepsychologyprogram.com/therapy-worksheets/) and achieved better post-therapy outcomes.

This idea is reinforced in the description of a case study of a man who sought therapy for anger issues at the behest of his wife (Dowd, 2016). When the therapist was encountering extreme resistance from the client, she briefly stopped the session and (politely) confronted him about his resistance, allowing the client to feel that he was being listened to. From there, the therapist gave the client more control by allowing him to structure the session himself, at which point he became less guarded and was eventually able to resolve some of his issues (with multiple psychotherapy sessions).

The common thread in all three of these papers is the idea of adaptability. In all cases, therapists encountered resistance when they ran the sessions by the book and somewhat rigidly. By getting direct feedback from the client, the therapists were able to modify their treatment plans to address the client’s concerns, and from there they encountered less resistance.

###### DISCUSSION PROMPTS

*When people need to have psychotherapy?*

Discuss in groups and give your opinion.

### WRITING TASK

**CURRICULUM VITAE PERSONAL DETAILS - NGUYEN VAN BINH**

Residential Address: 123 Tran Duy Hung, Trung Hoa, Cau Giay, Ha Noi

Mobile: +555 666 777

Date of Birth: 1 April 1980 Nationality: Vietnamese

**CAREER OBJECTIVE**

To expand skills and experience within the marketing department of an international company or association

**EDUCATION HISTORY**

May 2006 - 2010 **University of National Economics University**

*Bacherlor of International Marketing*

Jan 2002 - Nov 2005 **TRAN PHU High School WORK EXPERIENCE**

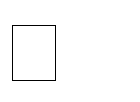
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| Jan 2010 -  Current | **MOEMA MARKETING**  [**http://www.moemamkt.com.vn**](http://www.moemamkt.com.vn/)  *Marketing Trainee - Casual (weekends and holidays)*  Responsibilities and achievements:   * Developed marketing and promotional material for sporting events * Coordinated in-house events for the annual *Moema*   *Sports Marketing Fair* including audio visual, |

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| Jun 2006 - Sep 2006 | entertainment, programming, food and beverage and staffing requirement   * Increased readership of the Summer Edition of Moema Sports Magazine by 10% through promotional campaigns   **THE ART OF MARKETING**,  [**http://www.artofmarketing.com**](http://www.artofmarketing.com/)  *Internship - 12 weeks full-time*  Responsibilities and achievements:   * Assisted in the preparation of copywriting including press releases, radio and newspaper advertisements * Conducted market research into client demographics * Coordinated in-house internal marketing promotions such as „Employee of the Month‟ selection * Updated content of *The Art of Marketing* website Assisted Marketing Manager with general sales and   marketing administration tasks |

|  |  |
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| **COMMUNITY INVOLVEMENT & RECOGNISED ACHIEVEMENTS** | |
| 2006 | Selected as President of University Recreation and Sports |
|  | Representative Council |
| 2005/2007 | Commendation for Academic Excellence - Head of Sports |
|  | Marketing, NEU University |
| 2000 - 2006 | Captained Flora Seju Tennis Team |
| 2005 | 1st place in the Flora Seju Regional Volleyball |
|  | Championships |
| 2003 - 2006 | Chaired the NEU Ball Coordination Committee |
| 2003 - 2007 | Volunteer |

**OTHER SKILLS AND CERTIFICATES**

**Computer Skills:**

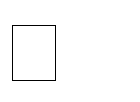
Microsoft XP applications (Word, Excel, Office, PowerPoint, Outlook, Access) - Advanced

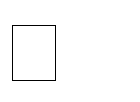
Microsoft Office Document Imaging and Scanning - Advanced Acrobat Reader 6.0 - Intermediate



Fidelio Front Office Systems 6.02 - Beginner

**Language Skills:**

English

Chinese - Basic (reading and writing skills)

**PERSONAL COMPETENCIES**



Ability to work in a fast-paced environment to set deadlines

Excellent oral and written correspondence with an exceptional attention to detail

Highly organised with a creative flair for project work Enthusiastic self-starter who contributes well to the team



**INTERESTS AND ACTIVITIES**



Tennis, volleyball, surfing, pottery, graphic design

**REFEREES**

|  |  |
| --- | --- |
| Mr Vu Viet Long *Events Manager* **Moema Marketing** 13 Tran Phu Street Ph: +555 111 999  Fax: +555 111 998  Email: [VuVietLong@moemamktg.Vn](mailto:VuVietLong@moemamktg.Vn) | Ms Tran Mai Nga *Marketing Manager* **The Art of Marketing** 98 Cau Giay Street  Ph: + 555 222 333  Fax: +555 222 334  Email: [M@artofmarketing.com](mailto:M@artofmarketing.com) |

**TASK 1:** What is the purpose of a CV? Brainstorm with a partner and write your answer in the box below

Your CV should demonstrate how you meet the requirements described in the job advertisement. List them in the box below

Which of the following information do you want to include on your CV? What order should they go in?

* Personal profile
* Personal details
* Contact details
* Education history
* Educational training
* Professional training
* Professional qualification
* Employment history
* Current employment and responsibilities
* Skills
* Interests
* References
* Memberships of professional organizations

**TASK 2:** You are going to write each part of a CV in the box below

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GLOSSARY

**UNIT 1: INTRODUCTION TO PSYCHOLOGY**

|  |  |  |
| --- | --- | --- |
| Bereavement (n) | [ˌbi´ri:vmənt] | Sự mất đi người thân |
| Distress (n) | [dis´tres] | Nỗi buồn, nỗi đau khổ |
| Commonsense | [ˈkɒm.ən ˈsens] | Tìm hiểu |
| Dualism | [ˈdʒuː.ə.lɪ.zm] | Thuyết nhị nguyên |
| Gland (n) | [ɡlænd] | Tuyến (lệ, nước mắt) |
| Innate (b) | [ɪˈneɪt] | Bẩm sinh |
| Mantis (a) | [mæn.tɪs] | Giống bọ ngựa |
| Nurture (v) | [ˈnɜːtʃə] | Nuôi dưỡng |
| Pineal (a) | [ˈpɪn.i.əl] | Hình quả thông |
| Psychodynamic (adj) | [saɪ.kəʊ daɪˈnæm.ɪk] | Quá trình tâm thần |
| Weigh (v) | [weɪ] | Cân |
| Will (n) | [wɪl] | Ý chí |

###### UNIT 2: HUMAN BEHAVIOUR AND SOCIAL ENVIRONMENT

|  |  |  |
| --- | --- | --- |
| Attribute(n,v) | [ə'tribju:t] | Quy tội cho |
| Behavioristic (adj) | [bɪˈheɪ·vjəritɪk] | Chủ nghĩa hành vi |
| Conflict (v) | [kənˈflɪkt] | Xung đột |
| Dignity (n) | [dɪgnɪti] | Giá trị, lòng tự trọng |
| Expectancy(n) | [iks´pektənsi] | Tuổi thọ |
| Extrinsic (adj) | [eks´trinsik] | Ngoại lai |
| Incentive (a) | [ɪnˈsɛntɪv] | Khích lệ, thúc đẩy |

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| --- | --- | --- |
| Intrinsic (adj) | [ɪnˈtrɪnsɪk] | Bên trong |
| Locus (v) | [ˈloʊ.kəs] | Địa điểm |
| Overwhelming (adj) | [´ouvə'welmiɳ] | Ngập tràn |
| Percieve (n) | [pəˈsiːv] | Ý nghĩa, định nghĩa |
| Profound (adj) | [prəˈfaʊnd] | Sâu sắc |
| Phenomena (n) | [fi'nɔminə] | Nhiều hiện tượng |
| Stimulus (n) | [stɪmyələs] | Sự kích thích |
| Toddlerhood (n) | [tɒd.ləhud] | Thời kì chập chững (biết đi) |

**UNIT 3: COGNITIVE DEVELOPMENT IN PSYCHOLOGY**

|  |  |  |
| --- | --- | --- |
| Assimilation (n) | [ə¸simi´leiʃən] | Sự tiêu hóa |
| Balance (n) | [bæləns] | Cân bằng |
| Constructivist (n) | [kən´strʌktivist] | Người theo chủ nghĩa tạo dựng |
| Concrete (a) | [kɔnkri:t] | Cụ thể |
| Equilibrium (n) | [i:kwi´libriəm] | Sự thăng bằng, tính vô tư |
| Evolve (v) | [i´vɔlv] | Tạo ra |
| Ingenious (a) | [in´dʒi:niəs] | Khéo léo, tài trí |
| Egocentric (a) | [,egou'sentrik] | Xem mình là người trung tâm |
| Leap (n) | [li:p] | Nhảy qua |
| Merely (a) | [miəli] | Chỉ, đơn thuần |
| Neuroscience (n) | [njʊə.rəʊˈsaɪəns] | Bộ môn khoa học nghiên cứu hệ thần kinh trung ương và bộ não |
| Schema (n) | [skiː.mə] | Sơ đồ |
| Transformation (n) | [,trænsfə'meiʃn] | Biến đổi |
| Visual (a) | [vɪʒ.u.əl] | Tầm nhìn |

**UNIT 4: SOCIAL PSYCHOLOGY**

|  |  |  |
| --- | --- | --- |
| Agression (n) | [əˈɡreʃ.ən] | Hiếu chiến |
| Bias (n) | [baɪ.əs] | Độ nghiêng |
| Capture (v) | [kæptʃə] | Bắt giữ, bị bắt |
| Contenious (a) | [kənˈten.ʃəs] | Gây gổ |
| Cohesion (n) | [kəʊˈhiː.ʒən] | Sự dính liền, gắn kết |
| Conform (v) | [kənˈfɔːm] | Cho phù hợp với |
| Dissonance (n) | [dɪs.ən.əns] | Không hòa hợp |
| Empirical (n) | [ˌɪmˈpɪr.ɪ.kəl] | Theo kinh nghiệm |
| Inborn (a) | [ˌɪnˈbɔːn] | Bẩm sinh |
| Interdiscilinary (a) | [ɪn.təˈdɪs.ɪ.plɪ.nər.i] | Liên ngành |
| Intervention (n) | [¸ɪn.təˈven.ʃən] | Can thiệp |

###### UNIT 5: THE ROLES OF SOCIAL GROUPS

|  |  |  |
| --- | --- | --- |
| interact (v) | /¸intər´ækt/ | Tương tác |
| influence (n) | /ˈɪnfluəns/ | Tác động, ảnh hưởng |
| emergent (n) | /i´mə:dʒənt/ | Nổi lên |
| distinguish (n) | /dis´tiηgwiʃ/ | Phân biệt |
| aggregate (n) | /'ægrigit/ | Kết hợp, tổng hợp |
| norm (n) | /nɔrm/ | Quy chuẩn |
| implicit (n) | /im'plisit/ | Ngầm, ẩn |
| perception (n) | /pə'sepʃn/ | Sự nhận thức |

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| tendency (n) | /ˈtɛndənsi/ | Xu hướng |
| discrimination (v) | /dis¸krimi´neiʃən/ | Sự phân biệt |
| Polarization | /poulərai'zeiʃn/ | Sự phân cực |
| Stereotyping |  | Sự lặp khuôn |
| Perceive | /pə´si:v/ | Nhận thức |
| Procedural | /prə´si:dʒərəl/ | Hủ tục |
| Devil | /ˈdev(ə)l/ | Ma quỷ |
| Gatekeeper |  | Người gác cổng |
| Recorder | /ri´kɔ:də/ | Hồ sơ |
| Blocker | /´blɔkə/ | Khuôn rèn thô |
| Sel-confessor | ¸selfkən´fest/ | Tự thú nhận |

**UNIT 6: CLINICAL PSYCHOLOGY**

|  |  |  |
| --- | --- | --- |
| Alleviate | /ə´li:vi¸eit/ | Loại bỏ |
| maladjustment | /¸mælə´dʒʌstmənt/ | Sự điều chỉnh sai |
| boggle | /'bɔgl/ | Do dự |
| deficit (n) | /'defisit/ | Sự thiếu hụt |
| hyperactivity (n) | /ˌhaɪpərækˈtɪvɪti/ | Tính tăng động |
| pervasive -n | /pərˈveɪsɪv/ | Lan tỏa |
| therapy (n) | θerəpi | Liệu pháp |
| therapist (n) | /'θerəpist/ | Nhà trị liệu |

|  |  |  |
| --- | --- | --- |
| diagnosis (n) | /¸daiə´gnousis/ | Chẩn đoán |
| psychopathology (n) | /¸saikoupə´θɔlədʒi/ | Tâm thần bệnh học |
| supervision (n) | /,sju:pə'viʤn/ | Giám sát |
| intricacy (n) | /´intrikəsi/ | Tính phức tạp |
| juror (n) | /´dʒuərə/ | Hội thẩm |
| hostage (n) | /´hɔstidʒ/ | Con tin |
| Masochist- n | /´mæsəkist/ | Người bạo dâm |

###### UNIT 7: PERSONALITY DEVELOPMENT

|  |  |  |
| --- | --- | --- |
| Mannerism- n | /´mænə¸rizəm/ | Thói cầu kỳ |
| Fringe- n | /frindʒ/ | Rìa |
| Grasp-n | /gra:sp/ | Sự túm lấy |
| Divine- adj | /di'vain/ | Thieeng liêng |
| Storehouse- n | /´stɔ:¸haus/ | Nhà kho |
| Falcuty-n | /'fækəlti/ | Quyền pháp, khoa |
| Irresistible -adj | /¸iri´zistəbl/ | Không cưỡng lại được |
| Manifestation-n | /,mænifes'teiʃn/ | Biểu thị |
| Twist-n | /twist/ | Xoắn |

**UNIT 8: GENDER PSYCHOLOGY-AN INTRODUCTION**

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| --- | --- | --- |
| Masculine-n | /´ma:skjulin/ | Giống đực |
| Feminine-n | /´feminin/ | Giống cái |
| Norm-n | /nɔrm/ | Quy phạm |

|  |  |  |
| --- | --- | --- |
| Clash-n | /klæʃ/ | Xung đột |
| Adherence-n | /əd´hiərəns/ | Sự tham gia |
| Harshly- adv | ['hɑ:∫li] | Khắc nghiệt |
| Repercussion-n | /¸ri:pə´kʌʃən/ | Tác động trở lại |
| Sissy-n | /´sisi/ | ẻo lả |
| Connotation- n | /ˌkɒnəˈteɪʃən/ | Ý nghĩa |
| Trait-n | treit | Đặc điểm |
| Violate-v | /´vaiə¸leit/ | Xâm phạm |
| Interchangeably -adv | /¸intə´tʃeindʒəbli/ | Có thể thay đổi cho nhau |
| Attribute - n | /'ə'tribju:t/ | Thuộc tính |
| Category-n | /'kætigəri/ | Hạng mục |
| Expectation -n | /,ekspek'teɪʃn/ | Sự mong chờ |

**UNIT 9: CHILD PSYCHOLOGY**

|  |  |  |
| --- | --- | --- |
| Adolescence (n) | [ˌædəˈlesənt] | Thanh thiếu niên |
| Assumption (n) | [əˈsʌmpʃən] | Giả định |
| Cognitive (a) | [ˈkɒgnɪtɪv] | Tìm hiểu |
| Context (b) | [ˈkɒntekst] | Văn cảnh, ngữ cảnh |
| Genetics (n) | [dʒɪˈnetɪks] | Di truyền học |
| Imbalance (n) | [ɪmˈbæləns] | Sự không cân bằng |
| Mindset (n) | [ˈmʌɪn(d)sɛt] | Tư duy |
| Nurture (v) | [ˈnɜːtʃə] | Nuôi dưỡng |
| Prenatal (a) | [priːˈneɪtəl] | Trước khi sinh |
| Self-esteem (n) | [/¸selfis´ti:m] | Sự tự trọng |
| Specialize (v) | [ˈspeʃəˌlaɪz] | Chuyên về |
| Specialty (n) | [ˈspeʃəltɪ] | Sự chuyên môn |

**UNIT 10: DEVELOPMENTAL PSYCHOLOGY**

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| --- | --- | --- |
| Abrupt (a) | [əˈbrʌpt] | Đột ngột |
| Acculturation (n) | [əkʌltʃəˈreɪʃ(ə)n] | Sự tiếp biến về văn hoá |
| Adoptive (a) | [əˈdɒptɪv] | Nuôi |
| Attachment (n) | [əˈtætʃmənt] | Gắn bó |
| Consistency (n) | [kənˈsɪstənsɪ] | Tính bền vững |
| Cumulative (a) | [ˈkjuːmjʊlətɪv] | Tích luỹ |
| Discipline (n) | [ˈdɪsɪplɪn] | Ngành kiến thức, Môn học |
| Dominate (v) | [ˈdɒmɪˌneɪt] | Chiếm ưu thế |
| Empirical (a) | [emˈpɪrɪkəl] | Thực nghiệm |

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| --- | --- | --- |
| Genotype (n) | [´dʒenə¸taip] | Kiểu gen |
| Heredity (n) | [hi'rediti] | Tính di truyền |
| Idiographic (a) | [ˌɪdɪə(ʊ)ˈɡrafɪk] | Nghiên cứu trường hợp cụ thể |
| Infancy (n) | [ˈɪnf(ə)nsi] | Lúc còn trứng nước |
| Inheritance (n) | [ɪnˈherɪtəns] | Thừa kế |
| Initiate (v) | [ɪˈnɪʃɪɪt] | Bắt đầu |
| Maturation (n) | [¸mætju´reiʃən] | Trưởng thành |
| Normative (adj) | [ˈnɔːmətɪv] | Quy phạm |
| Optimize (v) | [ˈɒptɪˌmaɪz] | Hoàn thiện hóa |
| Orphanage (n) | [ˈɔːfənɪdʒ] | Trại trẻ mồ côi |
| Sensorimotor (a) | [ˌsɛns(ə)rɪˈməʊtə] | Vận động cảm giác |
| Somber (a) | [´sɔmbə] | U sầu |
| Variation (n) | [ˌveərɪˈeɪʃən] | Sự biến đổi |

###### UNIT 11: ABNORMAL PSYCHOLOGY

|  |  |  |
| --- | --- | --- |
| Autism (n) | [ˈɔːtɪzəm] | Bệnh tự kỷ |
| Bipolar (a) | [baɪˈpəʊlə] | Lưỡng cực |
| Compulsive (a) | [kəmˈpʌlsɪv] | Có tính chất ép buộc |
| Conscious (a) | [ˈkɒnʃəs] | Có ý thức |
| Delirium (n) | [dɪˈlɪrɪəm] | Chứng mê sảng |
| Depression (n) | [dɪˈpreʃən] | Trầm cảm |
| Disruption (n) | [dɪsˈrʌpʃən] | Tình trạng rối loạn |
| Distinction (n) | [dɪˈstɪŋkʃən] | Sự khác biệt |
| Distress (n) | [dɪˈstres] | Tình trạng mệt mỏi |
| Eliminate (v) | [ɪˈlɪmɪˌneɪt] | Loại trừ, gạt bỏ |

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| --- | --- | --- |
| Impairment (n) | [ɪmˈpɛːm(ə)nt] | Sự suy yếu |
| Maladaptive (a) | [ˌmaləˈdaptɪv] | Thích nghi không tốt |
| Medication (n) | [ˌmedɪˈkeɪʃən] | Thuốc (uống) |
| Operant (a) | [ˈɒp(ə)r(ə)nt] | Có thể quan sát được/đo được |
| Perception (n) | [pəˈsepʃən] | Tri giác, cảm nhận |
| Perspective (n) | [pəˈspektɪv] | Quan điểm |
| Prevalence (n) | [ˈprɛvələns] | Sự phổ biến, sự thịnh hành |
| Psychopathology (n) | [¸saikoupə´θɔləd ʒi] | Tâm thần bệnh học |
| Spectrum (n) | [ˈspektrəm] | Phổ |
| Stem (v) | [stem] | Xuất phát từ |
| Synonymous (a) | [sɪˈnɒnɪməs] | Đồng nghĩa |
| Operant (a) | [ˈɒp(ə)r(ə)nt] | Có thể quan sát được/đo được |

**UNIT 12: LABOR PSYCHOLOGY**

|  |  |  |
| --- | --- | --- |
| Addict (n) | [ˈædɪkt] | Con nghiện |
| Bias (n) | [ˈbaɪəs] | Định kiến |
| Capture (v) | [ˈkæptʃə] | Nắm giữ |
| Commitment (n) | [kəˈmɪtmənt] | Sự cam kết |
| Confidence (n) | [ˈkɒnfɪdəns] | Bí mật |
| Consult (v) | [kənˈsʌlt] | Hỏi ý kiến |
| Diversity (n) | [daɪˈvɜːsɪtɪ] | Tính phong phú |
| Envisage (v) | [in´vizidʒ] | Dự tính, vạch ra (kế hoạch...) |
| Innovative (a) | [ˈɪnəˌveɪtɪv] | Cách tân |

|  |  |  |
| --- | --- | --- |
| Legislation (n) | [ˌledʒɪsˈleɪʃən] | Sự lập pháp |
| Rehabilitation (n) | [ˌriːəˌbɪlɪˈteɪʃən] | Sự phục hồi sức khoẻ |
| Subject (a) | [ˈsʌbdʒɪkt] | Phụ thuộc vào |
| Subjectivity (n) | [¸sʌbdʒek´tiviti] | Tính chủ quan |
| Subordination (n) | [səˌbɔːdɪˈneɪʃn] | Sự lệ thuộc |
| Transform (v) | [trænsˈfɔːm] | Biến đổi |
| Twofold (a) | [ˈtuːˌfəʊld] | Hai phần |

**UNIT 13: COMMUNICATION SKILLS**

|  |  |  |
| --- | --- | --- |
| Arrogant (a) | ['ærəgənt] | Kiêu ngạo, kiêu căng |
| Distraction (n) | [dɪstræk.ʃən] | Sự sao lãng, sự đứt quãng |
| Empathy | [´empəθi] | Sự thấu cảm |
| Gesture (n) | ['dʒestʃə(r)] | Điệu bộ, cử chỉ |
| Nonverbal (a) | ['kredit] | Không lời |
| Ramble (v) | [ræmbl] | Đi dạo chơi, đi ngao du |
| Recipient (a) | [ri'sipiənt] | Dễ tiếp thu, dễ lĩnh hội |
| Recruiter (n) | [ri'kru:t] | Nhà tuyển dụng |

**UNIT 14: LIFE SKILLS**

|  |  |  |
| --- | --- | --- |
| budget (n) | [ˈbʌdʒɪt] | ngân sách, ngân quỹ |
| collaboration (n) | [kə,læbə'reɪʃn] | sự cộng tác |
| confidence (n) | ['kɔnfidənt] | sự tự tin |

|  |  |  |
| --- | --- | --- |
| controversy (n) | [kɑ:ntrəvɜ:rsi] | sự tranh luận, sự tranh cãi |
| creativity (n) | [,kri:ei'tivəti] | sự sáng tạo |
| crucial (a) | [´kru:ʃəl] | cốt yếu, chủ yếu |
| emphasize (v) | [ˈɛmfəˌsaɪz] | nhấn mạnh |
| flourish (n.v) | [,'flʌri∫] | sự hưng thịnh  hưng thịnh, thịnh vượng |
| frustration (n) | [frʌs'treiʃn] | sự thất bại, sự thất vọng |
| holistic (a) | [hou´listik] | thuộc chính thể luận |
| misdiagnosis (n) | [misdaiə´gnousis] | sự chẩn đoán sai |
| pace (n) | [peis] | bước đi, bước chân |
| prescribe (v) | [prɪˈskraɪb] | ra lệnh, quy định |
| resentment (n) | [ri´zentmənt] | sự oán giận |
| scramble | [skræmbl] | sự bò, sự trườn |

**UNIT 15: PSYCHOTHERAPY**

|  |  |  |
| --- | --- | --- |
| accurate | ['ækjurit] | chính xác |
| appropriate(a.v) | [ə'proupriət] | thích hợp, thích đáng chiếm đoạt |
| cognitive | [ˈkɒgnɪtɪv] | nhận thức |
| combination (n) | [,kɔmbi'neiʃn] | sự kết hợp |
| psychotherapy (n) | [ˌsaɪkoʊˈθɛrəpi] | chữa bệnh bằng tâm lí |
| psychiatrist (n) | [ˌsai'kaiətrist] | chuyên gia tâm thần học |
| symptom | ['sɪmptəm] | triệu chứng |
| therapy (n) | ['θerəpi] | liệu pháp điều trị |

**UNIT 16: TYPES OF PSYCHOTHERAPY**

|  |  |  |
| --- | --- | --- |
| adolescent (n) | [,ædou'lesns] | tuổi thanh thiếu niên |
| brief (a) | [bri:f] | ngắn, vắn tắt, gọn |
| exploration (n) | [¸eksplə´reiʃən] | sự thăm dò, sự thám hiểm |
| psychological (a) | [kən'tribju:t] | thuộc tâm lí |
| sculpture (n) | [´skʌlptʃə] | nghệ thuật điêu khắc, nghệ thuật trạm trổ |
| therapist (n) | ['θerəpis] | nhà trị liệu |
| Cognitive analytical therapy | [kɒgnɪtɪv  ¸ænə´litikl θerəpi] | liệu pháp phân tích nhận thức |

**UNIT 17: BASIC COUNCELTATION SKILLS**

|  |  |  |
| --- | --- | --- |
| counsel (v,n) | ['kaunsəl] | khuyên răn, khuyên bảo, chỉ dẫn, hướng dẫn, lời khuyên, lời hướng  dẫn |
| counsellor (n) | ['kaunsələ] | người khuyên bảo, cố vấn |
| admirable (adj) | ['ædmərəbl] | đáng phục, đáng khâm phục |
| admit (v) | [əd'mit] | nhận, thừa nhận, thú nhận |
| grief (n) | [gri:f] | nỗi đau, nỗi thương tiếc |
| resurface (v) | [,ri:'sə:fis] | làm lại bề mặt, đặt lại lớp mới |
| anxiety (n) | [æη'zaiəti] | nỗi lo âu, sự lo lắng, mối băn khoăn |
| distressing (adj) | [dis'tresiη] | làm đau khổ, làm đau buồn, làm lo  lắng |
| bereavement (n) | [bi'ri:vmənt] | tình trạng mất người thân |

|  |  |  |
| --- | --- | --- |
| depression (n) | [di'pre∫n] | sự chán nản, sự ngã lòng, sự buồn  rầu, sự phiền muộn |
| alternative (adj) | [ɔ:l'tə:nətiv] | sự lựa chọn giữa hai khả năng |
| relief (n) | [ri'li:f] | sự giảm nhẹ, sự khuây khoả |
| session (n) | ['se∫n] | buổi họp, phiên họp, phiên, buổi |
| psychotherapy (n) | ['saikou'θerəpi] | tâm lý liệu pháp, phép chữa bệnh bằng tâm lý |
| psychotherapist (n) | [,saikou'θerəpist] | người chữa bệnh bằng liệu pháp tâm lý |
| cognitive (adj) | ['kɔgnətiv] | liên quan đến nhận thức, dựa trên hiểu biết kinh nghiệm |
| faith (n) | [feiθ] | sự tin tưởng, sự tin cậy, niềm tin |
| substance (n) | ['sʌbstəns] | chất, sự vững vàng, sự vững chắc |
| instance (n) | ['instəns] | thí dụ, ví dụ, trường hợp |
| acceptable (adj) | [ək'septəbl] | có thể chấp nhận được, có thể thừa nhận được |

**UNIT 18: COUNCELLING**

|  |  |  |
| --- | --- | --- |
| Academia (n) | /ə'kædəmiə/ | Giới học thuật |
| Accessibility (n) | /æk,sesi'biliti/ | Tính có thể đến gần được, tiếp cận được |
| Conceal (v) | /kən'si:l/ | Giấu giếm, giấu, che đậy |
| Creativity (n) | /,kri:ei'tivəti/ | Sự sáng tạo |
| Credible (adj) | /´kredibl/ | Đáng tin, tin được |
| Dilemma (n) | /di´lemə/ | Thế tiến thoái lưỡng nan, |

|  |  |  |
| --- | --- | --- |
|  |  | tình trạng khó xử |
| Distress (n) | /dis´tres/ | Cảnh khốn cùng, cảnh túng quẫn |
| Encompass (v) | /in´kʌmpəs/ | Vây quanh, bao quanh |
| expansion (n) | /ɪkˈspænʃən/ | Sự mở rộng, sự bành trướng |
| Facilitate (v) | /fə'siliteit/ | Tạo điều kiện thuận lợi |
| Mainstream (n) | /'meinstri:m/ | Xu hướng/xu thế chủ đạo |
| Negotiate (v) | /nɪˈgə𝗎ʃieɪt/ | Đàm phán, thương lượng |
| Obstacle (n) | /'obstikl/ | Sự cản trở, sự trở ngại |
| Psychotherapy (n) | /ˌsaɪko𝗎ˈθ𝖼rəpi/ | Tâm lý trị liệu |
| Reimbursement (n) | /¸ri:im´bə:smənt/ | Sự hoàn lại, sự trả lại, sự bồi hoàn |
| Traumatic (adj) | /trəˈmætɪk, trɔ-/ | Gây đau buồn, gây khó chịu |
| Underestimate (v) | /'ʌndər'estimeit/ | Đánh giá ( ai/cái gì) không đúng mức |
| voluntary (n) | /ˈvɒlənˌt𝖼ri/ | Tình nguyện |

## APPENDIX

HOW TO MAKE A VIDEO OF CONSULTATIONS

It is a good idea to have several practice attempts before you attempt to make your video for the course so that you can:

* sort out hitches with obtaining informed consent,
* iron out the inevitable technical problems with lighting, position and especially with sound and
* accustom yourself to the presence of a camera.

It is very important to obtain the patient's informed consent for recording and that the camera does not record intimate examinations. An example of a consent form is included; you may photocopy this if you wish.

Cameras should ideally be sited close to eye level on a tripod or, even better, a wall bracket. The lighting should be bright and curtains must be closed if the camera is directed at a window. You may have to use a wide-angle lens or a mirror if you are filming in a small consulting room.

"PZM" MICROPHONE

Problems most frequently occur with sound. The microphones attached to cameras are usually inadequate for recording of consultations -the volume is usually too low and the clarity is poor. Extension microphones can be attached to most cameras and the flat desktop version available from "Tandy" stores is popular. The Pressure Zone Microphone made by Realistic is a “boundary microphone” and works well for recording consultations (Catalogue number 33-1090B). You may also need to buy a mono adapter for 1/4" to 1/8" jack plug. It has a number of advantages over most desk-mounted microphones:

* it does not look like a microphone, being a flat black metal plate
* it comes with a long lead, so no extension leads are needed
* correct impedance for most video cameras
* omni-directional in a hemisphere, picking up doctor and patient
* "Avoids the threatening phallic contours of conventional microphones"

PENDLETON'S RULES

Pendleton et al wrote "The consultation: an approach to learning and teaching", which is short and easy to read. Although every individual has a unique style of consulting, there are important skills which are common to those who communicate well whatever their particular style. These skills can be learned and improved on throughout a doctor's professional life. One of the best-remembered parts of Pendleton's book is his explicit statement of rules to ensure that analysis of consultations is both an enjoyable and educational process. In the context of showing a video to a group, there are seven points:

1. The person showing the video (the learner) may make a brief factual statement about the recording (e.g. "This was the last consultation at the end of a busy Friday afternoon").
2. After the video has been seen, the person showing the video speaks first and concentrates on the strengths of the consultation. This can be hard because most of us are painfully aware of what we perceive as our own failings rather than what we have done well. If there is a facilitator, it is their job to ensure that the positive features are described first.
3. Other members of the group then add comments about the strengths.
4. The person showing the video then comments on what could be improved.
5. The group comments further on what could be improved. It is important to make "recommendations not criticisms" so that helpful alternative strategies might be suggested rather than simply destructive criticism.
6. "The learner is left with a clear summary of her/his strengths and of those specific changes which might lead to improvement".
7. There should be the opportunity to role-play part of the consultation using the recommendations. This is the crucial part of the process as this is when real improvements occur: we learn through doing. Unfortunately it is very often missed out. Without this "follow-up", consultation analysis can easily become navel-gazing. Be adventurous, try the role-play!

Using this set of rules usually makes a new group of doctors seem "safe" fairly rapidly. Safe in this context means that individuals are aiming to help each other rather than to score points in a destructive or competitive way.

This is one reason why it is essential that each person brings a video of himself or herself: trust is much easier to establish when everyone is in it together.

**The Cambridge Calgary Approach to Consultation Analysis Education for General Practice, November 1996, 7: 288-299**

**Goodbye Pendleton, Hello ASDA**

A.Ask the group for help

Pendleton’s rules emphasise ever-present danger in their insistence on rigid ordering of feedback and prevent the doctor from saying what her/his learning needs are. Here safety is ensured by the facilitator making sure that an explicit “ask the group for help” statement is made once the video has been seen. This is crucial in the making the group safe because few people are destructive when their help is solicited.

S. Specify the desired outcome

Under Pendleton, comments are made which are often judgmental: “that was a good consultation”, or “first talk about the good things”. Here, the emphasis is on what the doctor is hoping to achieve and making this aim explicit. The interventions are only more or less successful in terms of the desired outcome. This is another way of making the whole process less judgmental and therefore less threatening. It is for the learner to make any judgements- not the group.

D.Describe accurately what occurs and the consequences

Once the tape has been seen and the doctor has identified the problem area, part of the tape may be reviewed so that everyone can note accurately what happened. Interpretation from the group should be minimal but the consequences of interventions can be reflected to the learner for his comments.

A.Act out alternative suggestions

The doctor should then be encouraged to develop suggestions for alternative approaches and these should be rehearsed, using role-play. Adults learn through ‘doing’ and role-play here is not an ‘added extra’ or ‘optional extra’ as is sometimes seemed in Pendleton, but the goal towards which the group is moving.

## CONSULTATION LOG

It helps greatly if you look through your tape before coming and try to score the consultations in terms of the level of "challenge" presented by each. This is a useful task for two reasons. Firstly, and obviously, it can help identify consultations which you have found challenging. Secondly, it can help you choose which consultations to share with a group. If a group does become "safe", those participating often feel able to show consultations where things have not gone as well as they would have liked. The safer the group, the easier it is to reveal those consultations you do not feel proud of and the more you can learn from each other. If the group is safe, you may feel adventurous and try out consultation techniques that are new to you. Some may work, some may not: but if you don't take the risk, you will never know.

Below is an example of the type of table which might be used for logging a videotape of consultations. Use the number 1 to indicate a low level of challenge and 3 to mean a very demanding consultation. If you wish you may use the number 4 to mean "I'd rather destroy it now and forget it forever" but only once per videocassette!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consult’n No:** | **Video of ref**  **counter** | **Name of initials of**  **patient** | **Age** | **Main subject of**  **consultation** | **Level of challenge** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |

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WORKING IN GROUPS

Much of the work on the consultation course will be done in small groups. Small group learning has been found a very effective tool for the acquisition of new skills and for the exploration of values and beliefs. In order for groups to function well and, thus, for maximum learning to occur they have to be "safe spaces" for their participants. Experience has shown us that a safe space can be created if all members of the group follow a few simple rules. We suggest the following, though your group may wish to amend the list of rules or add to or subtract from it. Rules can look rather daunting. Above all we hope you will find your group educational and lots of fun!

RULE 1: the group starts and finishes on time

Punctuality is a vital part of the functioning of any group. It can be immensely frustrating for the group to wait for one or two late members. Some see lateness as an expression of anger or resentment. Groups should also finish on time, unless all their members agree that they wish to continue in order to finish their work.

RULE 2: Participation is voluntary

No member of a group should feel coerced into participating in any of the group's activities and all group members should respect the freedom of each member to opt out of anything he or she feels uncomfortable with. In practice the activities on the consultation course are such that we can recall few if any occasions when this rule needed to be applied.

RULE 3: The group is responsible for itself

The success of a group depends on the active participation of all its members.

RULE 4: Proceedings of the group are confidential

Members of a group should feel free to talk about sensitive issues concerning, say, patients or their peers or seniors. Unless permission to the contrary is given, it is to be assumed that matters discussed within the group should not be broadcast outside it. The only exception to this is that the group leaders normally discuss with each other how things have gone in

each group at the end of the day.

RULE 5: Group members should speak in the first person

The group will work better and faster if participants "own" their feelings by saying "I " rather than "one" or "we" or making vague generalisations. The leader might ask, for example, for a member to rephrase the statement, "Doctors find it easier to deal with articulate, middle-class patients." An “I statement” would be “I find it difficult to deal with…”

MODELS OF THE CONSULTATION

Models of the consultation are not cast in stone. Just as there is no one right way of consulting, there is no one right model. Different models choose to emphasize different aspects. One model may emphasise health promotion and another may suggest a completely new way of looking at doctors and patients in terms of adult-child and adult-adult relationships. Which model will be useful will depend very much on the consultation being considered. A brief summary of some of the models follows.

A.SIX PHASES OF THE CONSULTATION

Byrne and Long Doctors talking to patients, 1976

1. The doctor establishes a relationship with the patient.
2. The doctor either attempts to discover or actually discovers the reason for the patient's attendance.
3. The doctor conducts a verbal or physical examination or both.
4. The doctor, or the doctor and the patient, or the patient (in that order of probability) considers the condition.
5. The doctor, and occasionally the patient, detail further treatment or investigation.
6. The consultation is terminated, usually by the doctor.

Byrne and Long did pioneering work on consultation analysis. Before videos were in widespread use, they recorded and analysed 2000 consultations using audiotapes and found that:

* most doctors did not vary their consulting style very much,
* doctors could be placed on a spectrum from patient centred to doctor centred,
* one in ten consultations were dysfunctional in that doctor and patient appeared to be on different planets (our term, not theirs),
* the main cause of dysfunction was that doctors had not discovered the patient's reason for coming.

|  |  |
| --- | --- |
| **BYRNE AND LONG** | **Abbreviated version:** |
| 1) Establish relationship | **Hello** |
| 2) Discover reason for attendance | **What's the problem?** |
| 3) Conduct examination | **Let's have a look** |

|  |  |
| --- | --- |
| 4) Consider condition with patient | **Discussion** |
| 5) Detail treatment or investigation | **Take this...** |
| 6) Terminate consultation | **Goodbye** |

At first sight this may seem a rather mechanistic model, concentrating as it does on the temporal sequence of "phases". What is more interesting is their detailed analysis of what can go wrong in a consultation. There are two common patterns of dysfunctional consultations: Inadequacy of phase

2. If real reason for attendance is not discovered, patient may try "While I'm here, doctor.." when the GP feels the consultation should be ending. This creates a phase 5 - phase 2 cycle with several loops, depending on the length of the patient's list of worries. If the patient's full agenda can be discovered early on, the doctor may be better able to help and will probably end up less frustrated.

###### Problems in phase 4

In discussion, try to discover patient's ideas, concerns and expectations about their condition and treatment options. If you are patient centred, the patient is more likely to feel understood. Skilful negotiation may be needed with respect for the patient's autonomy in contributing to the management plan.

###### SEVEN TASKS OF THE CONSULTATION

Pendleton, Schofield, Tate and Havelock The consultation: an approach to teaching and learning, 1984

* 1. To define the reason for the patient's attendance, including:

1. the nature and history of the problems
2. their aetiology
3. the patient's ideas, concerns and expectations
4. the effects of the problem.
   1. To consider other problems:
5. continuing problems
6. at-risk factors.
   1. With the patient to choose an appropriate action for each problem.
   2. To achieve a shared understanding of the problems with the patient.

###### To involve the patient in the management and encourage him to

**accept appropriate responsibility.**

###### To use time and resources appropriately:

1. **in the consultation**

###### in the long term.

* 1. **To establish or maintain a relationship with the patient which helps to achieve the other task.**

Although this is rather a long and cumbersome list, the crucial points which Pendleton et al emphasised followed in the tradition of Byrne and Long in that they were about being patientcentred. The bold print in the first task is ours and highlights the main aspects of the patient's agenda which may helpfully be explored:

1. The patient's ideas about what is causing the problem
2. The patient's concerns about what might happen
3. The patient's expectations about the likely outcome of the illness and the likely outcome of the consultation
4. The effects which the problem is already having on the patient in the context of her/his psychosocial environment.

###### HELMAN'S "FOLK MODEL"

Helman Disease versus illness in general practice, JRCGP 1981;31:548- 552

Helman developed a simple model to emphasise the patient's perspective even further. The ordinary questions which a non-medical person would want to know include:

1. What has happened?
2. Why has it happened?
3. Why to me?
4. Why now?
5. What would happen if nothing were done about it?
6. What should I do about it or whom should I consult for further help?

###### SIX CATEGORY INTERVENTION ANALYSIS ("Six cats") Three Authoritative Interventions

|  |  |
| --- | --- |
| **1) PRESCRIPTIVE** | Giving advice or instructions, being  critical or directive |

|  |  |
| --- | --- |
| **2) INFORMATIVE** | Imparting knowledge, instructing or  informing |
| **3) CONFRONTING** | Challenge a limiting attitude/ behaviour Giving direct feedback in a caring  context "Telling the truth lovingly" |

Practitioners are often comfortable with being authoritative. However, confronting is perceived as more difficult. Confrontation here does not mean aggression and anger, rather it means giving constructive feedback in the context of a therapeutic relationship. There is a short section on confrontation later in this document.

###### Three Facilitative Interventions

|  |  |
| --- | --- |
| **1) CATHARTIC** | Enabling release of emotion;  grief, fear, anger |
| **2) CATALYTIC** | Promote self-discovery, encouraging the patient to explore and express their own feelings, often inducing a new  understanding |
| **3) SUPPORTIVE** | Offering comfort and approval  Affirming patient's worth |

The skills of confronting and facilitating catharsis are some of the advanced skills of counselling. These skills must be handled with particular care and used only where appropriate. For example, you may take pride in having developed the skills to facilitate the release of sadness by being able to encourage someone to break down in tears. But you need to be sure that you are using catharsis for the patient's benefit rather than for your own. You need to be able to offer the time, skills and commitment to help once the tears have finished.

###### THE INNER CONSULTATION

Roger Neighbour describes a handful of key processes within a

consultation. These are called the "five checkpoints" of the consultation:

1. **Connecting:** getting on the same wavelength as the patient.
2. **Summarising**: a counselling skill which shows you have listened and clarified what the patient has said and have understood the reason for consulting you.
3. **Handing over**: giving the patient responsibility in the management plan and making sure s/he is happy with the outcome of the consultation.
4. **Safety netting**; planning for the unexpected; helps to deal with uncertainty.
5. **Housekeeping;** being aware of your own emotions, how they have influenced this consultation and how they may influence subsequent ones. A consultation is not really complete until a doctor has at least started this self-check process.

Neighbour's model is unique in three important respects. Firstly, he recognises that GP's have a complex task in dealing with limited information in short spaces of time and that "both you and the patient will feel better if you acknowledge that general practice is the art of managing uncertainty". After making a management plan it may be helpful to make a "safety net" by asking:

1. If I'm right, what do I expect to happen?
2. How will I know if I'm wrong?
3. What would I do then?

The second and most important concept is that of housekeeping. This process is one of the skills which can prevent professional "burnout". The thumb of his hand model is "housekeeping". Apart from keeping yourself healthy, housekeeping can give very valuable insights into the feelings generated by a patient in other people and this may prove useful in understanding the problems presented and in helping the patient to deal with them. In emphasising the doctor's feelings, Neighbour follows in a strong tradition of British general practice which was started by the work of Balint.

The third important area is the idea of minimal cues and is not one of the 5 "checkpoints" of the hand model. These are the verbal and non-verbal

"physical signs" to the patient's inner world of thoughts and feeling. A brief summary is included later in this booklet

**HOUSEKEEPING**

###### The concept of housekeeping

The concept of housekeeping is central to Roger Neighbour's model of the consultation. This "checkpoint" in the consultation is important because as doctors we have a responsibility both to ourselves and to our patients to remain healthy; recognising and dealing with our own emotions should be an integral part of our work. His book "The Inner Consultation" provides valuable insights into the processes which occur as the doctor "oscillates": "sometimes his attention is directed outwards, and he concentrates wholly on the patient. At other times, he is more aware of his own thoughts and sensations; his attention is directed inwards". The chapter on Housekeeping is essential reading. This short summary introduces some of the main concepts and is intended to stimulate you to read (or re-read) the original.

###### Frustration of the doctor's unconscious needs

Neighbour sees the origin of job stress as being caused by the frustration of the doctor's own unconscious needs. He points out that "it is largely because of the richness of opportunities for feeling loved, needed or admired that people are drawn to enter the helping professions in the first place… But inevitably clashes of interest arise when the doctor has to suppress or postpone his own needs in favour of the patient's".

###### The spurious intimacy of the doctor patient relationship

There are some features of the doctor patient relationship which contribute to such stress: "The nature of the job throws doctor and patient together in situations where the exchange of confidences, physical contact, liking and being liked, create an ambience akin to intimacy. But it is an uneven and spurious intimacy: uneven because the patient offers more selfdisclosure than the doctor; and spurious because legal, ethical and emotional sanctions set limits to it... Some people

think doctors are ambivalent about their own needs for intimacy; they simultaneously crave it and fear it. The professional setting of caring and involvement affords an ideal compromise. We use our professional role both as a passport into the lives of other people and as a defence against our own boundaries being encroached."

###### Denial of emotional reactions

The problem is that we "don't mind patients and psychoanalysts having unconscious needs, but not us, thank you very much". Many doctors deny their feelings or the relevance of those feelings and are certainly very reluctant to discuss them with others. Neighbour sees the unconscious psychological needs of the doctor arising from what he calls the "red light quarter" of the brain, probably part of the right hemisphere but functionally separate from intuition and perceptiveness. Stress is seen as arising when some "pressing personal agenda" becomes active in the red light quarter and competes for your attention. **Developing self-awareness**

The solution is that "the doctor who is aware of all these needs and forces at work in him finds that knowledge of his own human frailty brings with it a deepening humility and compassion. He begins to feel safe without barriers...By knowing what passions govern him, yet remaining unafraid of them, they are subdued".

Developing such self-awareness is likened to housekeeping: minute-to- minute tidying is needed as well as regular spring-cleaning. In other words one needs to be aware of one's feelings at moments within and between consultations as well as making longer term plans for things like regular holidays, rejuvenating hobbies, physical fitness and participating in professional support groups such as young practitioner groups or Balint seminars.

###### Ways to unwind between patients

* Diversionary rituals: make a cup of coffee, read a book, make a phone call
* Talk to someone: colleagues or staff
* Introduce variety: break up day into periods of contrasting activity
* Icons: have a personal object on your desk which has associations of peace and wellbeing. Neighbour describes techniques for increasing the personal power and effectiveness of icons.

###### During the consultation

The first task is to recognise in yourself the early signs of stress. What you do about it partly depends on the cause: "Extraneous stresses" such as interruptions, running late or feeling unwell: many patients are understanding if you explain how you feel and attend to the problem of highest priority. "Intrinsic stresses" are those which "arise as a result of your reactions, often irrational, to the particular patient who has inadvertently rubbed you up the wrong way." Telling the patient how you are feeling is not recommended unless you have had training and supervision in psychotherapy techniques and are planning to use the revelation of your feelings as a prelude to a therapeutic discussion. But there are other options:

###### Spot the projection

Sometimes patients remind us by chance of someone we dislike and we project our negative feelings onto the "innocent" patient in a form of mistaken identity. The way to deal with it is to firstly to recognise that it has happened and then to try to note a few specific features of the person in front of you which are dissimilar to the memory which has been evoked.

###### Spot the stereotype

Stereotypes reflect prejudices about certain categories or groups and can turn one's attention away from the specific qualities of an individual. Again, the first stage is to recognise that it is happening and the next stage is to look for some feature which does not fit in with the stereotype.

###### "Here and now awareness"

Techniques such as focusing your attention on your breathing can be

helpful in crowding out unpleasant thoughts and associations. "If you plant your feet on the ground, your head comes out of the clouds". "Do not try to alter your natural breathing or turn it into what you imagine relaxed breathing to be. Just notice the way it is."

###### Adjust your muscle tone

The basis of many relaxation techniques is to monitor and alter muscle tension e.g. in jaw, neck shoulders and fists. "Tense and then let go" techniques can be very effective.

###### FURTHER SKILLS AND MODELS MINIMAL CUES

In "The Inner Consultation", Roger Neighbour is particularly concerned

with patientcentredness and he argues convincingly that non-judgemental awareness of the "physical signs of the patient's inner thoughts and feelings" both helps to build rapport and helps in choosing the way in which the doctor can most effectively communicate with a particular individual.

In order to understand the patient's internal world, verbal and non-verbal cues are important. These are referred to by Neighbour as the "minimal cues" which are the patient's language of self expression and are described clearly in several very useful sections of "The Inner Consultation". A few of the main ideas are summarised below with extensive quotation from and paraphrasing of that book.

Crucial information is often available early in the consultation. Two things may happen at the start, when their significance may not be immediately obvious, but they deserve special attention: "curtain raisers" and "opening gambits".

###### Curtain-raiser

This is "an unrehearsed and unscripted remark" which may betray a lot about a patient's state of mind or the way s/he perceives you. It may be generated spontaneously in response to the way the doctor looks.

e.g. "You're very busy this morning..." "I'm sorry to be a nuisance..."

"I don't think we've met- I usually see the other doctor…" "It's the bad penny again..."

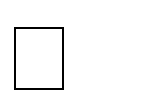
Sometimes the curtain-raiser may simply be a bit of social ritual e.g. a comment about the weather and not loaded with particularly useful information. Doctors who say "Hello, come in..." (with a pause) will have the benefit of more curtain-raisers than those who say "Hello, what can I do for you?" which moves the patient straight to the opening gambit. In other words, a doctor's opening ritual may easily suppress curtain-raisers.

###### Opening gambit

This is the rehearsed "opening move" (chess analogy) and is the only part of the consultation over which a patient has much direct control. While

waiting to see the doctor, a lot of thinking and planning takes place about the way in which symptoms are going to be expressed and what is going to be said first. The form of words chosen may be very significant and so it is best to listen and to avoid interrupting with questions.

###### Gift wrapping

This refers to the ability of a doctor to tailor an explanation or instruction to the patient's own concepts and modes of expression. This requires some "matching" by the doctor of the patient's minimal cues. If this is done, the patient is more likely to feel understood and this Dr R Clarke [www.askdoctorclarke.com](http://www.askdoctorclarke.com/) 20 will help build rapport as well as aid compliance**.**

###### Speech censoring

Take note of the images and metaphors used and also notice if something is not said. What is said is subject to internal censoring: "the spoken part of a communication is a compromise between truth and safety, between the need to reveal and the instinct to defend the selfimage". Neighbour adds: "By being frank, you (as a patient) might talk your way into some unpleasant treatment, or finding yourself getting upset, or having to worry about a possible serious diagnosis, or revealing something you feel ashamed of." There are certain physical signs of speech censoring which represent a "cluster" of cues, verbal and non-verbal:

|  |  |
| --- | --- |
| **Non verbal** | **Verbal** |
| Loss of eye contact | Hesitations |
| Change in voice quality | Omissions |
| Restless shift in position | Vagueness  Non-sequiturs |

It is important to notice censoring because the information being suppressed may be clinically important and because you may be able to help the patient to find ways of expressing safely what is of most concern.

**Internal search**

This refers to the serious thinking, often in response to a question, where attention is directed inwards and we are "racking our brains" and deciding what to say and what not to say. It is important not to interrupt as you may destroy a line of thought which is particularly productive. Again there are useful signs:

|  |  |
| --- | --- |
| **Non-verbal** | **Verbal** |
| Immobility: freezing | Quiet: lengthy pause |
| Eyes look up (remembering visual memories) | |
| Eyes go still and unfocused  Eyes look down and to left (planning what to say) Eyes refocus and body shifts at end of search | |

###### Acceptance set

Speech is subject to considerable censoring but non-verbal cues are less censored. One particular set of cues is the way in which an individual signifies his agreement. Acceptance cues are much more variable than the two clusters already described (speech censoring and internal search). The variation occurs both between individuals and for a single individual at different times. The important thing is to notice how someone shows their acceptance and this may be done by making one or two statements with which they are likely to agree, in order to "calibrate" their individual responses (Neighbour's term). For example, you might say: "It's cold today isn't it?" If the patient nods, looks steadily at you, says "mmm" and then echoes "yes its cold" , you may deduce that nodding, steady gaze, "mmm" and echoing indicate acceptance if they occur later in the consultation.

###### CONFRONTATION

Of the "six category interventions", the one which most doctors find hardest is confrontation. Heron described the interventions in terms of client and therapist rather than doctor and patient and this summary uses the same terminology.

###### THE CLIENT MAY BE UNAWARE

Some attitudes, beliefs and actions may be perceived by the therapist as being rigid or maladaptive and contributing to a client's problems. One of the features of a therapeutic relationship is the power given to the therapist to raise a client's awareness of these problems, even though this "warrant" is often unstated. Most of us find confrontation hard because we are anxious about the client's reaction to unsolicited feedback about a distorted behaviour pattern.

###### PSYCHOANALYTIC EXPLANATIONS

Psychoanalytic models presume that a client has an investment in not recognising her/his own contribution to a problem. Such behaviours are often seen as arising from the unfinished emotional business from the past. Exploring such issues may generate a lot of strong feelings within the client and the therapist may feel "Who am I to judge this person?" or "Can I cope with saying this?". Psychoanalytic models attempt to explain such anxiety in the practitioner as arising from that person's own archaic fear and anger due to unresolved conflicts in childhood. **CONFRONTATION IS SUPPORTIVE**

Confrontation involves a direct challenge to the client, but is not aggressive or combative. It should be supportive, deeply affirming the worth of the client, but at the same time using an uncompromising spotlight on negative attitudes and behaviour.

###### THREE DANGERS

1. **Aggression - "The Sledgehammer"**

Anxiety in the practitioner is expressed as a hurried, bungled or hurtful statement which leaves the client wounded or unnecessarily defensive. Such interventions are seen as arising from "An archaic legacy of anger".

###### Avoidance -"pussy footing"

Anxiety about the consequences of the confrontation for the client leads the therapist to collusion, dodging the issue. This fear of hurting someone may also relate to the previous experiences of the therapist.

###### Swinging from aggression to avoidance

This occurs when a therapist makes an attempt at confrontation and the patient rapidly becomes defensive. This makes the therapist feel guilty and the therapist tries to "make it better" by saying something like "I didn't mean it" or "It doesn't really matter". Once this has happened, it becomes increasingly difficult to raise the avoided issue again.

###### SUCCESSFUL CONFRONTATION

There are several important factors which contribute to success.

###### The manner of the therapist

This means what Heron calls "telling the truth lovingly" poised between the pussy foot and the sledgehammer, the therapist keeps to the "razors edge of truth" and at the same time affirms the client's worth.

###### On target and right depth

It is essential that the therapist is confident that s/he has "got it right" before attempting confrontation and it is important to judge the right depth so that the client is not wounded by the experience.

###### Timing is crucial

The client must have some willingness to hear what the therapist has to say and this will depend partly on the negative consequences of her/his situation.

###### Opportunities for change

There is no point in making a confrontation unless there are possibilities for change within the client's psychosocial environment.

###### DIFFERENT SITUATIONS

Confrontational interventions may be necessary in many different situations. In some ways breaking bad news about a terminal illness or talking to a relative about sudden bereavement of their spouse involves a degree of confrontation in that there is a difficult balance between wishing to soften the blow and telling the truth.

Confrontation is more clearly involved in inter-personal problems such as marital problems or helping clients with alcoholism or drug dependency. Other clients may have problems at work or in larger groups and confrontation has an important part to play in such contexts too.

**THE ‘DESC’ MODEL**

Bower & Bower popularised a model for giving constructive feedback which provides a very practical approach to some types of confrontation. The model is called DESC:

###### D describe E explain S specify

**C consequences Describe**

The first task is to describe the behaviour of concern in the most specific and objective terms possible. For example: "When you decide to stop taking your tablets without consulting me..."

###### Express or explain

Next, you express your feelings about this behaviour or explain the difficulties it causes for you. Do this calmly and positively without blaming or judging the patient. For example: "Stopping your tablets makes me very concerned because I know that you may suffer in the future and annoys me because I spent a lot of time and trouble trying to get the best combination of tablets to suit your condition."

###### Specify

Then specify the exact change in behaviour you want from the patient. Only suggest one change and make sure the change is well within the patient's capability. e.g. "So in future, please will you consult me before making such decisions".

###### Consequences

The likely consequences of the change in behaviour are stated with the benefits both for you and for the patient, along with any concessions you are prepared to make. "If you let me know when you want to stop

a tablet, I can at least monitor your condition with extra care and help you to judge whether you have made the right decision."

A further example: this model might be used in "modifying help seeking behaviour":

**Describe**: "When you ask for an emergency appointment for your elbow which has been sore for six months, you are misusing the appointment system. "

**Explain**: "This irritates me because you have misled both the receptionists and me. In addition I know that I only have a short 5 minute emergency appointment time to try to assess something which has clearly become a chronic problem for you."

**Specify:** "In future if you have a problem which is not really urgent, please ask for a routine appointment"

**Consequences**: "If you do, I will be able to provide better medical care to you and to others. For example, I would have time to discuss in detail the pros and cons of physiotherapy and cortisone injections so that you can make an informed choice about your own treatment."

**THE JO-HARI WINDOW**

Jo and Hari described their "window" in the 1970's. Working as therapists in the United States, they sought to classify the knowledge that client and therapist have in common and what is unknown during a consultation. Their window is a two-by-two table with 4 cells each containing a different category of information. Here the two people are referred to as doctor and patient rather than therapist and client.

|  |  |
| --- | --- |
| 1) Information in this cell is  known by the doctor and the patient (OPEN) | 3) Information in this cell is  known by the patient and not by the doctor (HIDDEN) |
| 2) Information in this cell is  known by the doctor and not by the patient (BLIND) | 4) Neither doctor nor patient is  aware of this information (UNKNOWN) |

Cell (1) contains information known to both parties and is often what the consultation is about at "face value" or "presenting symptom medicine". Sore throat, penicillin, next patient!

Cell (2) contains information known to the doctor which the patient does not know, for example what other family members may have said or the contents of a consultant's letter. It also includes some of the doctor's perceptions about the patient about which the patient may be unaware. Many forms of psychotherapy aim to increase the patient's self knowledge by using the doctor's perceptions of and feelings about the patient as a therapeutic tool. Feedback is used to promote the patient’s self discovery- in other words a catalytic intervention.

Cell (3) contains information which the patient for whatever reason chooses not to disclose. What is not said is often as important as what is said (like in a job reference about somebody!). When a relationship of trust develops, this hidden information may be revealed. The ability to explore the patient's ideas concerns and expectations may shift crucial information from cell (3) to cell (1) during the course of a

consultation.

Cell (4) contains information about which neither doctor nor patient is aware

**The fourth cell is very important.** Things may be going on in a consultation about which neither party is consciously aware. This is the reason that many therapists are themselves supervised by another therapist: only some external person or event can make doctor or patient aware of such things. This is also a very good reason for sharing videos of one's consultations with others: by focusing attention on an important aspect of the consultation about which we may not have been aware, new light may be shed on subsequent consultations and new types of awareness developed.

#### HEARTSINK PATIENTS

This section is a summary of parts of a chapter in Critical Reading for the Reflective Practitioner (Clarke and Croft, 1998). Here the introduction and two key papers are summarised; one about different types of heartsink patient, the other giving helpful advice for somatising patients.

**What is a heartsink patient?**

The feelings induced in practitioners by their patients form a major theme in British general practice following the work of Balint. Many different terms have been used to describe patients perceived as difficult, but "heartsink" seems to be the most widely used, summarising as it does the strength of feelings in a way which is lacking in descriptions such as "problem patients".

Although the term heartsink patient implies implicitly that the source of the problem is the patient, and is pejorative because of this, it is essential to remember that problems arise from an interaction between practitioner and patient and that the contribution of both to the relationship must be acknowledged.

Pause for a moment and consider one or two patients you have seen recently who have made your heart sink.

* What was difficult about them?
* Can you think of other patients where similar difficulties have arisen?
* What feelings did you experience?
* How have you dealt with such feelings in the past?
* Can you identify anything about your approach attitude or life experience which may have made these consultations difficult?

**Feelings**

Heartsink patients are being defined by the effects they have on the practitioner and these can include feelings of:

* frustration, irritation , exasperation, anger, dislike, hatred
* sadness, hopelessness, inadequacy
* unprofessionalism because of the strong negative emotions felt

Ellis (referring to "dysphoria" induced by patients) describes the feelings as: "feelings felt in the pit of your stomach when their names are seen on the morning's appointment list" (Ellis, 1986). The range of emotions is wide as indicated above and may include particularly a sense of humiliating failure and disappointment in oneself for having such "unprofessional" feelings. Many different types of behaviour can induce such feelings; if it was only one type, you might expect that

we would all have gone on a simple course to learn the appropriate coping skills. There are a few patients who manage to antagonise every practitioner they see, but there are probably an equal number who just "get under the skin" of one particular practitioner and with whom other carers have no major problems. This raises the question of whose problem it really is. Some patients go through a difficult phase, often related to life events, when they appear to make enormous emotional demands on those providing care. When circumstances change, they may no longer make your heart sink.

**Frequent attenders, somatisers and patients with lists**

Heartsink patients may be hard to define but (like the elephant) you're pretty sure you know one when you see one. A heartsink patient is not the same as a frequent attender because many of the latter do not cause such strong antipathy. However, they do seem to consult frequently. They are also different from somatisers although some may have a tendency to somatisation. Similarly, the term dysfunctional consultation may apply to some interactions with heartsink patients but may equally apply on particular occasions to patients with whom one has a relationship which is not characterised by a sense of heartsink. It may be best to regard these other terms as overlapping concepts which commonly form part of a heartsink doctor-patient relationship but which do not necessarily define it. Some, but not all, patients "with a list" can cause a feeling of heartsink (Middleton, 1994). **Groves' four stereotypes of "hateful patients" (Groves, 1978)**

Four stereotypes of "hateful patients" were described by an American psychiatrist (Groves, 1978). This paper is widely quoted and provides a simple classification of some of the main sorts of behaviour which reliably upset clinicians. It also emphasises the validity of the practitioner's feelings as diagnostic data: it is helpful to examine these feelings for managing the patient as well as for managing yourself.

Groves points out that negative reactions to patients "constitute important clinical data about the patient's psychology" and that emotional reactions "cannot simply be wished away, nor is it good medicine to pretend they do not exist." Rather such feelings can be used in an attempt to understand the patient and can facilitate appropriate psychological management. He confines his attention to patients who cause more than mild irritation: those "whom most physicians would dread to treat" and defines four stereotypes of "hateful patient". All have in common a great dependency on carers, an "insatiable dependency".

**Summary of Groves classification:**

* 1. Dependent clingers- will not take responsibility
  2. Entitled demanders- dissatisfied with service, excessive demands: "I know

my rights"

* 1. Manipulative help rejectors ("nothing has worked")
  2. Self-destructive deniers (eg deny risk factors)

1. **Dependent clingers**

Clingers make repeated requests for reassurance, explanation, tablets and all sorts of care. They are "overt in their neediness" and see the physician as "inexhaustible". Early on such patients may express genuine gratitude, but to an extreme degree and the practitioner may feel powerful and special because of this. There may be flattery by the patient or even unconscious seduction. Later, when the demands for care are incessantly repeated, the practitioner may become exhausted. Groves uses the analogy of a mother's relationship with an unplanned, unwanted and unlovable child and points out that any attempt to refer the patient to a psychiatrist are usually interpreted correctly as rejection and doomed to failure. The best management is to inform the patient that the practitioner "has not only human limits to knowledge and skill but also limitations to time and stamina". In addition, it may help to take the initiative in arranging follow-up. The practitioner "who begins to feel an aversion towards the patient should think of setting limits on dependency."

1. **Entitled demanders**

These patients may feel equally needy but they express their need in an overtly hostile way, using intimidation, threats of litigation, devaluation and guilt induction. This is perceived by the practitioner as either pathetic or repulsive and often induces a wish to counter-attack. It may be hard for the practitioner to realize that such behaviour may be a way of preserving the self "in a world that seems hostile or during an illness that seems terrifying". Attacking the patient by denying their entitlement may be harmful; it is better to acknowledge the entitlement but re-direct it towards the goal of good care. Groves points out that it is easy to get into fruitless debate with such patients and suggests the best approach is to assure the patient repeatedly that you will do your best to ensure that they get the best possible medical care.

1. **Manipulative help-rejectors**

"Unlike clingers, they are not seductive and grateful; unlike demanders they are not overtly hostile". Instead, they return repeatedly saying that the treatment or plan suggested has not worked. They seem quite satisfied by this, sometimes smug. The more efforts the practitioner makes, the more pessimistic are the patient's reports. If one symptom improves, another "mysteriously appears in its place". What is really sought by the patient, probably unconsciously, is "an undivorcible marriage with an inexhaustible caregiver". The practitioner starts out

anxious that a treatable condition may have been overlooked, then becomes irritated by the repeated appearance of a pessimistic patient. Finally, the practitioner may begin to doubt herself and become depressed. Groves suggests that the correct intervention is to "share the pessimism- to say that the treatment may not be entirely curative". Regular follow up may be planned as a way of ensuring that the patient may begin to realise that if he loses his symptoms he will not necessarily lose his practitioner.

1. **Self-destructive deniers**

These are patients such as the alcoholic with oesophageal varices who continues drinking. They are profoundly dependent but "have given up hope of ever having needs met. Such patients seem to glory in their own self-destruction. They appear to find their main pleasure in furiously defeating the physician's attempts to preserve their lives." Groves points out that what one can do to help them is quite limited and that doctors usually respond with a wish that the patient will die "and get it over with". It may help the carers to recognise that the denier may actually wish to die. The wish to abandon the patient should be resisted and compassion found "just as one does with any other patient with a terminal illness".

**Surviving the heartsink experience** (Mathers and Gask, 1995)

The feeling of heartsink is often experienced as "angry helplessness" and practitioners often feel they do not know what to do when such patients consult. This often boils down to lack of control, called "helplessness in the helpers" by Adler (Adler, 1972). The solution may be in part to recognise that practitioners' "hearts often sink because they cannot control their patients, yet many patients… have a desperate need to be in control of something and the doctor patient consultation may be an easy target for those feelings." Rather than enabling the practitioner to feel more in control, the authors wish to promote a "more balanced, open and realistic view of what has happened in the consultation".

A small one-day workshop was designed to give participants a greater understanding of the heartsink experience and to facilitate the development of coping skills. They describe a "heartsink survival pack" with four components:

**The heartsink survival pack** (Mathers and Gask, 1995)

1. Skills for difficult consultations with a somatizing patient
2. General strategies for difficult consultations
3. Coping strategies
4. Goal re-assessment: a problem solving approach for group discussion

Here we will summarise just the first section on the somatising patient. For

further details, read the original article, or the more extensive summary in Clarke and Croft (1998).

**Skills for difficult consultations with a somatizing patient**

The first stage is to make the patient feel understood by taking a full history including exploration of health beliefs, emotional issues and social and family factors. It is particularly important to acknowledge the reality of the symptoms and if you feel there may be a psychosomatic component, the most powerful question is to ask about the effects of the problem. Somatising patients will often answer this with graphic detail, while remaining relatively silent on “What do you think is causing the problem?”. A picture of the “effects” of the problem will often give details of sources of stress and unhappiness which may be relevant to the presenting symptoms.

The second stage is to "broaden the agenda" by giving honest feedback of the results of examination and tests, acknowledging the reality of the symptoms (crucial) and reframing the symptoms. This involves linking physical, psychological and life events in a tentative way leaving the patient room to negotiate. Thirdly, "making the link" by giving the patient a simple explanation of how psychological distress can cause physical symptoms and test to see if the explanation is accepted.

This could be viewed as a model with three essential components:

1. Acknowledge
2. Explain
3. Make the link
4. **Acknowledge**

Remember the pain is real even though you, as practitioner can’t make sense of it in terms of having a well defined biomedical cause; patients often feel doctors think they are imagining it or “putting it on”. Very, very few patients make up their symptoms.

1. **Explain** (“re-framing” )

For example, “the headache is caused by tension in the muscles- I can feel the knots” or “the pain in your tummy is caused by adrenalin which makes the bowel go into spasm; the usual cause of too much adrenalin is stress”. 3) Make the link This is where all the information gained in asking about the “effects of the problem” can be used and “turned round” so that the patient may see the vicious circle so often created by stress. Stress causes real physical symptoms which leads to anxiety, distress and avoidance behaviour which in turn lead to unhappiness which causes further stress. For example, “You’ve told me about your husband being made redundant and how you’ve stopped going out because you have so many headaches; it sounds as though you’re stuck at home a lot. That in itself can be very stressful.

I’m wondering if that’s why you’re getting so much muscle tension. It’s the muscle

tension which is keeping the headaches going.”

Such an approach can frequently help with patients whose basic investigations are normal but who remain with:

* tiredness all the time
* constant headaches
* abdominal pain, bloating, (IBS)
* palpitations
* hyperventilation
* non cardiac chest pain
* globus

For each of the above, assuming that appropriate investigation reveals no organic cause and confirm your initial hunch that the symptoms are real but have a psychosomatic basis, try writing a brief explanation linking stress mechanistically with the production of symptoms. You may try using muscle tension or adrenalin as mediators or you may have other explanations which you have found helpful. Not all patients will want or accept a mechanistic explanation; for example, some might relate to an explanation of chest pain being due to a “broken heart” following bereavement. Try now to think of symbolic explanations for each of the above. It’s harder because we’re brought up with a mechanistic view of the world and a very mechanistic medical training!

**Appendix 2**

**Reading About The Consultation**

**The Doctor, his Patient and the Illness; Michael Balint**

First published in 1957, much of it reads as if it might have been written yesterday. An enduring classic, with an undeserved reputation for being difficult.

**Doctors Talking to Patients**; Patrick Byrne and Barrie Long

An impressive analysis of audio taped consultations. Byrne and Long's consultation model remains useful and easy to apply.

**The Inner Consultation**; Roger Neighbour

The most often quoted book about the consultation amongst registrars. Includes an impressive and thoughtful analysis of other consultation models.

**The Consultation** - An approach to learning and teaching Pendleton, Schofield, Tate and Havelock

**Culture, Health and Illness**; Cecil Helman

The anthropological approach. Not light reading.

**Family Medicine**; FJA Huygen and To Heal or to Harm; Richard Grol These two books are additions to the general practice literature from the Netherlands which, of European countries, seems to have an approach to medicine quite like our own. Both are published by the RCGP.

**The Doctor's Communication Handbook**; Peter Tate An excellent introduction

**Meetings Between Experts**; Tuckett, Boulton, Olson & Williams

A study of over one thousand consultations which stresses the importance of exploring the ideas patients have about their illnesses.

**The trainee's companion to general practice**; Rosenthal, Naish and Lloyd

Chapter by Dick Savage "Communication in practice" is a superb short introduction and deals with areas not covered by many longer books e.g. consultations by telephone, dealing with an angry patient, and breaking bad news.

**Problems with patients: managing complicated transactions**. Norton, K. and Smith, S. Cambridge University Press, 1994.pp. 1-174 This is an "advanced" book which takes further the concepts developed by Neighbour about housekeeping. It provides a very useful framework for analysing difficult consultations.

**Appendix 3**

**PATIENT'S CONSENT FORM Patient's name........................**

**Consent to Video Recording**

* • We are hoping to make video recordings of some of the consultations between patients and whom you are seeing today.
* • The videos are part of the trainee practitioner’s education to help improve consulting skills.
* • The video is ONLY of you and the practitioner talking together. No intimate examination will be done in front of the camera.
* • The video will be seen only by other practitioners.
* • You do not have to agree to your consultation being recorded. If you want the camera turned off please tell a receptionist - this is not a problem.
* • But if you do not mind your consultation being recorded we are grateful to you.
* **• If you consent to this consultation being recorded please sign below**.
* Thank you very much for your help.

- **Signed**: ................................................................... **Date**: .......................................

**Signature(s) of any accompanying person(s**):................................................

After you have finished the consultation, please sign below to confirm that you are still happy to have the recording used.

- **Signed**: ................................................................... **Date**: .......................................

**Signature(s) of any accompanying person(s):.**...............................................

### REFERENCES

* 1. Akagi, H., & House, A.O. (2001). *Communication Skills.* Oxford, England: Oxford University Press.
  2. Alexander, P.A., & Winne, P.H. (Eds.). (2006). *Handbook of educational psychology* (2nd ed.). Mahwah, NJ: Lawrence.
  3. Baker. T.B., McFall. R.M., & Shoham, V. (2009). *Curent status and future prospects of clinical psychology: Toward a scientifically principled approach to mental and behavioral health care.* Psychological Science in the Public Interest.
  4. Benjamin, L.T., Jr., & Baker, D.B. (2004). *From seane to science: A history of psychology in America*. Belmont. CA: Wadsworth/Thomson.
  5. Balassa, B. (1961). *The theory of Psychology*, London: George Allen & Uwin Ltd
  6. Baron, D.P. (1995). *Integrated Skills in Psychology*: California Psychology Review 37.
  7. Brown, T.A., & Barlow, D. H. (2001). *Casebook in abnormal psycholog*y. (2nd ed.). Belmont, CA: Wadsworth.
  8. Cevenso, H. (2010). *Brief Dynamic Psychotherapy.* Washington, DC: American Psychological Association.
  9. Colm Downes. (2008). *Systems of Psychology*. Cambridge University Press.
  10. Elkind, D., & Bowen R. (1979*). Imaginary audience behaviour in children and adolescents.* Developmental Psychology. 15, 33-44.
  11. Fischer, K.W. (1980). *A theory of cognitive development: The control and construction of hierarchies and skills*. Psychological

Review, 87. 477-531.

* 1. Gelman., R., & Baillargeon, R. (1983*). A review of some Piagetian concepts. In P.H. Mussen. Handbook of child psychology*, Vol.3: Cognitive development (4th Ed). New York: Wiley.
  2. Heine, S.J. (2010). Cultural psychology. In S.T. Fiske. D.T.Gilbert, & G. Lindzey (Eds). Handbook of social psychology (5th ed., vol.2)/ Hoboken, NJ: John Wiley & Sons.
  3. Hunt, M/ (1993). *The story of psychology*. New York, NY: Anchor Books.
  4. Karandash V.N. (2000). *History of Labor Psychology. Second Edition*, Cambridge University Press.
  5. Kenda Cherry. (2018). *Child Psychology: Context and Importance*. Princeton, NJ: Priceton University Press.
  6. Kenda Cherry. (2018). *Understanding Abnormal Psychology*. Princeton, NJ: Priceton University Press.
  7. Kohlberg. L. (1996). *A cognitive- developmental analysis of children’s sex-role conceps and attiudes*. In E.E. Maccoby.
  8. Kohlberg, L. (1968). *Early education: A cognitive developmental approach*. Child Development, 39.1013-1062.
  9. Keil, F. (2006). *Cognitive science and cognitive development*. In W.Damon (Editor-in-chief), & D. Kuhn & R.S.Siegler (Vol. Eds.), *Handbook of child psychology*. New York: Wiley.
  10. Miller. P.H. (2002). *Theory of developmental psychology* (4th Eds) New York: Worth.
  11. Norcross, J. C. (2011). Clinical versus councelling psychology from <http://pichi.org/pubs/articles/article_73.aspx>
  12. Prochaska, J.O., & Norcros, J.C (2007). *Systems of Psychology: A transtheoretical analysis.* Pacific Grove, CA: Brooks
  13. Rahmatulaah Khan, A.W.K. (2008). *Why do we need more clinical psychologists?* Malaysia Journal of Medical Sciences.
  14. Raimy, V. C. (1950). *Training in clinical psychology*. New York NY: Prentice-Hall.
  15. Reisman J. M. (1971). *Towards the integration of psychotherapy*. New York, Wiley.
  16. Rogers. CS. (1942). *Counseling and Psychotherapy: Newer concepts in Practice*. Boston.
  17. Robert S. Feldman. (2001). *Understanding Psychology (10th edition).* University of Massachussets.
  18. Smith. R. C., Gardiner, J.C., Lyles, J.S. (2005). *Exploration of life skills.* In P.Halligan, C. Bass, & J. Marshall.
  19. Silverman J, Kurtz S, Draper J. (2005). *Skills for communication with patients. (second edition).* Oxford: Radcliffe.
  20. Silverman, W. H. (2013). *The future of psychotherapy: one editor’s perpective*. Psychotherapy. Advance online publication. Doi: 10.1037/a0030573.
  21. Swami Vivekananda (2001). *Personality Development* (second

edition). Advaita Asharama.

* 1. Timothy J. Trull and Mitchell J. Prinstein (2004). *Clinical Psychology*. University of North Carolina.
  2. Wadsworth, B.J. (1996). *Piaget’s theory of cognitive and affective development: Foundation of constructionism* (5th Ed.). Boston: Allyn & Bacon.
  3. Wilson, G. T. (2011). Clinical psychology. In P.R. Martin. F.M Cheung. M. C., Knowles, et al. (eds.). Handbook of applied psychology. Oxford, United Kingdom: Wiley-Blackwell.