

Заняття 1

Exercise 1. Match these words and word-combinations with their Ukrainian equivalents.

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| 1. to affect | суперечливий |
| 2. akin | досягати |
| 3. aspiration | прагнення |
| 4. to attain | близький |
| 5. contradictory | впливати |

Exercise 2. Translate into Ukrainian.

1. To shove;
2. To seek;
3. To rid;
4. To resolve;
5. Requirement.

Exercise 3. Translate into English.

1. Створювати перепони;
2. Надходити з різних джерел;
3. Зберігати інформацію;
4. Не сумісний з правилом;
5. Когнітивна узгодженість.

Exercise 4. Answer the questions.

1. What is a dominant driving force?
2. What do you know of Abraham Maslow?
3. What system of needs does Abraham Maslow suggested?
4. What are the strongest human needs, according to his hierarchy?
5. Why do most people fail to realize their potential?

Exercise 5. Translate into English.

1. Уникати негативних емоцій чи небажаного досвіду;
2. Стосуватися сфери творчості та самореалізації;
3. Споріднений з фізіологічними проблемами;
4. Прагнути рівноваги фізіологічних і когнітивних станів;
5. Позбавлений необхідних речовин.

Exercise 6. Read and translate the text.

Melancholy

(<http://fourtemperaments.com/4-primary-temperaments/>)

The Melancholy temperament has three combinations:

Melancholy-Choleric, Melancholy-Sanguine, and Melancholy-Phlegmatic.

The traits of the primary temperament, Melancholy, may be altered or modified in some significant way due to the influence of the secondary temperament. Remember, there are at least three levels of intensity of a temperament: classic, moderate, and

mild. Some Melancholies will be very strong, others somewhat strong, and still others more mild.

The Melancholy naturally wants to do things right, and is quality-oriented. Melancholies are not trying to be right, they are driven to figure out what is right. They have a cautious, tentative response designed to reduce tension in an unfavorable environment. The Melancholy's second response is often to become aggressive to restore peace in an unfavorable situation. They influence their environment by adhering to the existing rules, and by doing things right according to predetermined (and accepted) standards.

Melancholies are detailed-oriented, operate from a plan, and they are very private. Melancholies are introverted, logical, analytical, and factual in communication. They need information, time alone to think, and a detailed plan in order to function effectively without anxiety.

Melancholies respond to others in a slow, cautious, and indirect manner. They are reserved and suspicious until they are sure of your intentions. Melancholies probe for the hidden meaning behind your words. They are timid, may appear unsure, and have a serious expression. Melancholies are self-sacrificing, gifted, and they can be a perfectionist.

Melancholies are conscientious, picky, and can be sensitive to what others think of their work. They have anxiety about the present and future. They tend to have guilt feelings but fail to realize that guilt will not change the past nor will worry change the future. They allow guilt and worry to rob them of enjoying the present.

Melancholies are well organized. However, on occasion, they may keep things cluttered, but they will know what is in the piles. They are determined to make the right and best decision so they will collect lots of information, and ask very specific questions, and sometimes they will ask the same question several times. They may take excessive time to think about their options before making a decision. Even then, they may not be sure it is the right, and best decision.

Melancholies need reassurance, feedback, and reasons why they should do something. They can be moody, which is usually related to their negative evaluation of people or events.

Melancholies fear taking risks, making wrong decisions, and being viewed as incompetent. They tend to have a negative attitude toward something new until they have had time to think it through. Melancholies are skeptical about almost everything, but they are creative and capable people. They tend to get bored with something once they get it figured out.

Exercise 7. Answer the questions.

1. How is "abnormality" treated in medicine?
2. What is a norm?
3. Why do norms remain the dominant standard in society?
4. What are the advantages and disadvantages of a statistical definition of abnormality?
5. What can danger be when using only norms to define abnormality?