

МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ РОССИЙСКОЙ ФЕДЕРАЦИИ

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МЕДИЦИНА И ЗДОРОВЬЕ

УЧЕБНО-МЕТОДИЧЕСКИЕ МАТЕРИАЛЫ

ДЛЯ СТУДЕНТОВ II КУРСА

(СПЕЦИАЛЬНОСТЬ «МЕЖДУНАРОДНЫЕ ОТНОШЕНИЯ»)

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Учебно-методические материалы предназначены для целенаправленной работы над английским языком как основным иностранным (специальность «Международные отношения»). В основе отбора материала и создания системы упражнений - разработанная кафедрой английского языка и американистики концепция обучения английскому языку в контексте американской культуры и технология обучения критическому мышлению.

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Introduction

To the Teacher

“Health and Medicine” was developed as part of the integrated course “The World We Live In” for the intermediate level and is aimed at developing speaking and listening skills. It can be used as a core manual for the English language instruction of sophomores majoring in International Relations or as supplementary materials for students of other majors. It’s highly flexible and can be very beneficial for and easily integrated into other educational materials used in class or for individual study.

The materials have been specially designed for students majoring in International Relations as a course of English for specific purposes and have been successfully tested in the classroom.

The manual is carefully organized by unit theme, vocabulary, learning strategies with the focus on developing critical thinking skills. Implementation of active learning strategies helps achieve a high level of language proficiency even within a limited time frame.

The materials are an accumulation of several years of work on the projects “Culture-based Language Learning” and “Developing Critical Thinking through Reading and Writing” (RWCT). Learning a foreign language in the context of its culture helps to teach students to avoid an ethnocentric view of foreign cultural patterns that may differ drastically from the students’ own lifestyle and patterns of thinking and behavior. Bringing the philosophy, methods and strategies of developing critical thinking into a language classroom and using them in a three-stage (evocation, realization of meaning and reflection) format of the lesson increases the students’ involvement and motivation. In the process of cooperative learning in student-oriented classroom students acquire well-organized learning strategies. They learn to take charge of their learning process: set their educational goals, plan carefully, and manage their time effectively, take corrective actions when necessary, and evaluate the success of their efforts at learning. The success of their learning strategies is linked directly to positive self-concept and motivation. Thus, the

offered methods and strategies promote students' personal, social and academic growth which helps students gradually turn into strategic or life-long learners.

To the Student

I hope this year you'll study with the same enthusiasm and love of English you shared with your group mates in the first year. I hope you haven't forgotten the slogan a group of our students created for the American program: "Can American English be learned without a smile?" Some of those former students are already your teachers and may be now you know that English can't be taught without a smile. The atmosphere in the language-learning classroom, as well as cooperation and hard work, will help you achieve a high level of language proficiency even within a limited time frame. The three-stage format of each lesson and critical thinking strategies that you will gradually acquire will help you enjoy being an active participant of creating learning environment. Working in pairs and in small groups you will learn to analyze the ideas and make conclusions, to ask "smart" questions and be argumentative in group discussions and creative writing, to see the value of your own opinion and the opinions of others. Learning from your teacher, your group mates and yourself you will become a fluent speaker, an active listener and a creative writer.

You are already familiar with a number of critical thinking strategies that you may apply to become mature writers and sophisticated readers. In this unit we will focus on different types of questions that promote high-level thinking. You will practice asking your own questions focused on analysis, synthesis, application and evaluation. Texts for reading that give food for thought and discussion will help you produce a variety of opinions and learn both to defend your own point of view and to learn to understand and appreciate other people's opinions that may differ from your own. You will be given a free hand in using graphic organizers to group your vocabulary and ideas and formulate your arguments for debate. Together with your groupmates and your teacher you will choose vocabulary to activate and problems to discuss.

My colleagues and I hope that thinking and learning skills that you will continue acquiring in the language classroom will not only develop your linguistic competence but will also help you meet challenges, make decisions and realize your potential. Discussing social issues and burning problems will make you active and responsible builders of your own educational environment and your life.

Good luck in your challenging and exciting experiences in the thinking classroom!

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L. Levina

HEALTH AND HEALTHY WAY OF LIFE

Chapter I

HEALTH CARE

Lesson 1

Health and medicine

Vocabulary in Focus

Health and medicine

A What are the symptoms?

I've got a cold/ a cough/ a sore throat/ a temperature/ a stomach ache/ chest pains/ earache/ a pain in my side/ a rash on my chest/ spots/ a bruise on my leg/ a black eye/ a lump on my arm/ indigestion/ diarrh(o)ea/ painful joints/ blisters/ sun-burn.

I feel sick/ dizzy/ breathless/ shivery/ faint/ particularly bad at night.

I am depressed/ constipated/ tired all the time.

I've lost my appetite/ voice; I can't sleep; my nose itches and my leg hurts.

B What do doctors do?

They take your temperature, listen to your chest, look in your ears, examine you, take your blood pressure, ask you some questions and weigh and measure you before sending you to the hospital for further tests.

C What's the diagnosis?

You've got chickenpox, mumps/ pneumonia/ (the) flu/ an ulcer/ a virus/ a ... something that's going round.

You've broken your wrist and sprained / dislocated your ankle.

You're pregnant/ a hypochondriac.

He died of lung cancer/ a heart attack/ a brain h(a)emorrhage/ AIDS.

D What does the doctor prescribe?

a) Take one three times a day after meals.

b) Take a teaspoonful last thing at night.

c) Rub a little before going to bed each night.

d) We'll get the nurse to put a bandage on.

e) You'll need to have some injections before you go.

f) I'll ask the surgeon when he can fit you in for an operation.

g) You'll have to have your leg put in plaster.

h) I think you should have total bed rest for a week.

E What might the doctor ask you?

What would you say if the doctor asked you the following questions?

Do you have health insurance?

Are you taking any medication?

Have you ever had any operations?

Are you allergic to anything?

Exercises

1. Match the disease with the symptoms.

1	(the) flu	swollen glands in front of ear, earache or pain on eating
2	pneumonia	burning pain in abdomen, pain or nausea after eating
3	rheumatism	rash starting on body, slightly raised temperature
4	chickenpox	dry cough, high fever, chest pain, rapid breathing
5	mumps	headache, aching muscles, fever, cough, sneezing
6	an ulcer	swollen, painful joints, stiffness, limited movement

2. What does the doctor or nurse use the following things for?

1 thermometer; 2 scale; 3 tape measure; 4 scalpel

3. Look at statements (a) to (g) in D above (p.p.5-6). Which do you think the doctor said to each of the following patients?

1 Ann with bad sunburn.	5 Liz with a bad cough.
2 Jo who's broken her leg.	6 Sam who needs his appendix out.
3 John who's off to the Tropics.	7 Rose suffering from exhaustion.
4 Paul with (the) flu.	8 Alf who's sprained his wrist.

4. Complete the following table.

noun	adjective	verb
	breathless	
	faint	
	shivery	
	dislocated	
ache		
treatment	—	
	swollen	

5. What medical problem might you have if...

1 you wear shoes that rub?	7 you eat food you're allergic to?
2 you eat too fast?	8 you run unusually fast for a bus?
3 you smoke a lot?	9 you eat food that is not healthy?
4 you play football?	10 a mosquito bites you?
5 you go skiing?	11 you get wet on a cold day?
6 you stay too long in the sun?	12 you think you're ill all the time?

6. Think of some of the illnesses (diseases) you (members of your family/ friends) have had. What were the symptoms and what did the doctor prescribe?

Follow-up. Look at the health page of a magazine or newspaper. Make a note of any new vocabulary on the topic you find there.

7. Study the following vocabulary units that will help you speak about health.

A. Health and Appearance

1. When someone is in good health

He is the picture of health.

He looks great.

I couldn't be better.

I feel/ she looks like a million dollars.

He's bright-eyed and bushy tailed. (idiomatic)

I'm sound as a dollar. (cliché)

She's as fit as a fiddle. (cliché)

2. Observing that someone looks disorderly

You look tired.

You look terrible/dreadful.

You look (are) a sight.

3. When someone looks very bad

You could stop a truck/ a clock (informal)

4. Inquiring about someone's health or well-being

Are you (feeling) OK?

Are you all right?

Do you feel all right?

5. When someone doesn't look well

You don't look well.

You don't look too good. (informal)

You look pale.

B. Sickness

1. Allergic problems

I'm allergic to sulfa/penicillin/ cats/ dust/ chocolate/ strawberries.

I have hay fever.

My ID bracelet lists my allergies.

I have an environmental illness.

My nose is clogged/ stuffed up/ congested.

I can't breathe.

My skin itches whenever I eat (shrimp).

I break out when I eat (chocolate).

2. Expressing general feeling of illness

I'm sick.

I feel sick/ awful/ terrible.

I feel funny/ lousy/rotten. (informal)

I don't feel (so) well.

I am not feeling myself.

I am a little under the weather.

I am feeling a little down in the mouth.

I've got a splitting headache.

My head is throbbing/ pounding.

I'm dizzy.

The room is spinning.

3. Describing being exhausted and worn out

I'm exhausted.

I need some rest.

I need a day off/ a vacation.

4. Offering care to a sick person

Can I get you a glass of water?

Would you like to lie down?

Want some aspirin?

Should I call a doctor?

5. Concerning catching a disease

Is it catching?

Are you contagious?

Don't give it to me.

C. Doctors

1. Question a doctor asks

What's the matter? Describe what's wrong.

Can you describe the symptoms?

What seems to be the problem?

Has this been a problem before?

How long have you had this problem?

2. Getting medical history

Is your mother (father) living?

Is there a history of heart disease/ strokes/diabetes in your family?

3. Telling the doctor about various problems

I was in an accident.

I fell off the skateboard.

I have a pain in my back.

My back hurts.

I can't step down on my foot.

I've been sick for two days.

I lost my appetite four days ago.

I'm always drowsy.

This problem runs in the family.

4. Expressions a doctor uses about medicine and tests

I am going to write/ give you a prescription.

I'd like to run some tests.

I'd like to take a blood sample.

I am going to refer you to someone else.

Take two aspirins and call me in the morning.

5. Asking a doctor about a medical problem

Can it be cured?

Is it serious?

Can you do something about it?

Is it curable?

Do I need surgery?

Will my insurance cover this?

Do I have to stay overnight?

6. Talking to a hospital patient

Are you all right?

How are you feeling today?

You look good.

I brought you some flowers/candy.

I came as soon as I heard.

I got here as soon as I could.

John sends you love.

Get well soon.

Have they figured out what's wrong?

What's the prognosis?

the prognosis = the prediction of the future outcome of an illness

How long will you be here?

When are you being released?

Is there anything I can do?

How's your doctor?

7. Explaining your present situation

I'm improving.

I'm getting better.

I'm getting back to normal.

I'm on the road to recovery.

I'm still seeing a doctor.

I'm in therapy.

I'm completely over it.

I am as good as new.

I feel like a new person.

D. Medicine

1. Instructions for taking prescription medication

One teaspoon/tablet/ pill three times daily.

Take as needed.

Take after eating.

This medication should be taken with meals.

2. Medical warnings and advice found on product labels

Warning: The U.S. Surgeon General has determined that smoking is hazardous to your health.

May cause drowsiness.

Expires 10/15/07

Lesson 2

Practice the Dialogs

Dialog 1

Doctor: And what's your problem, Mr. Wu?

Mr. Wu: Well, I've got a bad fever.

Doctor: Oh, I see. And have you got a temperature?

Mr. Wu: Yes, it was over 100 last night.

Doctor: Mmm... I'd better check it. Now it might be something you've eaten. Have you been eating any spicy foods?

Mr. Wu: No, not that I remember.

Doctor: Well, I think you're probably getting the flu.

Mr. Wu: I thought so.

Doctor: Yes. I'll give you something for the fever. Take two of these tablets three times a day before eating.

Dialog 2

Practice the Model Dialog. Activate the idioms.

Catching the Flu

Ana: David, **what's the matter?** You look totally **wiped out**.

David: And this exactly the way I feel. I don't know if I'm just **worn out** or if I'm really **coming down with something**.

Ana: Let me feel your head, David. Oh! You're **burning up!** You must be **running a temperature**.

David: I feel like I've **caught the flu**, Ana. My throat hurts, I feel dizzy, and I **ache from head to toe**.

Ana: Go lie down, David. You need to rest. Why don't I **call up** the doctor and make an appointment for this afternoon?

David: That sounds like a good idea. Once the doctor figures out what's wrong with me, he'll probably give me a prescription, tell me to drink lots of fluids, and want me to **take it easy**.

Ana: You're probably right. And if you follow the doctor's orders, you'll **be back on your feet again in no time at all**.

Some more idioms:

To be under the weather - not to be feeling well, be sick

To be run-down - to be tired and in poor physical condition

To run a fever - to run a temperature

To take a turn for the worse - to become more ill

To get over - to recover

Fill each blank with the missing part of the idiom. Give Russian equivalents of the sentences.

1. Did you touch Jill's forehead? I think she's _____ a fever.
2. It's amazing how Andy _____ over colds so quickly.
3. Ms. Welton was improving, but then she took a sudden _____ for the _____.
4. Jerome hates the long hours and busy schedule at work, which often makes him feel _____ down.
5. Janice can't play tennis today because she is feeling _____ weather.

Use the idioms in your answers to the following questions.

1. What's the best thing to do when you are running a fever?
2. What may help you get over the flu more quickly?

Using the idioms tell your classmates about your past sickness.

Dialog 3

MRS. BECK: What's the matter with you, this morning?

MR. BECK: My back hurts. I can hardly bend over.

MRS. BECK: You'd better go to see the doctor right away then.

MR. BECK: Oh, I'll go to work and see whether I feel better.

MRS. BECK: I don't think you should put it off.

MR. BECK: I just had my annual checkup last week. This can't be anything serious because they checked me very carefully.

MRS. BECK: But you look as if you're in pain right now.

MR. BECK: Do we have anything I can take? An aspirin might help.

MRS. BECK: An aspirin! That's not going to do any good.

MR. BECK: It may help a little. Anyway, I can't afford to get sick.

MRS. BECK: You're covered by your health insurance, aren't you?

MR. BECK: That never takes care of all the expenses if you get really sick.

MRS. BECK: Well, let's hope you're not that sick!

MR. BECK: Don't you still have some of those pills you took after your operation last year?

MRS. BECK: You shouldn't take those. They're very strong. I had to have a prescription for them.

MR. BECK: If they're strong, they may be just what I need.

MRS. BECK: They'd put you to sleep. You might fall asleep while you were driving to work.

MR. BECK: Falling asleep sounds like the best idea of all. I think I'll just go back to bed. Then if I don't feel better tomorrow, I'll go to the doctor's.

Lesson 3

Reading/writing and oral practice: Medicine

1. Medicine is a big business in the USA today. In fact, medicine is only one part of a giant industry that goes by the name of health care. It includes hospitals, clinics, laboratories, pharmacies, insurance companies, and government agencies. It employs not only doctors and dentists but also nurses, lab technicians, hospital orderlies, and thousands of office workers. The annual cost to the American public runs into the billions of dollars.

2. Jack McDonald had his annual checkup a few days ago: a few tests, some of them on complex machines, an X-ray of his lungs, and some questions from his doctor. Now technology has improved medicine. It has helped doctors to diagnose illnesses more accurately and even to prolong life. Much of the cost of medical services has been covered by insurance from both private companies and government.

3. Some medicines can be obtained only with a doctor's prescription, but others are sold over the counter, like vitamin pills, aspirin and hundreds of different remedies for a cold.

General practice

1. When did you have your last checkup? How often do you have one? What does the doctor do when you get a checkup?

2. Do you get sick often? If you do, what kind of illness?

3. What kind of medicine do you take? For what?

4. Do you think it's good that many doctors specialize in only one branch of medicine? Give your reasons.

5. Do you think government should take a bigger part in health care? Give your reasons.

Lesson 4

Culture Corner

Using any reading strategy read the text about medical practices in the USA and compare them with Russian health care system.

TO YOUR GOOD HEALTH

Medical practices and the customs that surround illnesses differ from culture to culture. Coming to the USA you must bring your family records with you. That provides your physician with a more complete history of past medical experience and can help you save on expensive tests or background studies. Also, have full dental attention before you leave home; costs for dental care are as high as those for medical care.

If you wear glasses or contact lenses, have an extra pair with you and be sure to bring a copy of a prescription. If you are on regular medication, it's a good idea to bring a copy of that prescription and information from your physician at home about the condition for which the medication is required.

Most people's primary doctor is a family practice specialist - someone who will provide routine care for all members of the family and who can refer you to other kinds of specialists when necessary. If there is a young child in the family a pediatrician is contacted immediately.

Many medical groups have formed which give the patient access to a number of doctors rather than one. They emphasize family practice - taking care of all the medical needs of the family members in one place and providing service at times with one or another group members being available on call. Many of these groups are referred to as HMOs or Health Maintenance Organizations. Some are attached to hospitals but most are independent and the physicians have privileges at local hospitals.

Physicians are listed in the yellow pages of the phone book and even advertise their services but people usually find doctors by asking friends and acquaintances about their experiences with medical care.

Don't necessarily accept the first physician suggested. People have different needs. Most physicians are very well trained in the U.S. But isn't it important for

your doctor to have a gentle personality and be willing to give you considerable time? You will want to find someone who is easy to talk with and who you have confidence in. Failing a personal recommendation from someone you know, call the County Medical Society in your area. They will provide several names. When you have found someone whose age, medical training, and background seem right to you, make an appointment. Take your family health records and ask about fees, hospital connections, house visits, and anything else you want to know. You will, of course, be billed for the visit, but it is worth it. You'd better know in advance the approximate fees any given physician is likely to charge. Fees can vary and as medical care in the USA is expensive it is important to know what costs to expect.

If an emergency strikes, the first step is to call your doctor. If he is unavailable, go to the Emergency Room of the nearest hospital. They are set up to deal with serious accidents and acute illnesses (such as a heart attack). Less serious illnesses and accidents are treated by family physicians and in «walk-in» clinics.

In most cases health care in the U.S. is very thorough. If you are sent to a hospital, don't fear the worst. It often only means that the doctor wants to make use of special facilities for tests, X-ray, or treatment procedures, or wants to have you observed at frequent intervals a day by the trained staff.

Since medical costs are so high, insurance is necessary. There are many excellent free public facilities for the poor, but they are so crowded and the waiting time is so long that most of the people who can afford it use private doctors. The great majority of American people subscribe to private insurance programs which help to pay for hospitals and doctor bills. Many American enterprises have a group insurance plan. Find out exactly what the coverage includes. Foreign students enrolled in U.S. colleges and universities pay their college infirmary fee and are entitled to receive infirmary care whenever they need it. They can also purchase additional low-cost accident insurance - which is recommended or often required.

Medical insurance never covers all the expenses. Usually it does not include drugs and medicines, dental care, eyeglasses, or doctors visits to the home. You can have these specialties added, but the cost rises sharply with each one.

1. Make up a chart on cross-cultural comparison (Russia- the USA). Present it to the class and discuss.

2. Discuss in a small group how to prepare for your trip to the U.S.A. on the program “Work and Travel” in order to avoid medical problems? What can you foresee and what arrangements to make before the trip?

Chapter II

Lesson 1

Reading/writing and oral practice: Fitness

1. Larry Nordstrom had been feeling run-down. He'd gained some weight, and he was tired all the time. His doctor finally told him there wasn't anything seriously wrong with him. All he had to do was to watch his diet and get some regular exercise. Now Larry goes jogging every morning. He's been able to lose about ten pounds. He looks better, and he feels a lot better too.

2. “An ounce of prevention is worth a pound of cure” goes an old American saying. In other words, it's easier to prevent an illness than to cure it. Now the medical costs are so high that Americans are working at staying healthy. Everywhere you go today, you see men and women running and jogging. A lot of others go to health clubs to work out on all kind of muscle-building machines. Still others go in for sports in which they can participate, not just watch, like swimming and skiing, tennis and golf. “Fitness” has become a common word in the last few decades. It includes all this emphasis on activities that help keep us in good health.

3. Two other words that have become part of today's everyday vocabulary are “calories” and “cholesterol”. Smoking has become the biggest “no” of all. The first thing that Larry's doctor told him to do was to give up cigarettes. Smoking damages the heart and lungs. It's bad even to breathe the smoke. Many places – of-

fices, stores, restaurants, theaters, airplanes, for example (and even some states, like California – have prohibited smoking or set aside special areas for it.

General practice

1. What does healthy way of life include? Give your reasons.
2. Why does it become more and more “fashionable” to be fit?
3. Whose concern public health should be?

Render the Paragraph into Russian:

Anglo (Western) doctors in California have complained that the Mexican-American community is not using the medical services provided for them. There are a number of reasons why Mexican-Americans are hesitant to use the Anglo health care system besides its high cost. One main reason is that Mexican-Americans hold beliefs about the causes and cures of illnesses that are not recognized as valid by Anglo doctors. A second factor of some importance is the Mexican-American belief that if one gives in to sickness, one is morally weak. Furthermore, Mexican-Americans cannot make the quick decisions about treatment customary in Anglo health care because for them such decisions involve family members and close friends.

Lesson 2

Reading Comprehension

Study the following quotations and discuss in small groups what you think you are going to read about. Share your opinions and formulate a number of questions that you would like to discuss in connection with this problem.

- God grant me the serenity to accept the things I cannot change, courage to change the things I can, and the wisdom to know the difference. *Anonymous*

- A man is hurt not so much by what happens, as by his opinion of what happens. *Montaigne*

- Some people make mountains out of molehills. *Anonymous*

- Stress is like spice – in the right proportion it enhances the flavor of a dish. Too little produces a bland, dull meal; too much may choke you. The trick is to find the right amount for you. *Donald Tubesing*

- Have you ever felt that it's the little things in life that get you down? Daily hassles may have a greater effect on our moods and health than do the major misfortunes of life. *Richard Lazarus*

- Stress is poison in your body. *Anonymous*

- Stress is how the body tells the mind what the mind is telling the body.

Vic Shaw

- The ability to handle stress comes from inside yourself - not pills, liquor, or overeating. *Anonymous*

- Long ago, I made up my mind to let other people have their own peculiarities. *David Grayson*

- Things usually turn out best for people who make the best of the way things turn out. *Art Linkletter*

- Remember, the real question for you is: What did you think to feel that?

Dan Taylor

- One striking thing we have discovered is that there are two main types of human beings: “racehorses” and “turtles”. *Hans Selye*

- Successful activity, no matter how intense, leaves you with comparatively few “scars”. It causes stress but little distress. *Hans Selye*

Article 1

Here is an article about a common psychological problem caused by life in the modern world. Read it carefully, stopping to think about what you have read from time to time. Read it more than once if you want.

BURNOUT

Schoolteachers and full-time housewives with children at home are among the highest-risk groups likely to suffer from burnout, says Michael Lauderdale, director of the University of Texas' School of Social Work's research center, who began studying burnout years ago. He first noticed symptoms of the condition among human service agency workers, but says the condition affects everyone to a degree. Burnout, he believes, comes when "we have expectations of our jobs, careers, marriages, or lives, and the reality we are experiencing is less than our expectations.

"We're in a time of high ambiguity about what life means in terms of social roles and in terms of what we're to do with our lives. I don't think that people have greater expectations now than in the past - I think it's just harder to keep your experiences in place because the times keep changing on you. An example of the rapidly changing times would be a young college student who is advised to get a degree in business. "If you're a sophomore now, by the time you get the degree, people with business degrees could be a glut on the market. The idea that the private sector could solve most of the world's problems could vanish by then."

Lauderdale divides the symptoms of burnout into three stages. First is confusion. The worker may voice general complaints, such as "I don't feel very good" or "I just don't have any pep." Sometimes, chronic backaches, headaches, or colds appear. A worker may seem to lose his sense of humor. He may seem inattentive in a discussion because of the list of things to do running through his mind.

Moderate burnout is characterized by more illness and absenteeism, and a "cocoon phenomenon" begins. In that state, workers "seem to have gray faces at 3 p.m. in the office, but after five, it's like a butterfly coming out of a cocoon. Their voices lilt and they are spontaneous when they walk out of the office." The "cocoon phenomenon" is a result of people compartmentalizing their lives, Lauderdale feels. Accompanying that is "lots of clock-watching and counting the days until Friday."

In the third stage of burnout, which he terms despair, "the person pulls into a shell and minimizes work and social contacts as much as possible. There is depression and crying, an increase in drinking, risk-taking and drugs. I related a lot of my

work with abusing parents as being the third stage of burnout. They are highly burned out as parents."

Although the bulk of literature about burnout is work-related, the syndrome can occur in any of the multiple roles most people perform - spouse, friend, parent, employee, supervisor. Also, burnout in a job may not begin at work, but may be a spillover from the worker's dissatisfaction with other roles, such as being the parent of a teenager.

People can learn to improve their skills at recognizing burnout and at doing something about it, Lauderdale suggests. A frequently used low-risk strategy is one he calls "the quick break." Examples include rearranging the furniture, getting a new haircut or new clothes, taking a vacation, or going to a concert or football game. Other major change responses include compromising and trying to accept the current level of success or income, moving to a new environment or situation, or changing oneself by lowering expectations of work or redefining its meaning.

Labeling the syndrome with the buzzword "burnout" tends to trivialize the problem and make it lose its meaning, he cautions. "I would emphasize that burnout isn't a passing fad, and it goes way beyond the work world. I don't think men suffer more than women, but I think men may have more burnout on the job, while women get burned out on family life. Work is still a place of wonder and promise for many women new to it."

human service agency workers: people whose job is to help people, for example, social workers, psychologists, and ambulance drivers

ambiguity: uncertainty

buzzword: a colorful, fashionable word that is often overused

Summary skills

Write the numbers 1 to 8 on a piece of paper, for the eight paragraphs in the article. Then choose the best title for each paragraph from the list below, and write the title letter next to the paragraph number. Be careful: There are eleven titles in all, but you will need only eight.

- a) Despair
- b) The quick break
- c) Not only at work
- d) Physical illness
- e) Stage 1
- f) Dealing with burnout
- g) Lasting and universal
- h) College students
- i) Stage 2
- j) Why does burnout happen?
- k) Who suffers from burnout?

Guessing words from context

Find words or phrases in the text that seem to correspond to the definitions given below.

Example: people's places in society

Answer: social roles

Now find words or phrases for these meanings:

- 1) a second-year student
- 2) too numerous for the available jobs
- 3) business that is not government-run
- 4) evidence of a disease
- 5) energy
- 6) repeated
- 7) child-beating
- 8) most
- 9) make the problem seem unimportant
- 10) thing that will soon disappear

Making connections

Misunderstandings sometimes happen because we do not realize what is meant by a word like *she* or *it*. Practice making this connection by giving the meaning of each word or phrase in italics.

Example: Their voices lilt...

Answer: Their means the workers.

1. He first noticed symptoms of *the condition* ...
2. Accompanying *that* is "lots of clock-watching... "
3. *They* are highly burned out as parents,
4. ... *the syndrome* can occur in any of the multiple roles ...
5. ... make *it* lose its meaning,...
6. "... many women new to *it*."

Why?

This exercise asks you to use your own knowledge of the world to think about the facts in the text.

1. What expectations do you think human service agency workers have trouble with?
2. What is special about *five*?
3. Why can being the parent of a teenager head to burnout?
4. Why is "the quick break" called a *low-risk* strategy?

Article 2

STRESSED OUT

Does work or study sometimes cause you stress?

How does this stress affect you? What do you do to help yourself relax?

Now read this article about job stress and answer the questions below.

Stress on the job costs American companies as much as \$150 billion a year in lower productivity, unnecessary employee sick leave, and higher medical costs. Three-quarters of the office workers today say they suffer from stress at work. Recently, psychologists and doctors have begun to study the problem more closely. They have discovered that the most stressful professions are those that involve danger and extreme pressure and those that carry a lot of responsibility without much control.

The signs of stress range from nervousness, anger, and frequent illness to forgetfulness and even mental problems. The best way to deal with stress is through relaxation, but sometimes the only answer is to fight back or walk away.

Ten jobs with high stress

inner-city high school teacher

police officer

miner

air-traffic controller

medical intern

stockbroker

journalist

clerk in complaint department

waitress/waiter

secretary

Some warning signs of stress

intestinal distress

rapid pulse

frequent illness

persistent fatigue
irritability
nail biting
lack of concentration
increased use of alcohol and drugs
hunger for sweets

Some ways to cope with stress

maintain a sense of humor
meditate
get a massage
exercise regularly
eat more sensibly
limit intake of alcohol and caffeine
spend more time with family and friends
say no to your boss
quit your job

Discuss the questions. Add some questions of your own.

- a) Why do you think the jobs above often produce stress?
- b) Do you show any of the warning signs when you are stressed?
- c) How else do people sometimes react when they are under stress?
- d) Which of the ways to cope listed above are most effective?
- e) What are some other ways of coping with stress?

Article 3

Social Issue: DYING TO WORK

Reading comprehension and discussion

1. You are going to read an article about a Japanese phenomenon known as *karoshi*. Before you read the article look it through quickly to find out what *karoshi* means.

TOKYO - A recent television special said it all: It showed a building in downtown Tokyo with preprogrammed office lights that uniformly shut off at 10 p.m.; seconds later, virtually every light in the building came right back on. Despite such displays, the nation that has taken the sting out of the world "**workaholic**", producing 10 percent of the world's exports with just 2 percent of its population, is suddenly **obsessed** with a deadly **phenomenon** known as *karoshi*. That's the Japanese word for "death from overwork". Tetsunojo Uehata, the medical **authority** who coined the word, defines *karoshi* as a "**condition** in which psychologically unsound work processes are allowed to continue in a way that **disrupts** the worker's normal work and life rhythms, leading to a **buildup** of a fatigue in the body and chronic condition of overwork **accompanied by a worsening** of pre-existent high blood pressure and **hardening** of the arteries and finally resulting in a **fatal breakdown**." Translation: all work and no play can really **wreck one's health** even in Japan.

Hardly a week goes by without a **grim report** about some **overzealous** worker **in the prime of his life** who could not just say no to overtime. For example, ten years ago, a 39-year-old police sergeant, Haruo Okada, **captured headlines** as a ***karoshi* victim** by **working double shifts** for a month during the enthronement ceremonies for the nation's new monarch. There are no **reliable figures** on the number of victims, but **analysts** believe that tens of thousands of Japanese become seriously ill or die from overwork each year. Despite promises from the government **to trim working hours**, the **average** Japanese clocks 2,150 hours last year, **compared with** 1,924 hours for Americans and 1,643 hours for the French.

Some Japanese want change. When a group of lawyers and doctors **set up** the nation's first *karoshi* hot line in 1988, 135 people phoned on the first day. Since then, thousands of cases had been reported to the 42 hot lines across the nation, and finally an international **call-in center** was set up in 1993.

To raise public awareness about the problem and to pressure the government and corporate Japan into action, a group of lawyers, doctors and victims' wives published a book called "*Karoshi: When the Corporate Warrior Dies*", which recounts numerous horror stories. Yet the government and most Japanese companies rarely **acknowledge** *karoshi* and **provide no special compensation** to survivors. As the Ministry of Labor defines it, overwork can only be considered a cause of death if a victim "worked **continuously** for 24 hours preceding death", or "worked 16 hours a day for seven **consecutive** days leading up to death".

Alas, the recent **media attention** probably won't slow down the production much. In a **poll** conducted by an insurance company, more than 40 percent of the employees the firm covered said they feared that overwork might kill them; few planned to do anything about it. All in all, it looks like another busy year for the folks at the *karoshi* hot line.

(By Jim Impoco *US News @ World Report*)

2. Now read the text in more detail and decide if the following statements are true or false.

1. Japan has a relatively small population, but is the major world's exporter.
2. The Ministry of Labor knows the exact number of *karoshi* victims.
3. People can report special telephone numbers to report cases of death from overwork.
4. A book was written to inform the public about the *karoshi* problem, and to make the government and companies react.
5. The Japanese government and many companies usually admit that there is a problem with overwork.
6. Many of the employees recently questioned by an insurance company said that they are trying to change their working habits.

3. Think of the health issues you might discuss using the article.

Article 4

HOW PERSONALITY AFFECTS YOUR HEALTH

Reading for specific information

Below you will find the beginning of a book about how personality is linked to the risk of heart attacks. Before you read the whole text, practice looking for specific information by answering these questions as quickly as you can.

1. The book is based on a study. How long did the study last?
2. How many people took part in the study?
3. The book talks about a certain type of person. Name one thing that type of person has trouble finding the time to do.
4. Are the people the book talks about all men?
5. In the study, what category of women had the most heart disease of all?
6. Do the people the book talks about usually do well in school?
7. Do they usually express anger when they feel it?

Now read the text, more than once if you want. Feel free to think about what you have read.

Here are six questions about your approach to life. Try to answer them as honestly as you can. You may find the results revealing.

Are you hard driving and competitive?

Are you usually pressed for time?

Are you bossy or dominating?

Do you have a strong need to excel in most things?

Do you eat too quickly?

Do you get upset when you have to wait for anything?

If you have answered "yes" to most of these questions then I can make a few predictions about you, based on a recent eight-year study of nearly two thousand people who live the way that you do.

You probably find that life is full of challenges and you often need to keep two or more projects moving at the same time. The chances are that you have been to college, that you have a management job and that you bring work home at night. You think that you put more effort into your job than many of the people you work with, and you certainly take your work more seriously than most of them. You get irritated easily, and if someone is being long-winded, you help them get to the point. You also have trouble finding the time to get your hair cut.

And there's one other thing. You are about twice as likely to have a heart attack as someone who takes a more easygoing approach to life.

The mention of heart attacks probably makes you think that surveys like this only apply to men. After all, men up to middle age in the United States and Britain have about four times more coronaries than women do. But women suffer too, if they adopt this same hard-driving, competitive, time-urgent lifestyle. Working women living this way are twice as likely to develop coronary disease as those who are more relaxed.

You might expect things to be different for housewives, since living at home should cause less hassle than going out to work, and as a group, housewives in this study were more easygoing. But some felt the same time pressures as women with outside jobs; the sense that things would get out of control unless they tried all the time to keep on top. Those who felt this suffered three times as much heart disease as those who didn't, whether they looked after an office or a home. And women with children, who were married to blue-collar workers and were holding down clerical jobs at the same time, had the highest heart disease risk of all.

The beginnings of your hard-driving behavior go right back to childhood. In school you got recognition and perhaps prizes for being quick and bright, for being an achiever, for competing with others and for winning. You probably went on from school to get a series of increasingly better jobs against pretty stiff competi-

tion. They were jobs where you had to care about the results, where you constantly had to push things forward and get things done. In your present job you also feel some conflict, either with time or with other people. Some of those you work with don't seem able to grasp the simplest ideas, and they often put a brake on what you're trying to achieve. The conflict may not erupt every day. You pride yourself on being able to keep the lid on. But it's always there, under the surface.

revealing: Revealing results show you something.

being long-winded: talking too much

hard driving: always trying hard to get things done

blue-collar: A blue-collar job needs physical strength.

challenges: difficult jobs to be done successfully

clerical: office

projects: pieces of work done over a period of time

Inference

The person described in the text, whose life-style is likely to lead to a heart attack, is called a "Type A" person. Can you guess which of the following would be true of "Type B" people, who are not likely to have heart attacks?

1. They move more slowly than Type A people.
2. They are almost always men.
3. At meetings, they sit back in their chairs in a relaxed way.
4. They are good listeners.
5. They sometimes wait a few seconds before answering a question.
6. They feel they must succeed in everything they do.
7. They don't hurry decisions, but take time to think things over.
8. They feel that the only way to get a job done well is to do it themselves.
9. They take time to enjoy their food.
10. It doesn't bother them much to wait in line.

Guessing words from context

Find words or expressions in the text that seem to correspond to the definitions given below.

Example: a word that means "heart attacks"

Answer: coronaries

- 1) an expression that means "in a hurry"
- 2) an expression that means "it is likely"
- 3) a word that means "trouble"
- 4) an expression that means "stay in control"

Find words for these meanings:

- 5) somebody who did well
- 6) difficult
- 7) understand

Making connections

Misunderstandings sometimes happen because we do not realize what is meant by a word like *she* or *it*. Practice making this connection by giving the meaning of each word or phrase in italics.

1. ... you help *them* get to the point,
2. ... as *those* who are more relaxed,
3. ... unless *they* tried all the time to keep on top.
4. *Those* who felt *this* suffered ...
5. ... and *they* often put a brake on ...
6. But *it's* always there,...

Lesson 3

Practice the Dialogs

Dialog 1.

Listen and Practice the model dialog.

STRESSED OUT

Mia is feeling a lot of stress. Which things does her friend suggest? What does she say about each idea?

FRIEND: Are you OK, Mia? You look beat. You look really tired.

MIA: I am. I can't seem to sleep at night. I've been under a lot of pressure lately – a lot of stress.

FRIEND: What's up?

MIA: I've got a million things to do. I'm busy at work. I'm working on the house too, you know. I'm trying to fix it up, I need to finish it before inter. Just lots of deadlines.

FRIEND: Any way I can help?

MIA: Thanks, but not really. It's just things I have to do.

FRIEND: Well, you need to manage that stress a little better. Are you getting any exercise?

MIA: Who has time?

FRIEND: You really should ride a bicycle to the store, or walk to work a couple days a week, or go swimming at the community center. It helps me to get exercise when I'm busy. You don't have to become a fitness nut, you know.

MIA: That is a good suggestion. It's just the time, you know. I'm always thinking of what I should be doing.

FRIEND: No wonder you can't sleep. A lot of people learn to meditate or learn yoga. Meditation and yoga are supposed to be good ways to deal with stress. They help you, relax.

MIA: Yoga? Maybe I'll call the community center. They might have some classes there.

FRIEND: You know, another thing you can do is take vitamins. You use up a lot of vitamins and you don't get them in your meals all the time.

They won't help the stress, but they might help your body handle it better. You really should take vitamins every day.

MIA: Yeah, I should get some. Thanks.

FRIEND: How about going out with Rosa and me this Friday? It'll do you good. We could see a movie, make you forget your problems. Have a little fun.

MIA: You know, you're right about all this. Let's go somewhere Friday night, have dinner, see a movie. That'll be fun.

FRIEND: Now you're talking!

MIA: OK. See you Friday. Got to get back to work!

FRIEND: Mia, you're hopeless. Truly hopeless.

Dialog 2

You are What You Eat

RITA: 'That was a good dinner.

DAVE: Yes, it was. Are you going to have coffee?

RITA: No, I don't think so. My doctor told me to cut down on it.

DAVE: Shall we go then?

RITA: Oh, look at that dessert over there! Doesn't it look just wonderful!

DAVE: It looks rich. Too rich.

RITA: Yes, I suppose .so. A thousand calories.

DAVE: Two thousand is more like it. Look at all that cream.

RITA: Yes, I suppose it's full of cholesterol. Isn't it too bad?

DAVE: Isn't what too bad?

RITA: That we have to stay away from all the things we really like—
desserts, coffee, cigarettes.

DAVE: But you feel better for staying away from them, don't you? You certainly look better.

RTTA: Yes, it's true. I *"have* started to lose a little weight.

DAVE: Yes, I can see that.

RITA: About five pounds so far. The doctor said I had to lose ten, so I'm halfway there.

DAVE: And what about smoking?

RTTA: I haven't had a cigarette for two weeks. It hasn't been too hard to give up smoking.

DAVE: Great! Now how about 'coming out jogging with me tomorrow morning?

RITA: Oh, I don't think I'm quite ready for *that*.

Dialog 3

Shopping for Healthy Food

Sharon: I'm glad you could pick me up, and take me to the grocery store. I hate to carry a lot of stuff on the bus. It's the pits.

Fred: That's OK. I like the company. I hate to shop alone. Anyway, they're having a sale on laundry soap and yogurt. I wanna stock up.

(In the store)

Sharon: Do you need a shopping cart?

Fred: I don't have whole lot to buy. Why don't we put everything together into one cart?

Sharon: OK. I haven't shopped here in a while. Do you know where they keep the butter?

Fred: Sure. It's way in the back of the store in the dairy case.

Sharon: Great, thanks. Hey! Check out this fancy display. They sure want us to buy Diet Pepsi, don't they?

Fred: Yuck. I never touch the stuff. It's all chemicals.

Sharon: Aw, Fred, you're such a purist! Oh, here's the butter. All right! It's on sale. That's perk. And here's the milk. Now, let's see ... what else do I need? Let me check my list. My memory's getting worse

and worse every day. I've got to write everything down. My list has got to be here somewhere. Don't tell me I left it at home! Oh great, here it is. Let's see now ... I need some veggies, some hamburger, and some munchies. This lettuce looks pretty good, and it's cheap.

Fred: Yuck. Most of these vegetables look pretty bad. I'll bet they were all sprayed with chemicals. I'll just get some garlic and some Brussels sprouts.

Sharon: Bleah! I hate Brussels sprouts. Do you really like those stinky little cabbages?

Fred: Sure! You just have to know how to cook 'em. I fix them in a cheese sauce with Dijon-style mustard and herbs. They're great.

Sharon: What kind of cheese do you use, American?

Fred: Are you kidding? I don't call that cheese. I buy good jack, Swiss, or cheddar cheese at the organic food store where they don't use any food coloring or chemicals. Don't you shop at the natural foods store?

Sharon: I've heard that the stuff there is pretty expensive.

Fred: It's no more expensive than here, and best of all, it's all organic.

Sharon: Do you really believe all that you hear about additives? I think you worry too much. We're all going to die sometime. Now I need to get down to the most important things on my list. Where are the Hostess Twinkies*?

Fred: You're hopeless. Don't you know what's in Hostess Twinkies*?

Sharon: Sure I do, cake and filling and sugar and good sweet stuff. They're great to eat in front of the TV late at night. Sometimes I carry a package of Twinkies* in my purse to eat when I need some energy in a hurry.

Fred: Do you wanna lose all of your teeth? Why don't you grab a piece of fruit or some frozen yogurt?

Sharon: Hey, chill out. You're too serious. Ah, here's the meat section. I need a couple of pounds of hamburger. I can't believe how much beef has gone up in the last few months. Maybe I'll just buy one pound and stretch it out.

Fred: That's one of the reasons that I became a vegetarian.

Sharon: What do you fix instead of meat?

Fred: I get protein from lots of other foods. I eat brown rice, beans, tofu, and nuts. You have to mix and match to get a good protein combination. It takes a lot of practice, but it's sure worth the trouble. You don't put all those chemicals in your system.

Sharon: Sounds like too much trouble to me. I need things that don't take long to cook. I don't mind making a salad or something like that, but I hate to slave over a hot stove when I could be out having a good time. Now, let's see. What else do I need? I have butter, milk, a pound of hamburger, and some Twinkies*. I still need some chocolate chips, flour, and sugar.

Fred: The chocolate chips, flour, and sugar are just one or two aisles over from the paper products and laundry soap. I'll take the cart and meet you at the checkout stand.

Make up your own dialog on the topic.

Together with your groupmates make a list of problems for debate.

Arrange a debate on one of the problems.

Choose a problem to write about.

SUPPLEMENTARY MATERIALS

A. Read the text and practice the dialog.

A DENTAL APPOINTMENT

Tom doesn't like to go to the dentist, but he had an appointment for a check-up and cleaning yesterday afternoon. He hurried to the dentist's office, and signed his name on the sheet. Then he sat down and waited for the receptionist to call him. It did not take long: he only waited ten minutes.

Soon he was sitting in the dental chair with his mouth open, while the dental assistant cleaned his teeth.

«Your teeth are pretty good,» she says. «Do you brush and floss a lot?»

Ted told her that he always brushed his teeth twice a day, and that he used a fluoride and tartar control toothpaste. Besides, he used dental floss every night. The assistant finished cleaning his teeth, and Ted went into a room for X-rays. The assistant said: «I'm going to take some X-rays now. Keep still and don't move. Okay?» In a few minutes she asked Ted to go with her to a different room. She also brought some trays of dental instruments for the dentist.

Ted waited. He was feeling a little nervous, but he didn't want the women working in the office to know it. Soon the dentist came. The very thought of the dentist drill made Ted's flesh creep, but he knew he couldn't leave.

Dr. Perez: Good afternoon, Ted. How's it going?

Ted: Fine. How do my X-rays look?

Dr. Perez: Well, you have two small cavities in your lower right molars. I can fix them today, if you'd like.

Ted: Sure. Go ahead. Let's do it.

Dr. Perez: Okay. I'm going to give you a shot first. I don't want you to feel any pain. Open wide. (The dentist gives Ted a shot and waits a couple of minutes.) Do you feel anything now?

Ted: No, nothing. Let's go. I'm ready.

Dr. Perez: All right. Don't move. I'm going to drill the teeth. Then I'm going to fill them. Keep still. Here we go. (The dentist drills Ted's molars and puts two perma-

ment fillings.) There. I'm finished. Here, take some water and rinse your mouth.

How do you feel?

Ted: I feel fine. Thanks.

Dr. Perez: Please, don't chew on the right side of your mouth tonight. Wait until tomorrow. Remember to use fluoride paste, a soft toothbrush, and dental floss. I'd like to see you in six months.

Ted: Great. Thanks.

cavity - a hole in a tooth

chew - break food inside the mouth

to floss - to use dental floss to clean between teeth

molar - a tooth in the back of the mouth

rinse - clean with fresh water

tartar - a hard, yellow deposit on teeth

B. Using the materials below comment on the ways of coping with stress offered by the author:

STRESS MANAGEMENT

Negative Copers

ALCOHOL:	Drink to change your mood. Use alcohol as your friend.
DENIAL:	Pretend nothing is wrong. Lie. Ignore the problems.
DRUGS:	Abuse coffee; aspirin/medications. Smoke pot. Pop pills.
EATING:	Keep bingeing. Go on a diet. Use food to console you.
FAULT FINDING:	Have a judgmental attitude. Complain. Criticize.
ILLNESS:	Develop headaches/nervous stomach/major illness. Become accident prone.
INDULGING:	Stay up late. Sleep in. Buy on impulse. Waste time.
PASSIVITY:	Hope it gets better. Procrastinate. Wait for a lucky break.
REVENGE:	Get even. Be sarcastic. Talk mean.

STUBBORNNESS: Be rigid. Demand your way. Refuse to be wrong.

TANTRUMS: Yell. Mope. Pout. Swear. Drive recklessly.

WITHDRAWAL: Avoid the situation. Skip school or work. Keep your feelings to yourself.

WORRYING: Fret over things. Imagine the worst.

Positive Copers

DIVERSIONS

GETAWAYS: Spend time alone. See a movie. Daydream.

HOBBIES: Write. Paint. Remodel. Create something.

LEARNING: Take a class. Read. Join a club.

MUSIC: Play an instrument. Sing. Listen to the stereo.

PLAY: Play a game. Go out with friends.

WORK: Tackle a new project. Keep busy. Volunteer.

FAMILY

BALANCING: Balance time and at work and home. Accept the good with the bad.

CONFLICT RESOLUTION: Look for win-win solutions. Forgive readily.

ESTEEM BUILDING: Build good family feelings. Focus on personal strengths.

NETWORKING: Develop friendships with other families. Make use of community resources.

TOGETHERNESS: Take time to be together. Build family traditions. Express affection.

INTERPERSONAL

AFFIRMATION: Believe in yourself. Trust others. Give compliments.

ASSERTIVENESS: State your needs and wants. Say “No” respectfully.

CONTACT: Make new friends. Touch. Really listen to others.

EXPRESSION: Show feelings. Share feelings.

LIMITS: Accept other’s boundaries. Drop some involvements.

LINKING: Share problems with others. Ask for support from family and friends.

MENTAL

IMAGINATION: Look for the humor. Anticipate the future.

LIFE PLANNING: Set clear goals. Plan for the future.

ORGANIZING: Take charge. Make order. Don't let things pile up.

PROBLEM SOLVING: Solve it yourself. Seek outside help. Tackle problems head-on.

RELABELING: Change perspectives. Look for good in a bad situation.

TIME MANAGEMENT: Focus on top priorities. Work smarter, not harder.

PHYSICAL

BIOFEEDBACK: Listen to your body. Know your physical limitations.

EXERCISE: Pursue physical fitness. Jog. Swim. Dance. Walk.

RELAXATION: Tense and relax each muscle. Take a warm bath. Breathe deeply.

SELF-CARE: Energize your work and play. Strive for self-improvement.

STRETCHING: Take short breaks through your day.

SPIRITUAL

COMMITMENT: Take up a worthy cause. Say "yes". Invest yourself meaningfully.

FAITH: Find purpose and meaning. Trust God.

PRAYER: Confess. Ask forgiveness. Pray for others. Give thanks.

SURRENDER: Let go of problems. Learn to live with the situation.

VALUING: Set priorities. Be consistent. Spend time and energy wisely.

WORSHIP: Share beliefs with others. Put faith into action.

20 Tips for Managing Stress

1. Work off stress.
2. Enjoy yourself.
3. Talk it out.
4. Give in occasionally.
5. Do something for others.
6. Have some real close friends.
7. Eat sensibly.
8. Get organized.
9. Rehearse.
10. Do it now.
11. Learn to say “No”.
12. Learn to accept what you cannot change.
13. Avoid self-medication.
14. Live a balanced life.
15. Get enough sleep and rest.
16. Make yourself available.
17. Shun the “Superman” urge.
18. Develop a regular exercise program.
19. Take care of yourself.
20. Learn to relax.

Study the following words:

Bingeing-

To console-

Judgmental-

To mope-

To pout-

Withdrawal-
To indulge-
A lucky break-
Tantrums-
Fault finding-
To work smth off-
Accident prone-
Assertiveness-
Win-win solutions-
To pile up-
To tackle problems head-on-
To know one's limitations-
To strive for-
To set priorities-
To shun smth-
(other words that you find essential)

(From "Becoming Aware: A look at Human Relations and Personal Adjustment" by Velma Walker and Lynn Brokaw, pp.323-335)

C. Watch the video sequence and work with the given exercises:

"East Meets West"

Part One

1. Before you watch the first part of the video about alternative medicine, look at the words below. Discuss the ones you do NOT know.

Alternative, incorporated, herb, massage, ignored, therapy, surgeons, complimentary, acupuncture techniques, chiropractic, medicinal - лекарственный; целебный

2. Three of these words belong to the same category as the first word. Circle the word that you think is NOT part of the same category.

1. incorporated: combined integrated assimilated (усвоенный)
2. alternative: medicinal substitute optional
3. surgeons: physicians specialists doctors
4. complimentary: elective optional ignored

Part Two

Draw a line to match each word with its opposite meaning.

- | word | opposite |
|-------------------------|-----------------|
| 1. disease | fail |
| 2. systematic | specialist |
| 3. excel (превосходить) | health |
| 4. general practitioner | chaotic |

Part Three

Before you watch the third part of the video about alternative medicine, look at the words below. Discuss the ones you do NOT know.

Curiosity, satisfactory, close-minded, embracing, evidence, clinical, mainstream, skeptical, facilities

After-viewing Activities

1. Fill in the appropriate forms of the word. If the word does not have one of the forms, leave the space blank.

noun	verb	adjective	adverb
1. <u>curiosity</u>	_____	_____	_____
2. _____	_____	<u>satisfactory</u>	_____
3. _____	_____	<u>clinical</u>	_____
4. _____	_____	<u>skeptical</u>	_____

2. Make a presentation on the topic.

D. Read and reproduce the following articles. Comment on the problems tackled in the articles.

Article 1

Global travel: Advance planning can prevent illness

By MayoClinic.com

More people are traveling overseas each year for social, recreational, business and humanitarian purposes. At the same time, it's becoming easier and cheaper to visit developing countries and rural areas of the world once considered inaccessible to the average tourist.

As a result, such travelers are exposed to a greater number of health risks and contagious diseases in unfamiliar environments. Yet taking simple precautions before departure and while abroad can go a long way toward minimizing the risks.

Risks range from minor colds to more serious diseases

Your risk of infection depends largely on where you go and how long you stay. Of course, if you live in a developing country for months or years, you're more likely to pick up an infectious disease than you are if you spend only a week or two abroad.

Among the most common infectious diseases travelers contract are diarrhea and upper respiratory infections such as the common cold or bronchitis. However, a number of other diseases, such as mosquito-borne malaria and yellow fever, are becoming more of a concern as it becomes easier for travelers to visit disease-endemic areas. Only on rare occasions do epidemics such as bubonic plague in India and diphtheria in Russia present a much more widespread threat.

Seek medical care and vaccinations weeks to months in advance

If you're planning to travel abroad, allocate time before your trip to:

Assess what vaccinations you need

Determine whether vaccines are recommended or even mandatory for the countries you plan to visit.

Go in good health

Take care of routine dental and medical matters before you go, too. Health care overseas may not meet U.S. health standards and can be expensive and difficult to arrange.

Arm yourself against potentially dangerous mosquitoes

Malaria, a mosquito-borne illness, is a leading cause of death in developing countries worldwide, occurring in 300 million to 500 million people each year. In the United States about 1,200 cases are diagnosed annually, primarily in Americans who travel abroad and immigrants who return from sub-Saharan Africa, the Indian subcontinent and other high-risk areas.

- Although malaria can be fatal if untreated, the disease is largely preventable if you have access to medications and take precautions to avoid being bitten by mosquitoes.

A little research can go a long way

Doing your homework before you go can help you avoid later hassle or illness. To prepare:

- **Check your health insurance policy.** Understand what kind of coverage you have should a medical emergency arise outside the United States.
- **Identify medical care in the areas you plan to visit.** Take with you a list of recommended hospitals and English-speaking doctors at your intended destinations.
- **Pack carefully**

When packing your bags, don't forget to:

- **Bring documentation from your doctor.** Carry a signed and dated statement from your doctor indicating your health history and required medication dosages if necessary. This provides foreign medical personnel with critical information in case of an emergency.
- **Pack extra supplies of prescription medicines.** Divide additional supplies among carry-on bags and checked luggage in case of loss or theft. If possible, carry your medications in their original labeled prescription bottles. Also consider bringing an extra prescription from your doctor.
- **Take a basic first-aid kit.** Include pain relievers, nasal decongestants, antibiotic ointment, anti-diarrheal medication and bandages. Also pack sunscreen, extra prescription eyewear and motion sickness medication if applicable. These items may be expensive or hard to find in foreign countries.

Use common sense while abroad

Think twice about activities you wouldn't hesitate to do back home. For example, eat carefully. Well-cooked food is usually safest. Avoid eating foods from street vendors, unpasteurized dairy products and raw or uncooked seafood. Drink water only from commercially sealed bottles.

After the trip: Be alert for signs of illness

Watch for illness in the first 12 weeks. Travelers who acquire viral, bacterial or parasitic infections overseas usually show symptoms and become ill within that period of time. However, be aware that some diseases, such as malaria, may not cause symptoms until six months to a year later, and may occur even if you took preventive medication.

If you get sick, tell your doctor where you've been traveling within the past year. If the illness continues or the diagnosis remains unclear, consider consulting a doctor who specializes in geographic medicine.

Whether you're traveling abroad for business or pleasure, the keys to avoiding illness are preparation and common sense. Take a few simple precautions before you leave and make wise choices during your trip to help keep it a healthy experience.

(from: 2005 Mayo Foundation for Medical Education and Research.)

Article 2

The Changing Face of the Doctor-Patient Relationship

By Ed Edelson, HealthDay Reporter

MONDAY, March 28 (HealthDay News) - Philip Greenland's 89-year-old mother had been hospitalized after a fall, and there were indications she might have suffered a hip fracture requiring surgery.

But over seven days of hospitalization, the orthopedic surgeon in charge of her case "began to act as if any inquiry from my mother or the family was a bother to him," Greenland said.

The surgeon failed to visit the woman for three days in a row and finally failed to review the bone scan that would show a fracture. Greenland then transferred his mother's care to another doctor, who readily concluded the hip was indeed fractured and operated within 12 hours.

As it happens, Greenland is a physician himself, professor of preventive medicine at Northwestern University and editor of the journal *Archives of Internal Medicine*. He told his story in an editorial in the March 28 issue of the magazine filled with

articles devoted to the topics of professionalism in medicine, medical ethics and doctor-patient communication.

The practice of medicine has become a complicated business lately, Greenland said, with overworked doctors often failing to communicate and failing to show respect for those in their care. His editorial quoted a 1927 paper that said "one of the essential qualities of the clinician is interest in humanity."

"I can now say from personal experience that anything less will not satisfy us when our own relatives are sick," Greenland wrote. "Why should we be willing to settle for less when someone else's mother, father, husband, wife, son or daughter is the patient?"

Five papers in the journal covered different aspects of how that basic principle can be put into practice - and how it can be neglected.

For example, a study by researchers at Harvard Medical School found that 23.2 percent of people infected with HIV, the virus that causes AIDS, had physicians with negative attitudes toward those addicted to injected drugs, and that those patients "had a significantly lower rate of exposure" to aggressive drug treatment.

A study led by Dr. G. Caleb Alexander, an affiliate faculty member at the University of Chicago MacLean Center for Medical Ethics, looked at one of the touchier issues in medical practice - the high cost of drugs. A survey of 519 doctors sought to learn why they often failed to discuss those costs with the patients in their care.

"We've identified several barriers," Alexander said. "The main barriers are insufficient time and lack of habit of conducting such discussions. Physicians are pressured for time, and they might not feel they have the time to talk about the issue." In addition, doctors just might not know how much money people are spending on prescription drugs, he said.

But people often feel uncomfortable telling doctors they may not be able to afford drugs that are prescribed for them, and "some patients may be concerned that their care would be compromised if cost is considered," Alexander said.

The study did not address the even more sensitive issue of drug company advertising and its potential influence on doctor's prescribing practices, but "there are a wealth of studies suggesting that advertising has an impact on prescribing practice," he said.

At the University of Toronto, Dr. Wendy Levinson, professor and chairwoman of medicine, looked into an equally sensitive issue - the effect on medical care of financial incentives, such as health maintenance organizations telling doctors to avoid expensive tests or procedures whenever possible.

The study presented 2,765 people with a test case: a video showing a discussion between a doctor and patient about a proposed magnetic resonance imaging (MRI) test. Nearly all the people had heard of managed care incentives, and 80 percent of them said they wanted to be told if they existed or might play a role in their care.

The study looked at six different strategies for a doctor to pass along that information. The one that worked best was "addressing emotions," with the doctor saying, "I understand your worries and am ready to address them," Levinson said. A strategy of "negotiation," with the doctor discussing the issue at length with the patient before reaching a conclusion, worked nearly as well.

What didn't work was the "common enemy" strategy, with the doctor saying, "I'd like to get you the test, but the health plan won't let me do it." Equally ineffective was the doctor denying that money played any part in the decision, she said.

The value of this and the other studies is that doctors are learning the importance of communicating with the people in their care, Levinson said. It is showing up in situations where the doctor knows that the patient cannot survive long.

"Years ago we didn't talk about dying," Levinson said. "We now feel that this is an appropriate approach. In the same way, we can talk about finances and how they affect the doctor-patient relationship."

Medical schools "have really enhanced their teaching of communication," and "it can be taught throughout a physician's career," she said. "There is a need for effective teaching of physicians at all layers of education."

REFLECTION OF THE UNIT

Recall your experience of working on the topic. Discuss in small groups what other skills besides linguistic competence you have acquired by the end of the unit? Share your thoughts in the classroom.

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