

## Ⅱ期（一般）

令和 7 年度

武蔵野大学大学院 人間社会研究科 人間学専攻 臨床心理学コース 入学試験問題

(12 月 15 日)

### 〔 英語 〕

以下の英文を読み、各設問に答えなさい

問 1 下線部①を日本語訳しなさい

問 2 下線部②を日本語訳しなさい

問 3 本文の大意とそれに対するあなたの意見を 400 字以内でまとめなさい

With some exceptions (see below), clinicians gather information directly from the patient's report of his or her behavior and inner experiences. The patient's words typically are taken at face value and constitute the primary data for clinical decisions. The reason for this practice is that, as stated above, most mental disorder signs and symptoms are subjective states (e. g., emotions, thoughts, impulses). The patient is the sole proprietor of, and the expert on, those experiences.

However, there are almost always limits to the patient's expertise. These limits could also be called blind spots. ①Some problematic emotions and behaviors may occur outside awareness or may be perceived erroneously as normative by the patients. Thus, clinicians must attend to emotional, cognitive, and interpersonal patterns that might only be apparent to the outside observer. Additionally, clinicians must pay attention not only to what the patient says but also to how he or she says it. For instance, two patients may give the same responses to interview questions, but one takes twice as long as the other to complete the process due to very slow pace and difficulty choosing the appropriate words. This form of cognitive (or possibly motivational) impairment is valuable to clinicians who will later be working with the patient (e. g., choice of treatment may depend on cognitive abilities). For these reasons, many interview forms allot space for interviewer's behavioral observations.

There are a few clinical situations in which behavioral observations are particularly salient. In fact, behavioral observations sometimes not only supplement the patient's report but can even controvert it. An obvious instance is an interview during which chances of deception (sometimes called malingering) are high. These can be cases for which eligibility for financial support or other benefits are at stake, or cases for which assessment results will help adjudicate legal issues (e. g., child custody, parole recommendations). Also common are situations in which cognitive

decline is not apparent to the patient but objectively impairs his or her day-to-day functioning. Often, cognitive deficits take the form of delayed or incoherent responses to interview prompts. A final scenario that calls for rigorous behavioral observation is an interview that covers mental disorders marked by low insights. Here “insight” refers to the accuracy and complexity of the patient’s understanding of his or her internal states and social behavior. In these cases, clinical judgement overrides, or is weighted more heavily than, the patient’s responses. ②A classic example is a patient diagnosed with bipolar disorder who describes manic episodes as pleasurable and constructive-even salutary -states while minimizing the impact of her delusions and reckless financial decisions (e. g., buying several new cars).

注：malingering：詐病、佯病

Parole：仮釈放、執行猶予

引用文献

Stefan G. Hofmann (Editor) (2017). Clinical Psychology: A global Perspective. Wiley-Blackwell; 1st edition.