福祉心理学専攻

修士課程

福祉心理学専攻【英語】問題

● 次の英文を読んで、下記の【設問１】から【設問４】について、答えてください。

People tend to have a pervasive motive to increase their self-esteem and to maintain high self-esteem (Sedikides, 1993; Sedikides, Gaertner, & Toguchi, 2003; but see Heine, Lehman, Markus, & Kitayama, 1999). Correspondingly, many psychological theories assume that people are motivated to enhance and maintain their self-esteem without further delineating its functional value (cf. Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004). However, there are a few approaches that seek to explain why self-esteem is important for humans (for an outline of these approaches, see Crocker & Park, 2004; Leary & Baumeister, 2000).

First, according to sociometer theory (Leary & Baumeister, 2000; Leary, Tambor, Terdal, & Downs, 1995), humans have a fundamental need for belongingness, because social inclusion has many adaptive benefits (e.g., the possibility of sharing knowledge within social groups; see also Baumeister & Leary, 1995). The theory states that self-esteem is a sociometer that serves as a subjective monitor of the extent to which a person is valued as a member of desirable groups and relationships. Thus, when people perceive their relational value as low, their self-esteem should be equally low, motivating behavior aimed at increasing or restoring social inclusion.

Second, according to terror management theory (J. Greenberg, Pyszczynski, & Solomon, 1986; Pyszczynski et al., 2004), people have a central motive to identify with cultural values and groups, because this identification promises either literal immortality (e.g., being part of a religious group that believes in reincarnation)or symbolic immortality (e.g., being part of a cultural group whose existence will endure after one's own death)and consequently reduces the deeply rooted fear of death. Thus, when people see themselves as living up to these cultural values, their self-esteem should be high, in turn serving as a buffer against the fear of death.

Interestingly, the fact that both theories stress the interpersonal component of self-esteem is in line with early psychological accounts of self-views as mentioned above (e.g., Cooley, 1902; Goffman, 1959; Mead, 1934). Moreover, both theories imply an association between self-esteem and psychological adjustment. For terror management theory, this association is more evident, as self-esteem is assumed to buffer against anxiety. From the perspective of sociometer theory, self-esteem is related to psychological adjustment via beneficial aspects of social inclusion. For example, socially excluded individuals may suffer from loneliness and low social support, which increases the risk for depression (e.g., Joiner, 1997; Nolan, Flynn, & Garber, 2003; Stice, Ragan, & Randall, 2004).

出典：Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological bulletin*, 139 (1), 213-240.

【設問１】第１段落の大意をまとめなさい。

【設問２】Sociometer theory と Terror management theory について説明しなさい。

【設問３】Sociometer theory と Terror management theory の共通点が述べられている箇所に下線を引き、和訳しなさい。

【設問４】各理論から予測される自尊心と心理的適応との関連性について説明しなさい。

福祉心理学専攻【英語】問題

● 次の英文を読んで、下記の【設問１】から【設問４】について、答えなさい。

It used to be believed that infants developed ① attachments with the people who looked after them purely because of the association with physical care and satisfying hunger. This led to a number of debates, such as whether mothers should go out to work, and similar issues. However, as a result of these debates, ② psychologists began to study relationship development very carefully and found that things weren't nearly as simple as that. For one thing, many babies develop special attachments to more than one person, and sometimes they will develop a special relationship with someone that they only see for a relatively short period each day. In the pioneering study by Shaffer and Emerson, conducted in 1964, the psychologists found that many of the infants in the families that they were studying had special attachments with their fathers, who were out at work all day, as well as with their mothers, who in this particular study were at home. Other babies though, didn't form attachments with their fathers. And some formed attachments with the fathers, but not with their mothers, even though it was the mother who was with them most of the time.

③ What made the difference? Shaffer and Emerson found, as have many psychologists since, that it was the quality of social interaction between parent and child which affected the infant's response. Babies become especially fond of parents（and other people）who are sensitive to the signals they are giving out - smiling and other facial expressions, movements, and so on - and who are prepared to interact with them in their playing. They don't develop such strong attachments to people who just care for them physically but don't play or talk with them.

（中略）

This attachment forms the basis of the loving relationship between parent and child which persists throughout life（if it is not actively disrupted）. And that attachment, in its turn, has been based on the quality of the interactions between the parent and the baby. Of course, that doesn't mean that an attachment has to be based on that − as adopted children know, a relationship which begins later in life can be just as special. But ④ a predisposition to interact with people, and to form relationships with the people who respond to you sensitively is one which is common to human infants all over the world. It is, quite literally, part of our heritage as human beings.

Nicky Hayes（2010）*Understand Psychology* Teach Yourself p.17-18

【設問１】下線部①“attachment”の日本語での訳語、概念名称を記せ。

【設問２】下線部②では「ことはそう単純ではなかった」と述べているが、「どのように複雑だったのか」について以降の文章から読み取り、説明せよ。

【設問３】下線部③の「何がこのような差を生み出したのか」に対する答えを、以降の文章から読み取り、説明せよ。

【設問４】下線部④を和訳せよ。

福祉心理学専攻【英語】問題

● 次の英文を読んで、下記の【問１】から【問５】について、答えなさい。

Defining [A]

One of the best ways to get a clear sense of how [A] is defined and measured is to distinguish it from related concepts.

[A] is not perceived skill; it is what I believe I can do with my skills under certain conditions. ① It is concerned not with my beliefs about my ability to perform specific and trivial motor acts but with my beliefs about my ability to coordinate and orchestrate skills and abilities in changing and challenging situations.

[A] beliefs are not simply predictions about behavior. [A] is concerned not with what I believe I will do but with what I believe I can do.

[A] beliefs are not causal attributions. ② Causal attributions are explanations for events, including my own behavior and its consequences. [A] beliefs are my beliefs about what I am capable of doing.

[A] is not an intention to behave or an intention to attain a particular goal. An intention is what I say I will probably do; and research has shown that intentions are influenced by a number of factors, including, but not limited to, efficacy beliefs（Maddux, 1999b）.

[A] is not self-esteem. Self-esteem is what I believe about myself, and how I feel about what I believe about myself. Efficacy beliefs in a given domain will contribute to my self-esteem only in direct proportion to the importance I place on that domain.

[A] is not a motive, drive, or need for control. I can have a strong need for control in a particular domain and still hold weak beliefs about my efficacy for that domain.

[A] beliefs are not outcome expectancies（Bandura, 1997）or behavior-outcome expectancies（Maddux, 1999b）. ③ A behavior-outcome expectancy is my belief that a specific behavior may lead to a specific outcome in a specific situation. A [A] belief, simply put, is the belief that I can perform the behavior that produces the outcome.

④ [A] is not a personality trait. Most conceptions of competence and control—including self-esteem（Hewitt, this volume）, locus of control（Rotter, 1966）, optimism（Carver & Scheier, this volume）, hope（Snyder, Rand,& Sigmon, volume）, hardiness（Kobasa, 1979）, and learned resourcefulness（Rosenbaum, 1990）—are conceived as traits or traitlike. [A] is defined and measured not as a trait but as beliefs about the ability to coordinate skills and abilities to attain desired goals in particular domains and circumstances. Measures of “general” [A] have been developed（e.g., Sherer at al., 1982; Tipton & Worthington, 1984）and are used frequently in research, but they have not been as useful as more specific [A] measures in predicting what people will do under more specific circumstances（Bandura, 1997; Maddux, 1995）.

出典：James E. Maddux 2005 “[A] : The Power of Believing You Can” In C. R. Snyder & Shane J. Lopez（ed）Handbook Of Positive Psychology（pp.278-279）Oxford University Press.

【問１】下線部①を和訳しなさい。

【問２】下線部②を和訳しなさい。

【問３】下線部③を和訳しなさい。

【問４】④から始まる段落の大意をまとめなさい。

【問５】［ A ］に入る概念の名称を記せ。日本語でも英語でもかまいません。

令和1年度　東北福祉大学大学院修士課程（一般選抜）入学試験（Ⅱ期）
福祉心理学専攻【英語】問題

● 次の英文を読んで、下記の【設問１】から【設問７】について、答えてください。

As we have emphasized in this concluding chapter, there is insufficient evidence to privilege some treatments over others. The implication of this conclusion would seem to be that therapists can deliver the treatment of their choosing. However appealing this might sound, there are three important caveats.

The first caveat is that therapists must deliver a treatment that is coherent, explanatory, and facilitates the patient's engagement in making desirable changes in their lives. It is not sufficient for a therapist simply to respond empathically or to deliver a set of actions that have no coherence---the latter best described as incoherent eclecticism. The essential feature of explanation and treatment is that it a) is acceptable to the patient, b) leads to expectation that the patient will have control over his or her problems, and c) engages the patient in some type of action. (2) should understand that it is their responsibility to ensure that the patient accepts the treatment---resistance to the treatment may be due to a number of factors, some to do with the patient, some with the therapist, and some with the nature of the treatment. Therapists need to understand that patients will prefer one treatment over another or may find one more compatible with their personality, attitudes, and cultural beliefs than another. Clearly, therapists need to be aware of and take into account patients' culture, attitudes, values, economic resources, social support, and other contextual variables (see APA Presidential Task Force on Evidence-Based Practice, 2006). This suggests that therapists are flexible in how they present the treatment (see e.g., Owen & Hilsenroth, 2014), but it also implies that therapists may well need to be skilled in delivering more than on treatment. The evidence suggests that rigid adherence to a treatment protocol, particularly if it damages the relationship between therapist and patient, is detrimental.

The second caveat is that therapists are responsible for the outcomes achieved by their patients. Of course, some patients will have poorer prognoses than others, due to a number of factors outside of the control of the therapist, but overall therapists should achieve reasonable benchmarks for the types of patients being treated. This responsibility suggests that therapists measure the progress of their patients, something Paul Clement began in private practice in 1966 (Clement, 1994, 1996). ⑤ Whether one uses one of the available measures or assesses patient progress toward therapeutic goals in the therapy interaction, a therapist needs to have knowledge of their effectiveness. This caveat applies to therapists delivering an evidence-based treatment as well as the therapists providing another treatment. Essentially, therapists who do not systematically monitor the effectiveness of their interventions cannot claim to be providing ethical treatment that meets current standards of care.

The third caveat is that there is a limit to the range of therapies that should be provided. Patients coming to a healer expect an explanation consistent with the healing practice and consequently the treatment provided to psychotherapy patients should have a reasonable and reasonably defensible psychological basis. There are many "crazy" therapies (Singer

& Lalich, 1996）and some that may indeed be harmful, at least anecdotally（e.g., rebirthing therapies）--- in our view, these therapies should be avoided. To engage in fringe therapies puts the therapist at risk but also damages the field. While interventions that do not meet the definition of psychotherapy（e.g., life coaching, religious retreats, etc.）may be useful and rely on similar psychological mechanisms, we view their application and regulation to be beyond the purview of psychotherapy research. ⑥ Of course, the demarcation between acceptable treatments and those that are too deviant from a proper psychological basis is not fixed and is a decision that has to be made by the therapist.

出典：Wampold, B.D. and Imel, Z.E,（2015）*The Great Psychotherapy Debate, The Evidence for What Makes Psychotherapy Work, Second Edition*, Routledge, New York & East Sussex, pp.273-274

【設問１】本文では、どの心理療法が他の心理療法よりも優れていると言っていますか。日本語で記載してください。

【設問２】（2）にあてはまる語を文中より選んで英語で記載してください。

【設問３】本文は、心理療法の選択にあたっての注意事項について述べています。この中で挙げられている３つの注意事項とはそれぞれ何でしょうか。文中の該当部分を日本語にして述べてください。

【設問４】本文で、心理療法の選択にあたって、セラピストは患者がある方法よりも別の方法を好ましいと考えることもあることから、セラピストは患者のどのようなことに気づいて考慮する必要があると言っていますか。本文より３つ以上挙げて原文で記載してください。

【設問５】下線部⑤を日本語に翻訳してください。

【設問６】下線部⑥を日本語に翻訳してください。

【設問７】本文２段落めで、セラピストがなすべきこととして「こうするだけでは不十分だ」という行為を挙げています。本文より抜き出して、日本語で述べてください。

令和2年度　東北福祉大学大学院修士課程（一般選抜）入学試験（Ⅱ期）

福祉心理学専攻【英語】問題

● 次の英文を読んで【設問１】から【設問５】に答えなさい。

This study was designed to test the generalizability of the attitudinal consequences of anger when activated in the context of terrorist threat. If anger *generally* leads participants to find hawkishness more appealing, one might expect more favorable appraisals of hawkish（vs. dovish）targets, regardless of their political affiliation. The design of the study was a 2（prime: terrorism vs. control）× 2（target party: Republican vs. Democrat）× 2（type of speech: hawkish vs. dovish）factorial design.

In this study, terrorist threat was primed by having participants "think about the threat posed by the terrorist organization commonly referred to as the Islamic State（i.e., 'ISIS' / 'ISIL'）with instructions to "write down, as specifically as you can, the kind of threat that

this group poses to the United States." Participants assigned to the control condition were asked to "describe the mundane events that occur during your typical day," a task used before in the service of providing an affectively neutral baseline condition (see Lambert, Eadeh, et al., 2014; Lambert et al., 2010). Immediately following these respective tasks, participants completed a standard mood inventory. Aside from serving as a manipulation check (to ensure the terrorist prime was taken seriously), this inventory allowed us to conduct test of affective mediation, with the prediction that such effects would arise with anger, but not fear or sadness. In all case, these affective states were operationalized on the basis of multi-item composites. In the case of anger, for example, our composite was based on an average of participants' rating of *angry*, *mad*, *irate*, and *hostile*.

After the mood inventory, participants evaluated a fictional (but ostensibly real) politician. In all cases, information about the target person was presented on a single screen. The top of the screen contained a small "headshot", along with his name (Senator William Cunningham) and a one word-description of his political affiliation ("Democrat" or "Republican"). Immediately below, we presented the text of a speech made by this politician, conveying either a very hawkish or very dovish policy. Our target description was deliberately designed so that the speech was the only substantive information participants had about the target. This point becomes important in the context of our subsequent studies.

On the next page, participants evaluated a series of standard Likert-type questions designed to assess their impression of the target. Some of these items pertained to general impressions, whereas others refereed to his speech and/or leadership skill. In all studies, principle components analyses revealed a one-factor solution on which all of these items loaded highly. Hence, a general positivity index averaging across all items was formed, after reverse scoring as necessary.

This study was designed to test the generalizability of the attitudinal consequences of anger when activated in the context of terrorist threat. If anger *generally* leads participants to find hawkishness more appealing, one might expect more favorable appraisals of hawkish (vs. dovish) targets, regardless of their political affiliation. As a result of the analysis, in the case of the hawk, participants evaluated this person more favorably if they were assigned to the threat vs. control condition. In contrast, this effect was reversed for the dovish target. This effect was responsible for a significant interaction of prime and target type. There was no evidence that these effects were qualified by political party. In other words, participants liked the hawkish target more (and the dovish target less) regardless of whether the target was described as a Republican or Democrat.

＜出典＞

Lambert, A. J., Eadeh, F. R., and Hanson, E. J. (2019). Anger and its consequences for judgment and behavior: Recent developments in social and political psychology. In J. M. Olson (Ed.), *Advances in Experimental Social Psychology* (pp. 103-172). Eastbourne, UK: Academic Press.

【設問１】この実験では何を明らかにしようとしていますか。著者らの予測も合わせて書きなさい。

【設問２】実験結果を示し、著者らの予測が支持されたのかどうかも記しなさい。

【設問３】＿＿＿部分の測定を行うことにより、２つのことを確かめる分析が可能になると述べられています。それらを書きなさい。

【設問４】＿＿＿＿部分の測定を行うことにより、筆者らはどのような項目を使ってどのような得点を作成しようとしているのかを書きなさい。

【設問５】従属変数がどのように測定されたのかを書きなさい。

令和3年度　東北福祉大学大学院修士課程（一般選抜）入学試験（Ⅱ期）
福祉心理学専攻【英語】問題

● 次の英文を読んで【設問1】から【設問5】に答えなさい。なお、解答は設問ごとに、別紙解答用紙に記入すること。

Even if there is clear evidence of group-based disadvantage, individual group members do not necessarily detect its occurrence unless they also personally suffer from it (Stroebe, Ellemers, Barreto, & Mummendey, 2009). When individuals are themselves recipients of negative outcomes, they are more attentive to cues to discrimination (such as the disadvantage of the ingroup as a whole) so as to deflect personal responsibility for the negative outcome and thereby protect their sense of competence (Crocker & Major, 1989). If individuals do not receive a negative outcome, however, they do not have this motivation and may, instead, fail to realize that the group as a whole is disadvantaged. We examined this in two studies where individual outcomes were evaluated in the presence versus absence of information about group disadvantage (Experiment 1) or where individual and group outcomes were congruent versus incongruent (Experiment 2). Female participants in both studies took part in a bogus selection procedure during which they were interviewed by a male interviewer. Participants knew that they were not applying for any concrete job, but were told that they were likely to experience similar procedures when applying for jobs in the future. In both experiments, half of the participants were told that, if the interview had been for a real job, the interviewer would have recommended that they would be accepted, whereas the remaining participants were told the interviewer would have recommended rejection. All participants then received some information about how prior applicants had done. In Experiment 1, orthogonally to the acceptance/rejection manipulation, half of the participants saw that the interviewer had accepted 4% of the female candidates and 60% of the male candidates; the remaining participants did not receive this information about group disadvantage. In Experiment 2, we modified this design slightly by providing all participants with information about group outcomes, but varying whether the group was said to be advantaged or disadvantaged, in addition to again orthogonally manipulating whether participants themselves had been personally rejected or accepted. As such, in Experiment 2, we varied whether personal and group outcomes were congruent or incongruent.

Among other variables, we assessed the extent to which participants attributed their own outcomes to group-based disadvantage and the extent to which they perceived the selection procedure, up to that point, to be fair or legitimate. The results of both studies showed that participants attributed their outcome to group-based disadvantage only when they were personally rejected and their group was clearly disadvantaged. Importantly, participants only questioned the legitimacy of the selection of the selection procedure when they had information about group disadvantage *and* they had been personally rejected, but not when they had been personally accepted.

These results suggested that personal rejection does not lead to enhanced attributions to discrimination if there is no evidence that the group has received discriminatory treatment. Likewise, when members of one's group are systematically disadvantaged, this will not be seen as evidence of discrimination by individuals who have been individually successful. As a result, only when they have personally experienced unwarranted rejection *and* there is evidence that members of one's group are treated less favorably than members of other groups do they conclude that members of their group are discriminated against. Thus, ins cases where one of these conditions is not met, people will be inclined to underestimate rather than overestimate the occurrence of bias. Importantly, however, there are conditions that favor the detection of bias. Below we will consider some of the conditions that either facilitate or impede the detection of bias.

出典：Barreto, M. & Ellemers, N. (2015). Detecting and Experiencing Prejudice: New Answers to Old Questions. *Advances in Experimental Social Psychology*, 52, 146-147.

【設問 1】

実験 1 の独立変数を示し、実験手続きにおいてどのようにそれを操作したか書きなさい。

【設問 2】

実験 2 の独立変数を示し、実験手続きにおいてどのようにそれを操作したか書きなさい。

【設問 3】

実験 1 と 2 の従属変数は何か書きなさい。

【設問 4】

実験 1 と 2 の結果について書きなさい。

【設問 5】

最終段落を要約しなさい。