



UNIVERSIDAD NACIONAL DE CÓRDOBA
FACULTAD DE LENGUAS
DIFA



**PRUEBA DE SUFICIENCIA EN IDIOMA INGLÉS
PARA LA FACULTAD DE PSICOLOGÍA**

Nombre del alumno / a:

Matrícula: Fecha:/...../.....

Calificación: / **90 pts**

POR FAVOR, ESCRIBIR LAS RESPUESTAS DE CADA EJERCICIO CON LETRA LEGIBLE, EN TINTA Y EN ESPAÑOL EN LOS LUGARES PROVISTOS PARA TAL FIN.

RECUERDE QUE, SEGÚN EL PROGRAMA VIGENTE, DEBE OBTENER, COMO MÍNIMO, UN **50%** EN CADA UNA DE LAS SECCIONES (comprensión lectora, estructuras de la lengua y vocabulario especializado).

LA MERA SUMATORIA DE PUNTOS DE CADA SECCIÓN NO SERÁ SUFICIENTE PARA APROBAR EL EXAMEN

Lea el siguiente texto para, luego, completar las actividades a continuación:

1 **Depression**

2 Feelings of happiness and sadness are adaptive. Many behaviour patterns that lead to happiness,
3 such as socializing with others and developing longstanding friendships, are important for the
4 survival of the species. Sadness, which commonly follows loss of valued objects, events, personal
5 characteristics and skills or relationships, may also be adaptive, in that it reminds us to take care
6 of valued objects, events, characteristics or relationships in future, lest we lose them again.
7 Extreme mood states such as mania and depression are less adaptive. There is no doubt that,
8 during periods of mania or hypomania, some individuals with bipolar disorder—which is
9 characterized by episodes of mania and depression—produce highly creative work (Jamison,
10 1995).

11 **Case example**

12 May, a single woman in her early thirties, was referred for counselling by her GP. She insisted on
13 being seen by the psychologist at her house, since she had not been out of bed for two years. May
14 had her first episode of depression in her mid-twenties after her first and only significant adult
15 relationship with a man (Rob) ended. The episode lasted almost a year and consequently she lost
16 her job as a teacher. During this first episode of depression she spent the time in bed. She lived in
17 a small maritime town about 250 miles from the village where she grew up.
18 Her mother came to stay with her during her first episode of depression. At her family doctor's
19 suggestion she also attended a series of counselling sessions which resulted in her recovery.
20 Shortly after this the counsellor left the district. After a few months and a series of disappointing
21 and unsuccessful attempts to rekindle old friendships, May relapsed. She spent two years in bed

22 and refused to see anyone except her mother and the family doctor.
 23 **Formulation.**
 24 May's family history of mood disorders suggests that she may have had a genetic vulnerability
 25 which, at a biological level, predisposed her to developing depression. Her negative childhood
 26 experiences, particularly physical abuse, moving house, losing supportive friends and using
 27 homework as a way to distract herself from her stressful family life, probably led her to develop a
 28 set of core beliefs, assumptions and coping styles that rendered her vulnerable to depression at a
 29 psychological level. These assumptions included the following: 'I deserve to be hurt. I am only
 30 acceptable to myself and others if I am hurt. Other people deserve to be hurt. You can't trust
 31 anyone because they will abandon you. If people don't like me, I'm worthless. If I fail at work, I'm
 32 worthless.' Each of her episodes of depression was triggered by a precipitating stressful life event.
 33 The first episode was triggered by her losing her boyfriend and the second by her failing to
 34 rekindle old friendships, the loss of her job and possibly the loss of her counsellor. These stressful
 35 events reactivated all of her depressive beliefs and assumptions so she was prone to view the
 36 world in negative terms. This negative way of interpreting events maintained her depressed
 37 mood. She also had a cognitive style which maintained her depressed mood. She tended to
 38 minimize positive events and maximize negative events, and attribute failure experiences to
 39 personal characteristics rather than situational factors. In addition to these cognitive maintaining
 40 factors, aspects of her behaviour also maintained her depressed mood, particularly her
 41 constricted life-style. Her lifestyle reduced her opportunities for forming relationships, finding
 42 work or experiencing pleasure. The absence of these opportunities confirmed her negative view
 43 of herself, her world and her future. She was locked into a vicious cycle. Eventually this had taken
 44 its toll on her appetite, circadian rhythms and activity level. She slept poorly, awoke early, ate
 45 little and rarely exercised. These sleeping, eating and activity problems may also have maintained
 46 her depressed mood. These difficulties may also have been subserved by dysregulation of
 47 neurotransmitters in the midbrain.

Extraído de: Carr, A. (2003). *Abnormal Psychology*. East Sussex: Psychology Press.

SECCIÓN COMPRENSIÓN

_____ p / 42 p

1. Indique si los siguientes enunciados son verdaderos (V) o falsos (F), según la información ofrecida por el texto.

a) En caso de ser falsos (F), corríjalos en forma completa y en español.

b) En ambos casos, (V y F), indique renglones de referencia. (4 x 6p = 24p)

Enunciados	V/F	Renglones
<p>a. El primer episodio de depresión de May duró un año y ocurrió luego de que su primera relación adulta con un hombre finalizara.</p> <p>Corrección:</p> <p>.....</p> <p>.....</p> <p>.....</p>		

Enunciados	V/F	Renglones
<p>b. La historia familiar de May sugiere que no existen causas biológicas que la predispongan a desarrollar depresión.</p> <p><i>Corrección:</i></p> <p>.....</p> <p>.....</p> <p>.....</p>		
<p>c. May atribuía sus fracasos a características de su personalidad en lugar de a factores situacionales.</p> <p><i>Corrección:</i></p> <p>.....</p> <p>.....</p> <p>.....</p>		
<p>d. Todos los factores causantes de su depresión eran cognitivos.</p> <p><i>Corrección:</i></p> <p>.....</p> <p>.....</p> <p>.....</p>		

2. Complete los espacios en blanco con información del texto y en forma completa. (2 x 9p = 18p)

Cada uno de los episodios de depresión fue desencadenado por

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Algunas de las creencias que desarrolló May eran las siguientes: “

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3. Elija la opción correspondiente y luego, complete los espacios en blanco en español y en forma completa. (2 x 12p = 24p)

- a. La palabra **SINCE** (r. 13) establece una relación de **ADICIÓN - CAUSA- CONTRASTE - CONDICIÓN** entre las ideas. (2p)

El autor de este texto la utiliza para conectar las siguientes ideas:

Idea 1:

 (5p)

Idea 2:

 (5p)

- b. La palabra **SO** (r. 35) establece una relación de **CONSECUENCIA - CONTRASTE - CONDICIÓN - EJEMPLIFICACIÓN** entre las ideas. (2p)

El autor de este texto la utiliza para conectar las siguientes ideas:

Idea 1:

 (5p)

Idea 2:

 (5p)

4. Indique si los siguientes enunciados son verdaderos (V) o falsos (F). En caso de ser falsos, corríjalos en español. (4 x 3p = 12p)

Enunciados	V/F
<p>a. La palabra “her” en el renglón 19 hace referencia a “su madre”.</p> <p><i>Corrección:</i></p>	
<p>b. La palabra “this” que se encuentra en el renglón 20 remite a “una serie de sesiones de terapia”.</p> <p><i>Corrección:</i></p>	
<p>c. La palabra “her” en el renglón 34 hace referencia a “terapeuta”.</p> <p><i>Corrección:</i></p>	
<p>d. La frase “These difficulties” en el renglón 46 hace referencia a “dormir mal y despertarse temprano”.</p> <p><i>Corrección:</i></p>	

5. Elija el equivalente correcto en español de la frase resaltada. (4 x 3p = 12p)

a. Inevitably people who suffer from bipolar disorder, during a manic phase, run the risk of exhaustion, dehydration and excessive and dangerous risk-taking. **Seasonal affective disorder** (or winter depression as it is colloquially known) may be linked phylogenetically to hibernation and this may have been adaptive for our cave-dwelling ancestors.

- | | | |
|--|--|---|
| <input type="checkbox"/> i. enfermedad afectiva estacional | <input type="checkbox"/> ii. afecto estacional desordenado | <input type="checkbox"/> iii. trastorno afectivo estacional |
|--|--|---|

b. A variety of factors contribute to this vulnerability, including genetically determined hyperarousability; **depressed mood**; socialization experiences that have led to the development of high moral standards; and a belief system involving specific convictions about the relationships between thought and action, control and responsibility.

- | | | |
|--|---|---|
| <input type="checkbox"/> i. depresión del modo | <input type="checkbox"/> ii. modo depresivo | <input type="checkbox"/> iii. estado de ánimo depresivo |
|--|---|---|

c. However, nowadays depression seems to fulfil no adaptive function. Despite this, it is a **highly prevalent condition**. Because of its prevalence, the main focus in this chapter will be on major depression, although reference will be made to other mood disorders such as bipolar disorder.

- | | | |
|---|---|---|
| <input type="checkbox"/> i. afección alta que prevalece | <input type="checkbox"/> ii. condición altamente prevalente | <input type="checkbox"/> iii. afección altamente prevalente |
|---|---|---|

d. A vulnerability to stresses involving *loss of attachment* relationships is central to one type of depression and this has its roots in early experiences of **neglectful or overindulgent parenting**. A vulnerability to stresses involving *loss of autonomy* and control is central to the other type of depression and this has its roots in early experiences of critical, punitive parenting.

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|---|--|--|
| <input type="checkbox"/> i. criando con negligencia o demasiada indulgencia | <input type="checkbox"/> ii. crianza negligente o demasiado indulgente | <input type="checkbox"/> iii. negligencia o demasiada indulgencia de los parientes |
|---|--|--|