

Утверждено на заседании кафедры романо-германских языков
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Зав. кафедрой

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«Психологическое образование»

Дисциплина: Иностранный язык

Группа ЗП-03-17, 5 семестр

ОБРАЗЕЦ ЭКЗАМЕНАЦИОННОГО БИЛЕТА

1. Побеседуйте с преподавателем на тему “ What Is Clinical Psychology?”.
2. Выполните письменно лексико-грамматическое задание.
3. Письменно выполните перевод текста на русский язык. Ответьте на вопросы преподавателя по тексту.

Задания для самостоятельной работы и подготовки к экзамену

Экзаменационное задание 1

Список тем для беседы по первому вопросу на экзамене:

TOPIC 1: What Is Clinical Psychology?

TOPIC 2: Clinical Psychology

TOPIC 3: Unconscious mind

TOPIC 4: Freud’s Structural and Topographical Models of Personality

TOPIC 5: Jung’s theory

TOPIC 6: What Is Behaviorism?

Базовые тексты (1 – 3), лексические задания и вопросы к ним для беседы с преподавателем по первому вопросу экзамена.

What Is Clinical Psychology?

Clinical psychology is the branch of psychology concerned with the assessment and treatment of mental illness, abnormal behavior and psychiatric problems. This field integrates the science of psychology with the treatment of complex human problems, making it an exciting career choice for people who are looking for a challenging and rewarding field.

American psychologist Lightner Witmer first introduced the term in a 1907 paper. Witmer, a former student of Wilhelm Wundt, defined clinical psychology as “the study of individuals, by observation or experimentation, with the intention of promoting change”. Today, clinical psychology is one of the most popular subfields within psychology.

Clinical Psychology Education

In the U.S., clinical psychologists usually have a doctorate in psychology and receive training in clinical settings. The educational requirements to work in clinical psychology are quite rigorous, and most clinical psychologists spend between four to six years in graduate school after earning a bachelor’s degree.

There are two different types of degrees available in clinical psychology – a Ph.D. and a Psy.D. Generally speaking, Ph.D. programs are centered on research, while Psy.D. programs are practice-oriented. Some students may also find graduate programs that offer a terminal master’s degree in clinical psychology.

Before choosing a clinical psychology program, students should always check to be sure that the program is accredited by the American Psychological Association. After completing an accredited graduate training program, prospective clinical psychologists must also complete a period of supervised training and an examination. Specific licensure requirements vary by state, so students should always check with their state’s licensing board to learn more.

U.K. students can pursue a doctorate level degree in clinical psychology (D.Clin.Psychol. or Clin.Psy.D.) through programs sponsored by the National Health Service. These programs are generally very competitive and are focused on both research and practice. Students interested in enrolling in one of these programs must have an undergraduate degree in a psychology program approved by the British Psychological Society in addition to experience requirements.

Clinical Psychology Work Settings and Job Roles

Clinical psychologists often work in medical settings, private practice or in academic positions at universities and colleges. Some clinical psychologists work directly with clients, often those who suffer from severe psychiatric disorders.

Some of the job roles performed by those working in clinical psychology include:

- Assessment and diagnosis of psychological disorders
- Treatment of psychological disorders
- Offering testimony in legal settings

- Teaching
- Conducting research
- Drug and alcohol treatment
- Creating and administering program to treat and prevent social problems

Clinical Psychology

Information about the Clinical Psychology Graduate Major

UCLA's Clinical Psychology program is one of the largest and most highly regarded and selective in the country, and aims to produce future faculty, researchers, and leaders in clinical psychology. The program has been continuously accredited by the American Psychological Association for more than 50 years. Admissions decisions are based on evidence of research interests and extensive experience, psychology major or equivalent, outstanding academic and GRE performance, dedication to and suitability for a career as a clinical scientist, and superior letters of recommendation. The distinguished faculty and outstanding graduate students are engaged in research activities addressing a host of critical psychological and mental health problems. Their research and clinical work are facilitated by on-campus resources including the departmental Psychology Clinic, the Semel Neuropsychiatric Institute and Hospital, and the David Geffen School of Medicine.

The curriculum is designed to produce clinical scientists: clinically well-trained psychologists devoted to the continuous development of an empirical knowledge base in clinical psychology, with a particular emphasis on preparing graduates for employment in academic and research settings. The program's breadth provides a foundation for a variety of professional functions involving issues of optimal development and psychological disability on an individual, couple, family, and community basis. At the same time, depending upon the student's interests, there is opportunity for more intensive concentration in particular areas of clinical psychology.

Since the program stresses individualized and close supervision of the student in research and professional roles, flexibility in the student's program is possible. Within the parameters set by faculty interests and practicum resources, there are specializations in child psychopathology and treatment, cognitive-behavior therapy, clinical assessment, adult psychopathology and treatment, family processes, assessment and intervention with distressed couples, community psychology, stress and coping, minority mental health, health psychology and behavioral medicine, and cross-cultural research on psychopathology and mental health. The faculty and other research resources of the Department make possible

an intensive concentration in particular areas of clinical psychology, while at the same time ensuring breadth of training.

Unconscious mind

The unconscious mind (often simply called the unconscious) is all the processes of the mind which are not available to consciousness. In Western culture the concept has its origins in the romantic era and gained prominence in the writings of the Austrian neurologist Sigmund Freud. It might be defined as all those mental phenomena occurring within a person's mind which the person is not conscious of. These phenomena include unconscious (often repressed) feelings, unconscious or automatic skills, unacknowledged perceptions, unconscious thoughts, unconscious habits and automatic reactions, complexes, hidden phobias and desires.

Within psychoanalysis and analytical psychology the cognitive processes of the unconscious are considered to manifest in dreams in a symbolical form. Thus the unconscious mind can be seen as the source of dreams and automatic thoughts (those that appear without any apparent cause), the repository of forgotten memories (that may still be accessible to consciousness at some later time), and the locus of implicit knowledge (i.e. all of the things that we have learned so well that we do them without thinking). One familiar example of the operation of the unconscious is the tip-of-the-tongue phenomenon wherein one fails to immediately remember a given word but then has a flash of insight providing a solution, later on in the day. In this case, it is not that the word is forgotten, but that it needs to be retrieved from the unconscious mind.

It has been argued that consciousness is influenced by other parts of the mind. These such parts include unconsciousness as a personal habit, being unaware, and intuition. Terms related to semi-consciousness include: awakening, implicit memory, subliminal messages, trances, hypnagogia, and hypnosis. Furthermore, although sleep, sleep walking, dreaming, delirium and comas may signal the presence of unconscious processes, these processes are not the unconscious mind itself, but rather symptoms.

Historical overview

The term unconscious mind was coined by the 18th century German romantic philosopher Friedrich Schelling and later introduced into English by the poet and essayist Samuel Taylor Coleridge.

Articulating the idea of something not conscious has been a process of human thought and interpersonal influence for millennia. For example, influences on thinking that originate from outside of an individual's consciousness were reflected in the ancient ideas of temptation, divine inspiration, and the predominant role of the gods in affecting motives and actions. The idea of internalised unconscious processes in the mind was also instigated in antiquity and has been explored across

a wide variety of cultures. Unconscious aspects of mentality were referred to between 2500 and 600 BC in the Hindu texts known as the Vedas, found today in Ayurvedic medicine.

Paracelsus is credited as the first to make mention of an unconscious aspect of cognition in his work *Von den Krankheiten* (translates as “About illnesses”, 1567), and his clinical methodology created a cogent system that is regarded by some as the beginning of modern scientific psychology. Shakespeare explored the role of the unconscious in many of his plays, without naming it as such. In addition, Western philosophers such as Spinoza, Leibniz, Schopenhauer, Kierkegaard, and Nietzsche, developed a western view of the mind which foreshadowed the famous theories of Freud. As psychologist Jacques Van Rillaer pointed out, “the unconscious was not discovered by Freud. In 1890, when psychoanalysis was still unheard of, William James, in his monumental treatise on psychology, examined the way Schopenhauer, von Hartmann, Janet, Binet and others had used the term ‘unconscious’ and ‘subconscious’”. Moreover, as historian of psychology Mark Altschule observed, “It is difficult – or perhaps impossible – to find a nineteenth-century psychologist or psychiatrist who did not recognize unconscious cerebration as not only real but of the highest importance”.

Экзаменационное задание 2 (грамматический тест)

Грамматические темы для самостоятельной работы

Имя числительное.

Reported speech

Complex object

Образец экзаменационного теста

1. Change the direct speech into reported speech. Переведите в косвенную речь.

Example 1: I have already finished the test. -> He said he had already finished the test.

1. We have gone on holiday.
2. Nelly can't write; she has cut her finger.
3. The Ivanovs have travelled to many places.
4. Sam has already learnt the poem.
5. My sister has broken my pencil.

6. My dad has never travelled by plane.
7. Andrew has lost his keys.
8. Jill has never slept in a tent.

2. Complete the following sentences using the infinitive with or without to.

1. The teacher asked us _____ (listen) to his explanations.
2. He made the students _____ (write) the composition.
3. The teacher let us _____ (use) the dictionaries.
4. The teacher noticed me _____ (open) my dictionary several times.
5. I made myself _____ (write) as neatly as I could.
6. The teacher watched us _____ (work) and didn't say anything.

Экзаменационное задание 3

Образец фрагмента текста для перевода

Unconscious processes and the unconscious mind

Some neuroscientific research supports the existence of the unconscious mind. For example, researchers at Columbia University Medical Center have found that fleeting images of fearful faces – images that appear and disappear so quickly that they escape conscious awareness – produce unconscious anxiety that can be detected in the brain with the latest neuroimaging machines. The conscious mind is thus hundreds of milliseconds slower than unconscious processes.

To understand this type of research, a distinction has to be made between unconscious processes and the unconscious mind (neuroscientists are far more likely to examine the former). The unconscious mind and its expected psychoanalytic contents also differ from unconsciousness, coma, and a minimally conscious state. The difference in the uses of the terms can be explained, to a degree, by our different hypotheses on its subject. One such conjecture is the psychoanalytic theory.