

# 國立彰化師範大學 97 學年度碩士班招生考試試題

系所：兒童英語研究所碩士班

科目：英文(含作文與翻譯)

☆☆請在答案紙上作答☆☆

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## I. Multiple Choices (50%)

**There are a total of twenty five questions below. In each question, there are four possible answers. You have to select the only one word that best fits the context.**

The United States has \_\_1\_\_ a point where almost half its population is described as being in some way mentally ill, and nearly a quarter of its citizens – 67.5 million – have taken antidepressants.

These eye-popping \_\_2\_\_ have sparked a widespread, sometimes rancorous \_\_3\_\_ about whether people are taking far more medication than is needed for problems that may not even be mental disorders.

Studies \_\_4\_\_ that 40% of all patients fall short of the diagnoses that doctors and psychiatrists give them, yet 200 million prescriptions are still written annually in the US to treat depression and anxiety.

Those who defend such widespread use of prescription drugs insist that a significant part of the population is under-treated and, by \_\_5\_\_, under-medicated. Those \_\_6\_\_ to such rampant use of drugs note that diagnostic rates for bipolar disorder, in particular, have skyrocketed by 4,000% and that overmedication is impossible without over-diagnosis.

To help \_\_7\_\_ this long-standing dispute, I studied why the number of recognized psychiatric disorders has ballooned so dramatically in recent decades. In 1980, the *Diagnostic and Statistical Manual of Mental Disorders* added 112 new mental disorders to its third edition ( *DSM-III* ). Fifty-eight more disorders appeared in the revised third (1987) and fourth (1994) editions.

With over a million copies in print, the manual is known as the bible of American psychiatry; certainly it is an invoked chapter and verse in schools, prisons, courts, and by mental-health professionals around the world. The addition of even one new diagnostic code has serious practical consequences. What, then, was the \_\_8\_\_ for adding so many in 1980?

After several requests to the American Psychiatric Association, I was \_\_9\_\_ complete access to the hundreds of unpublished memos, letters, and even votes from the period between 1973 and 1979, when the *DSM-III* task force debated each new and \_\_10\_\_ disorder. Some of the work was meticulous and commendable. But the \_\_11\_\_ approval process was more capricious than scientific.

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*DSM-III* grew out of meetings that many participants described as chaotic. One observer later remarked that the small amount of research drawn \_\_12\_\_ was “really a hodgepodge –scattered, inconsistent, and ambiguous.” The interest and expertise of the task force was limited to one branch of psychiatry: neuropsychiatry. That group met for four years before it occurred to members that such one-sidedness might result in \_\_13\_\_.

Incredibly, the lists of symptoms for some disorders were knocked out in minutes. The \_\_14\_\_ studies used to justify their inclusion sometimes involved a single patient \_\_15\_\_ by the person advocating the new disease. Experts pressed for the inclusion of illnesses as questionable as “chronic undifferentiated unhappiness disorder” and “chronic complaint disorder,” whose traits included moaning about taxes, the weather, and even sports results.

Social phobia (later dubbed “social anxiety disorder”) was one of seven new anxiety disorders \_\_16\_\_ in 1980. At first it struck me as a serious condition. By the 1990’s experts were calling it “the disorder of the decade,” insisting that as many as one in five Americans suffers from it.

Yet the complete story turned out to be rather more complicated. For starters, the specialist who in the 1960’s originally recognized social anxiety (London-based Isaac Marks, a \_\_17\_\_ expert on fear and panic) strongly resisted its inclusion in *DSM-III* as a separate disease category. The list of common behaviors associated with the disorder gave him pause: fear of eating alone in restaurants, avoidance of public toilets, and concern about trembling hands. By the time a revised task force added dislike of public speaking in 1987, the disorder seemed sufficiently elastic to include \_\_18\_\_ everyone on the planet.

To counter the impression that it was turning common fears into treatable conditions, *DSM-IV* added a clause stipulating that social anxiety behaviors had to be “impairing” before a diagnosis was possible. But who was \_\_19\_\_ the prescribers to such standards? Doubtless, their understanding of impairment was looser than that of the task force. After all, despite the impairment clause, the anxiety disorder \_\_20\_\_; by 2000, it was the third most common psychiatric disorder in America, behind only depression and alcoholism.

Over-medication would \_\_21\_\_ fewer Americans if we could rein in such clear examples of over-diagnosis. We would have to set the \_\_22\_\_ for psychiatric diagnosis a lot higher, resurrecting the distinction between chronic illness and mild suffering. But there is fierce resistance to this by those who say they are fighting grave mental disorders, for which medication is the only \_\_23\_\_ treatment.

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Failure to reform psychiatry will be disastrous for public health. Consider that apathy, excessive shopping, and overuse of the Internet are all serious contenders for inclusion in the next edition of the *DSM*, due to appear in 2012. If the history of psychiatry is any \_\_24\_\_, a new class of medication will soon be touted to treat them. Sanity must \_\_25\_\_: if everyone is mentally ill, then no one is.

1. a) matched    b) reached    c) searched    d) justified
2. a) statistics    b) descriptions    c) statements    d) discussions
3. a) argument    b) talk    c) discussion    d) debate
4. a) indicate    b) portray    c) consider    d) contain
5. a) induction    b) reference    c) inference    d) deduction
6. a) opposed    b) refuted    c) rejected    d) refused
7. a) survey    b) evaluate    c) access    d) settle
8. a) reason    b) rationale    c) premise    d) assumption
9. a) granted    b) permitted    c) assigned    d) allocated
10. a) existing    b) old    c) ancient    d) outdated
11. a) total    b) overall    c) added    d) aggregate
12. a) on    b) from    c) in    d) upon
13. a) prejudice    b) bias    c) distortion    d) mistake
14. a) territory    b) domain    c) range    d) field
15. a) measured    b) surveyed    c) evaluated    d) checked

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16. a) created    b) invented    c) compiled    d) edited
17. a) famous    b) renowned    c) reverend    d) paramount
18. a) actually    b) essentially    c) virtually    d) substantially
19. a) holding    b) requesting    c) monitoring    d) supervising
20. a) accelerated    b) mushroomed    c) propagated    d) populated
21. a) influence    b) induce    c) seduce    d) affect
22. a) benchmarks    b) milestones    c) thresholds    d) ceilings
23. a) possible    b) permissible    c) viable    d) acceptable
24. a) guide    b) direction    c) lesson    d) reference
25. a) surpass    b) exceed    c) excel    d) prevail

## II. Translation( 20%)

1. Linked by a shared economic culture, New York City, London and Hong Kong are exemplars and explanations of globalization. Connected by long-haul jets and fiber-optic cable, and spaced neatly around the globe, the three cities have created a financial network that has been able to lubricate the global economy, and, critically, ease the entry into the modern world of China, the giant child of our century. (10%)  
(From Michael Elliott, "A Tale of Three Cities," *Time* Jan. 28, 2008)
2. 上館子成為都會生活的指標之一，各式各樣的異國料理或傳統料理的創新如雨後春筍般出現，不只在品質與變化上競爭激烈，餐廳的裝潢也更加炫目、奢華。(10%)  
(摘自王月魂，〈誰是中國未來消費成長主力〉，《天下雜誌》2008年1月)

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## III. Composition (30%)

Me, in the Year 2018

(Write a well-organized composition on the topic "Me, in the Year 2018." Picture your life and imagine your achievement 10 years later.)