

**Державний вищий навчальний заклад
«Донбаський державний педагогічний університет»
Факультет гуманітарної, філологічної та економічної освіти
Кафедра іноземних мов**

НАВЧАЛЬНИЙ ПОСІБНИК

**“Іноземна (англійська) мова за професійним спрямуванням” для
здобувачів першого (бакалаврського) рівня вищої освіти спеціальності А6
Спеціальна освіта (А6.01 Логопедія)**

УДК 811.111:376(075.8)

I-67

Навчальний посібник “Іноземна (англійська) мова за професійним спрямуванням” для здобувачів першого (бакалаврського) рівня вищої освіти спеціальності А6 Спеціальна освіта (А6.01 Логопедія).

Обговорено та затверджено на засіданні кафедри іноземних мов 29.05.2025 р., протокол № 10

Рекомендовано до друку рішенням вченої ради Державного вищого навчального закладу «Донбаський державний педагогічний університет» 30.06.2025р., протокол №10

Укладачі:

кандидат педагогічних наук, доцент, завідувач кафедри іноземних мов Нікітіна Н. П.

кандидат педагогічних наук, доцент кафедри іноземних мов Сечка С. В.

Рецензенти:

кандидат педагогічних наук, доцент кафедри германської та слов'янської філології Ананьян Е. Л.

кандидат педагогічних наук, доцент кафедри іноземних мов Радзієвська О. В.

Навчальний посібник “Іноземна (англійська) мова за професійним спрямуванням” для здобувачів першого (бакалаврського) рівня вищої освіти спеціальності А6 Спеціальна освіта (А6.01 Логопедія) / уклад. Нікітіна Н. П., Сечка С. В. Слов'янськ -Дніпро, 2025. 130 с.

УДК 811.111:376(075.8)

©Нікітіна Н. П., Сечка С. В.

CONTENT

Part I SPECIAL EDUCATION. SPEECH IMPAIRMENTS

Text 1	Special Education.....
Text 2	Integration as a principle of Special Education
Text 3	Choose the title for the given text
Text 4	Types of speech defects.....
Text 5	Theories about stuttering,
Text 6	Speech Therapy
Text 7	Types of speech impairments
Text 8	Children with communication disorders

Part II MENTAL AND PHYSICAL DISORDERS

Text 1	Recovery from traumatic stress
Text 2	Disability (part1)
Text 3	Diability (part 2)
Text 4	Down Sendrome
Text 5	Learning disabilities
Text 6	Sign language ruling cheers deaf people
Text 7	An overview of abnormal language disabilities: aphasia, finger signs....
Text 8	The baby doe dilemma.

Part III SUPPORT FOR MENTAL AND PHYSICAL HEALTH

Text 1	Brutal killer (part 1)
Text 2	Brutal killer (part 2)
Text 3	Kim's two lives
Text 4	Good vibrations
Text 5	Why do we become ill?
Text 6	Germ warfare
Text 7	Learn how to boost your energy.....
Text 8	The surgeon who restored facial proportions

ПЕРЕДМОВА

Сучасні вимоги до підготовки кваліфікованого спеціаліста перш за все потребують від нього бути активним учасником всіх глобалізаційних процесів, тобто бути плідним учасником міжкультурної комунікації та мати необхідні комунікативні спроможності в сферах професійного та ситуативного спілкування в усній та письмовій формах, навички практичного володіння іноземною мовою в різних видах мовленнєвої діяльності в обсязі тематики, що обумовлена професійними потребами; та бути спроможними оволодіти новітньою фаховою інформацією через іноземні джерела. Все це підвищує попит на кваліфікованих фахівців, що вільно володіють іноземною мовою, зокрема мовою міжнародного спілкування.

Навчальний посібник “Іноземна (англійська) мова за професійним спрямуванням” підготовлено для здобувачів першого (бакалаврського) рівня вищої освіти спеціальності А6 Спеціальна освіта (А6.01 Логопедія), що призначений допомогти у вивченні дисципліни, оволодіти знаннями, уміннями та навичками спілкування англійською мовою у професійній сфері. Навчальний посібник містить оригінальні тексти професійної тематики, яка тісно пов’язана з матеріалом, який вивчається в курсі спеціальної освіти. Матеріали систематизовано у три розділи: перший розділ складають тексти з різних розділів спеціальної освіти, пов’язані з мовними та мовленнєвими порушеннями: розлади комунікативної сфери, затримка мовлення, афазія, заїкання, робота логопеда. Лексичні та граматичні післятекстові вправи спрямовані на розвиток навичок усного та писемного мовлення, утворення особистого професійного вокабуляру та вміння висловлювати власну думку під час професійного спілкування. Другий розділ включає тексти, в яких знаходиться інформація про фізичні стани, такі як глухота, параліч, розлади нервової системи, а також переваги та недоліки різних моделей навчання дітей з обмеженими можливостями. Тематика текстів третьої частини охоплює профілактику певних станів та підтримку ментального та фізичного здоров’я. Доступність наведеного матеріалу та велика кількість післятекстових вправ дозволить активізувати пізнавальну діяльність під час вивчення дисципліни, сприятиме формуванню у студентів комунікативних компетенцій для ефективного спілкування в іншомовному професійному середовищі. Матеріал посібника призначений для аудиторної та самостійної роботи студентів денної та заочної форми навчання.

Part I
SPECIAL EDUCATION. SPEECH IMPAIRMENTS.

Text 1. SPECIAL EDUCATION

In every school system there are pupils who deviate markedly from so-called "normal children" and require special education.

The primary function of special education is to provide treatment, training, and instruction for such handicapped children.

Special education is planned to make use of highly specialized methods in order to provide all exceptional children with the specific type of educational service they need.

These special services may include a radical modification of the curriculum, special methods of instruction as well as special equipment.

Consequently, special education is applied to each type of exceptional child who is handicapped physically, mentally, or socially.

In fact, such children cannot follow the regular school program because of their handicaps, but they can benefit from a restricted and adjusted program.

Today, all "handicapped" children are called exceptional children. In America, "special education" is generally referred to as the "education of exceptional children".

The term "exceptional" includes the various types of physically handicapped children, such as the crippled, the blind and partially sighted, the deaf and hard of hearing, the deafened, those with speech disorders, and children with special health problems, the emotionally disturbed, and the mentally retarded.

Each kind of special handicap presents its own particular problems and needs. Handicapped children present learning difficulties; their sensory and motor impairments require careful study in order to adapt instruction successfully as they cannot adjust to the ordinary school program.

Special education presents a wide variety of medical, social, professional, and administrative problems for education.

With universal compulsory education, special education became a necessity. Special education implies the development of a healthy, well-adjusted personality

who can adapt themselves to a society in which he can achieve success.

The best system of training is one in which the child follows the normal training course designed for ordinary schoolwork, but in addition devotes some time to special work designed to eliminate the respective defects.

So a child with marked hearing loss requires additional services and special instruction in compensating for his handicaps. A child with seriously defective vision also requires special techniques of instruction, different from those applied to a child who has normal vision. The crippled child likewise requires special facilities for his physical handicap.

Children with particular handicaps must be placed in special schools and classes, where they are provided with additional services and special instruction. At such schools children are given knowledge, habits and abilities according to the normal training course but the applied methods are specialized.

Classification of Exceptional Children.

Children are classified according to their handicaps:

1. the mentally retarded
2. the deaf and the hard of hearing
3. the blind and the partially sighted
4. the speech defective
5. the crippled
6. Health problem children

There are two more groups in American classification

They are: the mentally gifted and children with serious behavioral problem.

After-reading assignments:

1. Pay attention to the pronunciation of the following words.

Deviate, handicapped, exceptional, special, curriculum, equipment, socially, adjusted, crippled, various, impairments, compulsory, eliminate, require, techniques.

2. Give the Ukrainian equivalents to the following phrases.

To deviate, to make use of, highly specialized methods, to provide, exceptional children, educational service, modification, curriculum, methods of instruction, equipment, mentally, to follow the programme, handicap, to benefit, to restrict, to refer to, to apply to, to adjust oneself, crippled children, the blind, the partially sighted, the deaf, the hard of hearing, partially deaf, the deafened, the speech defective, emotionally disturbed, the mentally retarded, the gifted, handicap, sensory and motor impairment, to require, to adapt, to adjust, a wide variety, vocational education, compulsory education, hearing loss, additional services, defective vision, special facility.

3. Give the English equivalents to the words and word combinations.

Навчальний план, методи навчання, використовувати, спеціальні методи, профнавчання, аномальні діти, мати відхилення, глухі, слабочуючі, сліпі, слабоворі, недолік, пристосовуватися, обмежувати, додаткові послуги навчання посилятися, отримувати користь, оглухлі, обов'язкове навчання, розумово-відсталі, обдаровані, втрата слуху, вимагати, велика різноманітність.

4. Give derivatives of the following words.

Education, restrict, variety, profit, add, service, develop, eliminate, refer, adapt, adjust, emotion, require, success, treat, health, instruct, facility, gift, person, ability.

5. Finish the statements using your active vocabulary.

It's necessary to have special schools because...

The Paget-Gorman sign system is made up of...

If a child has some limited understanding of language and poor expressive skills it is impossible for him to...

There is a range of facilities for helping children which can be adapted to...

A basic starter is to provide good listening conditions such as...

Text 2. INTEGRATION AS A PRINCIPLE OF SPECIAL EDUCATION. THE PROGRAM OF INTERVENTION

Enthusiasm for helping children with communication needs combines mainstream settings stems from the growing awareness of the importance of context on the way in which language is used and understood. Children make communication demands on each other and are often at their most animated in the company of peers.

Informal social situations, with no explicit direction or control, are very important in language learning. Children learn just as much by talking to others about what they are doing, whether in playing pinball, at home over the dinner table, or in the snack bar, as they do in formal teaching periods. However, the idea behind flexible support systems for children is to help achieve the right kind of balance between peer-group exposure and more individualised time with an adult. All teachers are aware that children with special needs who are left entirely unsupported, both in informal settings and in teaching contexts, may be overwhelmed by the demands they have to face and can switch off completely. Naturally, then, the very first questions that many teachers ask related to children with communication difficulties the mainstream schools, are to do with resources. The most important of all resources in schools are human: the number of pairs of adult hands to the wheel.

The overall responsibility for a special needs child in an ordinary classroom should be taken by the class teacher. It is, however, important for teachers to know what kind of specialist advice is available, whether a child will be given any supportive help, and how a programme of intervention is to be planned, co-ordinated and shared between the adults involved. Every child's needs should be appraised carefully and individually, in line with the recent philosophy that we should try to fit arrangements flexibly to children, rather than children to schools.

Whatever provision is recommended, professional advisers must take into account a number of factors together with the needs of the child. These include the availability of resources within a particular school, and it is to these that attention is turned first of all. Occasionally, a school will already have additional help, such as a classroom assistant, organised to meet the special needs identified in other children.

It may be possible to extend and sustain this extra help when a new child is identified. In some local authorities, support teams, including language and remedial teaching specialists, are normally available in schools, to be drawn in to help children on a regular basis, as and when it is appropriated. Speech therapists are available in some areas to give advice in schools, help plan a suitable program with a teacher, and, occasionally, to work with an individual child in the school setting. The multi-professional team involved with children who experience communication difficulties will address the question: 'Can this particular child's needs be met within the resources normally available to this particular school?' If not, the formal statutory procedures under the 1981 Act are initiated to ascertain exactly what the child's needs are and how they might be met.

In some local education authorities it is the practice to collect children together in one resourced mainstream school, where additional language specialists, or a speech therapist, are available to help. Arrangements are often flexible, depending on the needs of the child. Some children are able to participate for the majority of the time in ordinary classes, with a specialist teacher supporting the work in mainstream education by giving additional help to supplement information presented in class, reinforce key concepts, check understanding, and prepare the child for future lessons. As we have said, the responsibility for what is taught in a mainstream class must be with the class teacher. But, if a child is going to spend time out of class for supportive help and if more than one adult is going to be involved, then teachers must work carefully together. Detailed forward planning is perhaps the most difficult, although potentially most valuable, groundwork for supporting children with special needs in mainstream classes.

After-reading assignments

1. Give the Ukrainian equivalents to the following phrases.

Communication needs, growing awareness, social situations, explicit direction, a company of peers, importance, to achieve, flexible support system, to be aware of, resources, overall responsibility, ordinary, available, to fit arrangements, to pay

attention, additional help, local authorities, speech therapists, appropriate, to sustain, mainstream class, to check understanding, to be involved, a regular basis.

2. Give the English equivalents to the following phrases.

Перспективне планування, проводити час поза школою, комунікаційні потреби, зростаюча обізнаність, соціальні ситуації, безпосереднє керівництво, компанія однолітків, важливість, досягати, гнучка система підтримки, бути в курсі, ресурси, загальна відповідальність, доступний, звернути увагу, додаткова допомога, місцеві органи влади, труднощі спілкування, логопед, порада спеціаліста, більшість часу, підготувати дитину.

3. Finish the phrase.

Informal social	Additional
The company of	Speech
Communication	Supplement.....
A professional	Local
Special	Ordinary.....

4. Answer the following questions. Then using your answers, give your summary of the text.

1. What way can we help children with communication difficulties nowadays?
2. What can you tell us about the 1981 Act concerning children with communication difficulties and the methods of their treatment?
3. Summarize the facts contained in the text to prove the necessity of support systems and integration.
4. Describe the means which speech therapists consider to be useful in individual work with a child.

5. What are the facts for and against teaching children with communication needs in mainstream schools?

5. Summarize the key ideas of the text in English.

Інтегрування дітей із порушеннями психофізичного розвитку до загальноосвітнього простору України, як один з напрямів гуманізації всієї системи освіти, відповідає пріоритетам державної політики. Важлива умова формування цієї системи – забезпечення можливості вибору освітньої установи та навчальної програми відповідно до індивідуальних особливостей дитини; здійснення стимулювання досягнень дітей у різних сферах діяльності; забезпечення соціально-педагогічного захисту дітей тощо.

Важливість освітніх інтеграційних процесів підкреслював Л. Виготський. Він вказував на необхідність створення такої системи навчання, яка б органічно пов'язувала спеціальне навчання з навчанням дітей із нормальним розвитком. Учений наголошував: «При всіх перевагах наша спеціальна школа відрізняється тим основним недоліком, що вона замикає свого вихованця... у вузьке коло шкільного колективу, створює відрізаний і замкнений світ, де все прилаштовано і пристосовано до дефекту життя. Наша спеціальна школа натомість, щоб виводити дитину з ізолюваного світу, як правило, розвиває в ній навички, які призводять до ще більшої ізолюваності й посилюють її сегрегацію. Через ці недоліки не лише паралізується загальне виховання дитини, а й спеціальна виучка зводиться майже нанівець»

Інтегрування дітей з порушеннями психофізичного розвитку до загальноосвітніх закладів – це світовий процес, до якого долучені всі високорозвинуті країни. В основі концепції інклюзії лежить дотримання принципу прав дитини на використання всіх можливостей, які пропонує суспільство. Інклюзивна освіта, що являє собою закономірний і логічний варіант трансформації інститутів загальної та спеціальної освіти, одним із основних інститутів соціальної інтеграції. Реалізація технологій освітнього інтегрування

дасть можливість узгодити суперечності між рівними правами осіб із порушеннями психофізичного розвитку у виборі життєвого шляху, форми освіти, освітніх послуг і фактичною нерівністю можливостей різних соціальних груп населення. Реалізація ідеї інклюзії як однієї з провідних тенденцій сучасного етапу розвитку національної системи освіти ніякою мірою не означає згортання існуючої диференційованої системи спеціальної освіти. Ефективне інтегрування можливе лише в умовах постійного удосконалення систем загальної та спеціальної освіти, ліквідації наявних кордонів між ними. Принципово важливою тут є продумана державна політика, яка має базуватися на оптимізації процесу інтегрування учнів з особливими потребами у загальноосвітній простір та враховувати науково-методичні підходи впровадження інклюзивної освіти.

Text 3. Read the text and give it a title

To understand speech or language impairments, we must first understand the communication process people use to interact with others. Think of communication in terms of a game with at least two players (the sender and the receiver) and a message (the purpose of the interaction). Communication occurs only when the message intended by the sender is understood by the receiver. The sender may have an idea or thought to share with someone else, but the sender's idea needs to be translated from thought to some code the other person can understand.

Coding thoughts into signals or symbols is an important part of the communication game. Communication signals announce some immediate event, person, action, or emotion. Signals can be gestures, a social formality, or a vocal pattern, such as a gasp or groan. The U.S. Marine Band playing "Hail to the Chief," for example, signals the appearance of the President of the United States. A teacher rapping on a desk announces an important message. Symbols are used to relay a more complex message. Communication symbols refer to something: a past, present, or

future event; a person or object; an action; a concept or emotion. Speech sounds are vocal symbols. Letters of the alphabet are written symbols. Sign language uses gestural symbols. Symbols are used in combination with each other and are governed by rules. Signals, symbols, and the rules that must be followed constitute language and allow language to have meaning.

Once thought is coded, the sender must select a mechanism for delivering the message. The sender chooses from a number of mechanisms: voice, sign language, gestures, writing tools. The delivery system must be useful to the receiver. For example, selecting voice via telephone to transmit a message to a deaf person is useless (unless that person has technology for a voice- decoding telephone device). Sending a written message to someone who cannot read also results in ineffective communication.

Communication messages require the receiver to use eyes, ears, or even tactile (touch) senses (for example, those who use Braille) to take the message to the brain where it is understood. Receivers must understand the code the sender uses and be able to interpret the code so that it has meaning.

Communication is unsuccessful if the sender or receiver cannot use the signals or symbols adequately. And if either person has a defective mechanism for sending or receiving the information, the communication process is ineffective.

At this point, it might be helpful for us to distinguish three terms - communication, language, and speech - that are different but related to one another. Communication is the process of exchanging knowledge, ideas, opinions, and feelings. This transfer is usually accomplished through the use of language. Sometimes, however, communication can occur with the glance of an eye, a gesture, or some other nonverbal behavior. Language is a formalized method of communication involving the comprehension and use of the signs and symbols by which ideas are represented. Language also has rules that govern the use of signs and symbols so that the intended message has the correct meaning.

Speech is the vocal production of language. In most instances, it is the fastest and most efficient means of communicating. Understanding how we produce speech

requires knowledge of the neurological, respiratory, vocal, and speech mechanisms that work together in our bodies to produce speech and language.

When we want to speak, the brain sends messages that activate other mechanisms. The respiratory system's primary function is to take in oxygen and expel gases from our bodies. However, the diaphragm, chest, and throat muscles of the respiratory system that work to expel air also activate the vocal system. Voice is produced in the larynx, which sits on top of the trachea and houses the vocal folds. As air is expelled from the lungs, the flow of air causes the vocal folds to vibrate and produce sounds; the vocal folds lengthen or shorten to cause changes in pitch. The larynx and vocal folds are referred to as the vibrating system. As the sounds travel through the throat, mouth, and nasal cavities - the resonating system - the voice is shaped into speech sounds by the articulation or speech mechanisms, which include the tongue, soft and hard palates, teeth, lips, and jaw.

After-reading assignments:

1. What title is the best? Prove your position.

2. Give the Ukrainian equivalents to the following phrases.

Speech, language impairments, communication process, to interact with others, the purpose of the interaction, to announce, immediate event, to distinguish, the process of exchanging knowledge, a method of communication, non-verbal behaviour, comprehension, the respiratory system, primary function, to expel gases, to vibrate.

3. Give the English equivalents to the following phrases.

Порушення мови, гортань, взаємодія з іншими, мета взаємодії, знаки та символи, оголосити, негайна подія, розрізняти, процес обміну знаннями, спосіб спілкування, невербальна поведінка, розуміння, дихальна система, первинна функція, витіснити гази, правильне значення, думки та ідеї.

4. Answer the questions.

1. Is there any difference between communication signals and communication symbols?
2. Give the definition to the terms "communication," "language" and "speech." Compare them.
3. What are the reasons of unsuccessful communication?
4. What sense organs are involved in the process of communication?

4. Retell the text in English according to the plan:

1. The communication process used to interact with people.
2. Coding as an important part of the communication game: communication signals and symbols.
3. A mechanism for delivering the message.
4. Communication messages and the brain.
5. Communication language and speech as terms different but related to each other.
6. The work of brain in sending message.

Text 4. TYPES OF SPEECH DEFECTS

A speech defect may be defined as any acoustic variation from an accepted speech standard.

Speech defects are the most prevalent of all the handicaps of childhood. These defects are most numerous in the primary grades and decrease steadily in the senior grades. Boys have speech defects much more frequently than girls.

Speech defects include 1) functional articulatory defects; 2) stuttering; 3) voice defects; 4) cleft palate speech; 5) cerebral palsy speech; 6) retarded speech development and 7) speech defects due to impaired hearing.

Articulatory Defects include 1) the omission of sounds; 2) the substitution of one sound for another; 3) the distortion of sounds; 4) general indistinctness.

Articulatory defects present one of the most important problems of the speech

correction programme, for most speech defects are of articulatory type. About three fourth of the speech defects are of articulatory type. About three fourth of the speech defects in a school population are articulatory. But many parents do not feel that articulatory defects are serious. Some parents have become so accustomed to their children's articulatory errors that they do not even hear them. Other parents think that their children will outgrow their articulatory difficulties.

Most children who make articulatory errors make more than one and usually are not consistent in their errors. They may make a sound correctly in one word and incorrectly in another. Or they may even substitute a sound that they do not ordinarily make correctly in one word for another sound. For example, they may say "thun" for "sun".

This category includes many terms. Perhaps the one which parents use more frequently is "baby talk". When the child omits substitutes or distorts his speech sounds as does a younger child, this term is applicable. In fact, some writers now include articulatory defects under the term "delayed speech" or "retarded speech development". They indicate that the child reaches a certain level of development but does not progress beyond that certain point.

Other terms commonly included in this category are lispings and lallings. Lipping refers to any defect of any or all of the four sibilant sounds: s, sh, z, zh. Lalling means difficulty with the "l" and "r" sounds.

After-reading assignments:

1. Give the English equivalents to the following phrases.

Мовний дефект, логопедія, заїкання, ущелина твердого піднебіння, церебральний параліч, артікуляторні помилки, заміна одного звука іншим, пропуск звуків, спотворення звуків, звикати до, сигматизм / шепелявість /, затримка мовного розвитку, затримка мови, ламбдацизм, свистячі і шиплячі звуки, загальна нечіткість мови, відповідний, означати, помилки, порушення слуху, переростати, мовний стандарт.

2. Give the Ukrainian equivalents to the following phrases.

Stuttering, an excepted speech standard, a certain point, speech correction, articulatory errors, cleft palate, cerebral palsy, stuttering, general indistinctness, sibilant sounds, delayed speech, a certain point, retarded speech development, lisping, the distortion of sounds, the omission of sounds, the substitution of one sound for another, consistent, handicaps, frequently, define, to reach a certain level.

3. Mark the sentences *T (true) or F (false)*. Correct the wrong information.

1. Girls have speech defects much more frequently than boys.
2. Speech defects are the most common of all the handicaps of childhood.
3. Majority of parents feel that articulatory defects are serious.
4. Some parents think that their children will outgrow their articulatory difficulties.
5. About one fourth of the speech defects are of articulatory type.
6. Most children who make articulatory errors make more than one and usually are consequent in their errors.

Text 5. THEORIES ABOUT STUTTERING FROM ANCIENT TIMES

TILL NOW

There is much helpful information to be given to parents who feel that children are beginning to stutter. Since the time of the Greeks there have been two main points of view about stuttering. According to one of the problem is due to some physical defect and according to the other it is a symptom of emotional disturbance or of a flaw in the personality. Both points of view are alike in one very important respect: they both point to the speaker as the person in whom the cause of the problem is to be found. As we shall see presently, a highly significant finding of recent research is that the speakers listeners - that is to say, the persons with whom the speaker not only talks but also lives in a comprehensive sense of that word - play a very important part in the origin and development of the problem.

Many ancient theories about stuttering persist today as part of what we may

call our "folk thinking" about the problem. For example, one of the older views was that stuttering was due to some defect of the organs of speech. A specific form of this notion was advanced more than two thousand years ago by Aristotle, who declared that stuttering was due to a fault in the tongue. Aristotle's authority was so great that as recently as a hundred years ago some of the leading surgeons of Europe were still trying to treat stuttering by cutting away portions of the speakers tongue! We know today, of course, that there is nothing the matter with the tongues of those who are said to be stutters. Another traditional theory was that stuttering was caused by muscular in-coordination. After much scientific research, most authorities today share the conclusion that stutters are no more lacking in muscular coordination than are persons who are not regarded as stutterers.

In the first quarter of the present century great popularity was gained by the view that stuttering is caused by training a left-handed child to be right-handed. This was stated in technical terms in many ways, especially with reference to the two-sided arrangement of the brain and central nervous system and of the body structure in general. Few theories in the history of scientific research have been more thoroughly tested. After some 200 investigations the conclusion seems quite clear that, as a group or on the average, children who come to be regarded as stutters do not differ from other children so far as their handedness or handedness history is concerned.

Much more could be said about the engrossing efforts research men have made to subject our traditional opinions about this problem to rigorous scientific test. But perhaps enough has been said to indicate that an impressive amount of research has been done, and while there is still some controversy no physical cause of stuttering has been definitely demonstrated. It is to be emphasized that this research has covered practically the whole range of possible kinds of physiological and neurological investigation of the speaker. It has involved the use of methods for recording and analyzing brain waves, measurement of basal metabolism, investigation of blood pressure and heart rate, biochemical determinations and of muscular coordination, and so on. Doctor Harris Hill, then of Indiana University, in a review and evaluation of approximately 150 biochemical and physiological studies of stutterers and normal

speakers, concluded, "An agent in the form of an inner condition ... is still as distant from discovery as it was four thousand years ago."

As has been stated, the other major point of view regarding the stuttering problem has been that it is due to some sort of emotional instability or personality disturbance. In the Middle Ages this notion was expressed as the intriguing theory that stutterers were possessed of the devil. Vile concoctions consisting of vinegar, garlic, and other equally "challenging" ingredients were given to the stutterer with the intention of smoking out the devil.

Some investigations have indicated is that the experience of being regarded as a stutterer, and of doing the kind of effortful and distressing speaking that many stutters do, takes a certain emotional toll. This is indicated by the fact, revealed by some but not by all studies, that there is a moderate tendency, for stutterers to be somewhat withdrawing socially and a bit discouraged, particularly with regard to those situations involving speaking, such as recitation in school.

The degree of these effects and their direction are reassuring because they indicate that stutterers are emotionally normal. Professor Goodstein concluded his review by stating that "children regarded as stutterers have not been shown to be 'neurotic or severely maladjusted,'" and that "there is no general support for the notion that adult stutterers are severely maladjusted or even consistently different from anyone else." A similar review of studies involving projective personality tests was concluded by Doctor Joseph Sheehan, speech pathologist and psychologist at the University of California at Los Angeles, with the statement that "no dynamic differences appear between adults who stutter and adults who do not - even by the best tools modern clinical psychology has developed to measure such difference."

What all these findings mean is that speakers, whether children or adults, who are regarded as stutterers by themselves or by others have personalities and emotional characteristics essentially like those of other persons who are not regarded as stutterers.

Essential vocabulary

to stutter – заїкатися;

stuttering – заїкання;
emotional disturbance – емоційна нестабільність;
stutterer – заїка, людина, яка заїкається;
muscular incoordination - відсутність координації; м'язів
reference – посилання;
central nervous system - центральна нервова система;
thoroughly - цілком, старанно, як слід;
investigation – дослідження;
metabolism – метаболізм, обмін речовин;
blood pressure – кров'яний тиск;
psychologist – психолог;
speech pathologist – логопед.

After-reading assignments:

1. Give the Ukrainian equivalents to the following phrases.

Stuttering, to play a very important part, ancient theory, to be due to, a fault in the tongue, to treat stuttering, to be caused by, scientific research, to share the conclusion, left-handed child, to subject, rigorous scientific test, research men, thoroughly, emotional disturbance, muscular in-coordination, reference, central nervous system.

2. Find in the text English equivalents for the following words, word combinations and phrases listed below.

Дихання, відігравати важливу роль, поле наукової діяльності, високорозвинені та покращені процедури, відкриття, симптом емоційної нестабільності, лікувати заїкання, фізіологічне та неврологічне дослідження, кров'яний тиск серцевий ритм, дослідження, метаболізм, обмін речовин, кров'яний тиск, психолог, логопед, фізичний стан, відсутність координації м'язів.

3. Guess the meaning of the international words used in the text above (without using the dictionary).

Information, problem, symptom, speaker, theory, defect, popularity, test, psychologist, physical, therapist, objective, subjective, emotional, identify, personality.

4. Match each word or word-combination in the left-hand column with its Ukrainian equivalent from the right-hand column

speech pathologist	центральна нервова система
tool	авторитетний фахівець
physical explanation	точка зору
point of view	фізичне пояснення
authority	знаряддя
central nervous system	логопед



5. Complete the dialogue.

A: How long has been studied the problem of stuttering?

B: You know, I have recently read one article and it says that _____ ;

A: How interesting. But we know today that _____

B: Yes, and also, after much scientific research, most authorities today share the conclusion _____

A: And I know that in the first quarter of the present century, great popularity was gained by the view that _____

B: Yes, it is an interesting theory. In general, there are two main points of view about stuttering. According to one the problem is due to _____

A: And what are the results of modern investigations?

B: An impressive amount of research has been done _____ .

Exercise 6. Fill in the gaps in the sentences below with the prepositions from the table.

Of, about, of, in, of, by, of, about, of, in, with, of, in, of, about, of, in, to, of

1. Since the time ____the Greeks there have been two main points ____view ____stuttering.
2. Many ancient theories ____stuttering persist today as part ____what we may call our “folk thinking” _ the problem.
3. ____the Middle Ages this notion was expressed as the intriguing theory that stutterers were possessed ____the devil.
4. Aristotle’s authority was so great that as recently as a hundred years ago some ____the leading surgeons ____Europe were still trying to treat stuttering ____cutting away portions ____the speaker’s tongue.
5. This was stated ____technical terms ____many ways, especially ____reference ____the two-sided arrangements ____the brain and central nervous system and ____the body structure ____general.

Exercise 7. Complete the following sentences developing the idea given in the text.

1. Since the time of the Greeks there have been _
2. According to one the problem is due to some physical defect and according to the other _____
3. Both points of view are alike in_____
4. One of the older views about stuttering was ____
5. A specific form of this notion was advanced more than two thousand years ago by _____
6. In the first quarter of the present century great popularity was gained by _____
7. Some investigations have indicated is _____

8. What all these findings mean is _____

Exercise 8. Write the past forms of these

Be	make	declare
come	do	cause
know	give	regard
say	show	gain

Exercise 9. Answer the questions

1. How many points of view do exist about the problem of stuttering?
2. What are they?
3. What was one of the older views?
4. What did Aristotle declare?
5. What theory appeared in the first quarter of the present century?
6. What investigations have been made recently?
7. What did people say about stutterers in the Middle Ages?
8. What have some investigations indicated in our time?
9. What conclusion did Doctor Joseph Sheehan make?
10. What does it mean?

Text 6 SPEECH THERAPY

Speech correction or improvement or therapy are terms used to define the specific instruction which should be provided for the deaf and h.o.h. who have developed basic speech and language patterns but have not perfected the best speech they are capable of producing.

The speech therapist tries to locate the error within the word in: 1) initial, 2) medial or 3) final (terminal) positions.

Tiger kitten net

He must find the error in terms of substitution, omission, distortion.

The problem of enunciation involves the good usage of sounds that go to make

up words and continue to keep their ringing qualities. The vowels must be full and clear.

Sentences should be made up largely of visible articulatory movements. Sentences should be of moderate length.

The speech correctionist must have a knowledge and understanding of classroom teaching methods and correlate it with the total programme.

It is well known that children vary in their manner of learning. One child learns more easily through auditory stimulation, while another may respond better to visual and still another to kinesthetic stimulation.

Children learn to correct speech errors through anyone or combination of these types of learning.

Some children, particularly the deaf and the hard of hearing need to watch the movements involved in the production of a sound and at the same time get the “feel” of it, the vibration, and pressure felt by the hand when it is placed upon the jaw, the throat, or the lips of the teacher.

The kinesthetic methods of speech correction are used by some teachers for all kinds of articulatory disorders.

The basic principle of the “moto-kinesthetic” method is the use of pressure, striking, touching and manual manipulation of speech organs.

The “moto-kinesthetic” method involves such technique by which one learns to guide the muscles of the speech apparatus into accurate movements for the production of correct sound. Each sound has its own characteristic movements which the teacher shows through the manipulation of the pupil’s speech mechanism.

A significant number of the school population should have speech correction services.

Each speech correctionist devises his own procedure for giving articulatory examination.

For the child, listening to the particular sound he is to correct is a part of the therapy technique. The child needs to be bombarded with the sound to hear it in as many different words and situations as possible. For example, if a child makes “k, g”

incorrectly, pictures of “candy”, “gun”, “pig”, “gate”, “garden” may be shown.

With older children, the procedure is less of a game. If the older child makes “s” incorrectly, he may underline all the words containing “s” in a given paragraph.

In working with the schoolchild, the speech pathologist combines the more visible of the consonants p, b, m, s, r, f, v, sh, ch, th, w, and blend them with vowels.

After-reading assignments:

1. Pay attention to the pronunciation of the following words.

Correctionist, articulatory, kinesthetic, enunciation, technique, vibration, substitution, omission, distortion, auditory stimulation, accurate, manipulation, visual.

2. Give the Ukrainian equivalents to the following phrases.

speech therapy, (correction, improvement), hard of hearing, speech therapist (speech pathologist, speech correctionist), substitution, omission, distortion, enunciation, auditory stimulation, visual stimulation, kinesthetic stimulation, jaw, throat, lips, articulatory disorders, to devise, articulatory examination, procedure, moderate length, particular, accurate, manual manipulation.

3. Give the English equivalents to the following phrases.

артикуляційні дефекти, винаходити, придумувати, артикуляторне обстеження, губи, горло, щелепа, кінестетичний стимулятор, поєднувати, зоровий стимулятор, тиск, слуховий стимулятор, чітка вимова, спотворення, логопедія, логопед, заміна, слабчуючі, точні рухи, терапевтична техніка, поліпшення.

4. Mark the sentences T (true) or F (false). Correct the wrong information.

1. Speech correction is aimed for the deaf and h.o.h. that have not developed basic speech and language patterns.

2. The vowels must be full and clear.

3. The kinesthetic methods of speech correction cannot be used for all kinds of articulatory disorders.

4. The basic principle of the “moto-kinesthetic” method is the use of pressure, striking, touching and manual manipulation of speech organs.
5. With older children, the procedure is more of a game.
6. The child needs to be bombarded with the sound to hear it in as many different words and situations as possible.

**Text 7. TYPES O SPEECH IMPAIRMENTS. VOICE PROBLEMS.
ARTICULATION PROBLEMS. FLUENCY PROBLEMS.**

People with speech impairments have difficulty using the communication process efficiently. Speech is abnormal when it is unintelligible, is unpleasant, or interferes with communication. The three major types of speech impairments are voice, articulation, and fluency (for example, stuttering). Any one of these three speech impairments is distracting to the listener and can negatively affect the communication process.

One type of speech impairment, voice problems, is not very common in schoolchildren, but when this speech impairment does occur it needs immediate attention from a professional. Voice is a measure of self; it is part of one's identity. We can identify many of our friends, for example, simply by hearing their voices. Voice distinguishes each person from others, and we typically do not think about how it functions. But when it does not function as usual, such, as when we have laryngitis, we find it frustrating. Many famous personalities are recognized by their unique voices. Think of how impressionists create mental images of famous people through voice and gesture. Our voices also mirror our emotions; we often can tell when people we know well are happy, sad, angry, or scared merely by hearing their voices.

Two aspects of voice are important: pitch and loudness. A voice problem usually involves a problem with one or both of these aspects. Pitch is the perceived high or low quality of voice. Men typically have lower voice pitch than women. A man's voice whose pitch is high or a woman's pitch that is low attracts attention. If the receiver of communication pays more attention to the voice than to the message,

though, communication is impaired. When young boys' voice pitch changes during puberty, attention is drawn to the boys and their unintentional changes in voice. Of course, this pitch change is a normal part of development and disappears as the boy's body grows and voice pitch becomes stabilized.

Loudness is the other main aspect of voice. In some cases, people are labeled with certain personality traits because of the loudness of their voices: "She is such a soft-spoken individual". "He is loud and brash". Voice can communicate much of the intended message for delivery. In some cases, if the quality of voice is so distracting that the message is misunderstood or lost, speech therapy is probably necessary.

Articulation problems are the most common speech impairments. Articulation is the process of producing speech sounds. The receiver of communication must understand the sounds of the words spoken to understand the full message. If speech sounds are incorrectly produced, one sound might be confused with another, changing the meaning of the message. A child who substitutes a / for a κ sound might say "titty tat" instead of "kitty cat." In such cases, if the words are different or unintelligible the message has no meaning. Speech/language pathologists (SLPs), who specialize in correcting speech impairments, spend a considerable portion of their time remediating articulation errors. They also work with language, voice, and fluency problems.

Articulation is related to the speaker's age, culture, and environment. Compare the speech of a 3-year-old child, a 10-year-old, and an adult. Some of the most common articulation errors young children make are substitutions and distortions of the s and z sounds and substituting a w for an / and a iv for an r. A 3-year-old might say, "Thee Thuzi thwim" for "See Suzi swim," and is perceived by adults as being cute and acceptable. However, the same articulation behavior in a 10-year-old child or an adult is not developmentally correct or acceptable. Articulation behavior that is developmentally normal at one age is not acceptable at another.

About 2 to 3 percent of all children require professional help to overcome or compensate for their articulation errors. Teachers and others working with young children should be aware that children ages 2 to 6 generally make certain articulation

mistakes as they go through a normal sequence of speech sound development. Adults should not pay too much attention to such misarticulations. However, if adults become concerned that a child is not acquiring articulation skills in a normal manner, the child should be referred to an SLP for a speech evaluation.

Articulation, as mentioned earlier, is also related to the geographical region in which a person lives. For example, some people from certain sections of New York substitute a d for the th sound, resulting in dese, dem, and dose. Bostonians often use an er sound for an a (idear for idea), and many Southerners draw out vowels. Although these different articulations are apparent to people who do not reside in a particular locale, they are normal in those regions. Differences in articulation due to regional dialects are not errors. Teachers should be careful not to refer children who have moved from one area of the country to another to an SLP solely because of dialectal differences in their speech.

Fluency difficulties are associated with the rate and flow pattern of a person's speech. A fluency problem usually involves hesitations or repetitions that interrupt the flow of speech. Stuttering is one type of fluency problem.

Some young children (ages 3 to 5) often demonstrate dysfluencies (non-fluencies) in the course of normal speech development, but they are not usually indicative of a fluency problem. Adult speech is not always smooth and fluent either. Even the best of speakers find times when they are dysfluent - when they hesitate in the middle of sentences, repeat parts of words, speak very quickly, or insert fillers such as "you know," "like," or "umm" in their speech. Dysfluencies are likely to occur in exciting, stressful, or uncommon situations.

As young children search for words or the rules to apply to their messages, they may become disfluent, and their manner of speech may suggest stuttering. The rate of their dysfluencies may even fit a definition of stuttering. However, in young children (below age 6), the rate of spontaneous recovery is great, possibly as high as 75 percent. As with articulation, excessive attention to a perceived fluency problem early in a child's development can exaggerate rather than eliminate the problem. However, because of the remarkable results now being demonstrated by early

intervention programs designed to remediate stuttering, it is inadvisable to delay intervention much beyond the age of 3 1/2., Individuals who have a stuttering problem persisting into childhood frequently experience some difficulty in speaking throughout their lives. Their ability to communicate, their interactions with other people, and their own self-concepts are affected, but their speech generally can be improved with professional help.

After reading assignments:

1. Combine the words in column A with those in B to make word combinations and use them in the sentences of your own:

- | | |
|---------------|-----------------------------------|
| 1. interfere | a) articulation skills |
| 2. affect | b) for words |
| 3. spend | c) much attention |
| 4. acquire | d) communication process |
| 5. search | e) some difficulty |
| 6. pay | f) for articulation error |
| 7. experience | g) professional help |
| 8. a pattern | h) with communication |
| 9. compensate | i) of a person's speech |
| 10. require | j) a considerable portion of time |

2. Match each word or word combination on the left with the relative explanation on the right.

- | | |
|-----------------|--|
| 1. stuttering | a) to represent (something) as being larger, better, or worse than it really is. |
| 2. to eliminate | b) the surroundings or conditions in which a person, animal, or plant lives or operates. |
| 3. fluency | c) an occasion when two or more people or |

things communicate with or react to each other.

4. to exaggerate

d) a manner of behaving or conducting oneself

5. environment

e) the sound produced in a person's larynx and uttered through the mouth, as speech or song.

6. interaction

f) a disorder of vocal communication marked by involuntary disruption or blocking speech.

7. ability

g) possession of the means or skill to do something.

8. voice

h) the ability to speak or write a particular language easily and accurately

9. behaviour

i) a particular form of a language which is peculiar to a specific region or social group.

10. a dialect

j) completely remove or get rid of (something).

3. Answer these questions.

1. What kind of speech is considered to be abnormal?
2. Are voice problems common or rare in schoolchildren?
3. What aspects of voice are important?
4. When should the child be referred to an SLP for a speech evaluation?
5. What can you say about differences in articulation due to regional dialects? Should they be considered variations or errors?
6. Why do you think articulation problems are the most common speech impairments? Have you got any? Did you have any articulation problems in your childhood?

Text 8 CHILDREN WITH COMMUNICATION DISORDERS

Communication that calls attention to itself, and/or interferes with relaying a message, and/or distresses either the speaker or the listener is considered disordered. Communication is defined as the transmission of information. Language is the set of symbols used to represent the message being transmitted. Speech, a subsystem of language, is the physical process involved in producing the sound symbols of the language. Both communication and language can be nonverbal. Speech is oral.

Communication disorders can take two forms: delays and disorders. Delays are quite common and are usually resolved easily with proper treatment. Delays are often due to lack of language stimulation, bilingual or multilingual stimulation, or hearing impairments.

A disordered form of language is less common than a language delay and usually requires more treatment. Many language disorders are complicated by other areas of exceptionality (e.g., disorders of behavior, mentation, audition). Language disorders may involve aphasia (no language) or dysphasia (difficulty with language). Language disorders may be due to disordered mentation or to anatomical defects such as cleft lip and/or palate, damaged vocal cords, defects of the lips, teeth, or tongue, or may be acquired after injuries - including brain injuries. Language disorders may involve receptive disorders (difficulty in understanding language) and/or expressive disorders (difficulty in expressing oneself through language).

Speech, the subsystem of language involving oral production of sound, may be disordered in one or more of three forms: articulation, voice, or fluency.

Articulation involves the functioning of muscles and nerves, of the tongue, lips, teeth, and mouth to produce recognizable speech sounds. Four possible ways in which articulation can be disordered are substitution of sounds, distortion of sounds, omission of sounds, or the addition of extra sounds.

Voice involves respiration by the lungs, phonation by the larynx and vocal cords, and resonance through the air passages of the nose to control sound quality. Two possible ways in which voice can be disordered are phonation (breathy, strained, husky, hoarse, no sounds) and resonance (hyponasality, hypernasality).

Fluency involves appropriate pauses and hesitations to keep speech natural smooth, and understandable. Two possible ways in which fluency can be disordered are by cluttering (very rapid speech with extra sounds) and by stuttering (verbal blocks, and/or repetitions of sounds, especially at the beginning of words)

Each child can be expected to have his or her own unique differences in language reception and production and speech coordination. In addition, each child will communicate differently, depending on personality factors, information processing factors, and motivational factors. Assessment of when language and/or speech is delayed or disordered is, therefore, very difficult.

Speech-language pathologists are therapists who are prepared to help alleviate all the problems of language and speech. The earlier each child begins therapy, the better the prognosis.

Whenever a child receives special services for a communication, the therapy is more successful and shorter when there is parental involvement and transdisciplinary cooperation.

Essential vocabulary

communication disorder - розлад комунікативної сфери

disordered - розладний, порушений

delay затримка, уповільнення

disorder - розлад

treatment - лікування

bilingual - двомовний

stimulation - стимулювання, спонукання, заохочування

impairment - пошкодження, порушення

mentation - розумовий процес, процес мислення

audition - слух, слухання

aphasia - втрата мови

cleft palate - “вовча паша”, розщеплене піднебіння

substitution - заміна

distortion - перекручення, спотворення

omission - пропуск

phonation - утворення дзвінких звуків

larynx - гортань, глотка

cluttering - невизначене говоріння

stuttering - заїкання

speech-language pathologist - логопед

Exercise 1. Transcribe and translate into Ukrainian the following words and word-combinations.

multilingual_____

hearing impairment_____

physical coordination_____

audition_____

dysphasia_____

disordered mentation_____

anatomical defects_____

speech-language pathologist_____

therapy_____

phonation_____

Exercise 2. Write Ukrainian equivalents for the following word-combinations.

set of symbols_____

subsystem of language_____

bilingual stimulation_____

language stimulation _____

language delay_____

language disorders_____

receptive disorders _____

expressive disorders _____

substitution of sounds _____

distortion of sounds _____

Exercise 3. Find in the text English equivalents of the following words, word combinations and phrases listed below.

невербальний _____

затримка _____

розлад _____

вербальна

блокада _____

порушення

слуху _____

залежати від мотиваційних факторів _____

бути підготовленим, щоб допомогти _____

заїкання _____

розлади комунікативної сфери _____

порушений процес мислення _____

Exercise 4. Match each word or word-combination in the left-hand column with its Ukrainian equivalent from the right-hand column.

communication disorders утворення дзвінких звуків

cure плавність

aphasia лікування

vocal cords втрата мови

phonation розлади комунікативної сфери

fluency голосові зв'язки

Exercise 5. Use the words listed below and match the definition with the term.

(communication, language, speech, dysphasia, cluttering)

1. The transmission of information is called _____
2. _____ is the set of symbols used to represent the message transmitted.
3. _____ is the physical process involved in producing the sound of the language.
4. Difficulty with language we may call _____
5. Very rapid speech with extra sounds is called _____

Exercise 6. Fill in prepositions

1. Communication that calls attention _____ itself, and/or interferes _____ relaying a message, and/or distresses either the speaker or the listener is considered disordered.
2. Delays are usually resolved easily _____ proper treatment.
3. Language disorders may be due to _____ disordered mentation or _____ anatomical defects.
4. Two possible ways _____ which fluency can be disordered are _____ cluttering and stuttering.
5. _____ addition, each child will communicate differently, depending _____ personality factors, information-processing factors, and motivational factors.

Exercise 7. Translate the following into English.

1. Чим раніше дитина розпочинає лікування, тим кращий прогноз.
2. Порушений процес мислення може бути причиною мовних розладів.
3. Вербальні блокади та повторення звуків є ознакою заїкання.
4. Артикуляція вимагає роботу м'язів та нервів язика, губ, зубів та рота для

вироблення членороздільних мовленнєвих звуків.

5. Він мав порушення слуху, що призвело до затримки розвитку мови.

Exercise 8. Find Ukrainian equivalents for the following proverbs and sayings and explain their meaning.

1. Live and learn!

2. Silence is golden.

3. A word is enough to the wise.

4. No sooner said than done.

5. Without pains no gains.

Exercise 9. Make up a dialogue based on the text. Use in your dialogue the suggested phrases.

to consult a speech-language pathologist – звернутися до логопеда

to follow the specialist's directions (instructions) – виконувати інструкції спеціаліста

to help to resolve the problem of language – допомогти вирішити проблему мови

to begin therapy – почати лікування

Exercise 10. Answer the questions.

1. What communication is considered disordered?

2. What forms can communication disorders take?

3. What may language disorders involve?

4. What may cause language disorders?

5. In what forms may speech be disordered?

6. In which ways can articulation be disordered?

7. In which ways can voice be disordered?

8. In which ways can fluency be disordered?
9. Who helps to alleviate all the problems of language and speech?
10. What is your opinion about the statement that parental involvement makes the therapy more successful and shorter?

Exercise 11. Read and retell the text.

Development of reading skills

Reading content has a structure in which the student first constructs simple relationships (such as grapheme-phoneme) and then progresses to more complex tasks (such as critical reading). Many authorities feel that growth in reading skills occurs in several stages. Knowing the stages helps the teacher in selecting assessment tasks, developing instructional goals, and choosing instructional approaches. In addition, when student progress is carefully monitored, the teacher can determine when the student progresses from one level to the next. Harris and Sipay (1980) divide reading development into five stages:

a) Development of reading readiness. *Readiness* refers to the level of development needed for efficient learning. Many factors contribute to reading readiness, including mental maturity, visual abilities, speech and language development, thinking and attention skills, motor development, interest and motivation. The readiness period spans a period from birth until formal reading instruction begins. For many children, the period continues through the kindergarten year.

b) Initial stage in learning how to read. The initial learning usually begins in first grade, but with some children it may begin in kindergarten or earlier, or in the second grade or later. In the initial stage, reading is difficult. Often the student reads slowly, word by word, as she tries to break a detailed, complicated code. In this stage, tools are acquired to make the child an independent and fluent reader.

There is a three-phase model for learning to read: a) reading wholes, b) learning details, and c) reading without awareness of details. Reading wholes and learning

details occur in this initial stage. The term *reading wholes* refers to providing the child with some initial words and sentences to *learn by sight*. To learn these words, children rely on memory and configuration clues. *Learning details* involves discriminating between words and acquiring the associations between sound and symbol.

c) Stage of rapid development of reading skills. In the second and third grades, the child refines reading skills acquired earlier. The third phase, reading without awareness of details, applies to this stage. The child automatically begins to use the tools acquired previously. She attains fluent reading and is able to read grade-level material in the range of 100 to 140 words per minute with two or fewer errors. Once the child reaches this stage, instruction focuses mainly on developing vocabulary, improving comprehension skills, and maintaining interest. However, few children or adolescents with severe reading disabilities (in word recognition) ever reach this stage of development during their school years.

d) Stage of wide reading. Normally, during the intermediate grades the child realizes the pleasure of reading. It becomes a very meaning-oriented task. Children voluntarily read magazines and books. Their teachers encourage independent recreational reading and help them in their functional reading to expand vocabulary, build further comprehension skills, and review phonics and structural analysis. Students of all ages with reading problems seldom reach this level.

e) Stage of refinement of reading skills. In the junior and senior high school years, reading increases both in amount and difficulty. The students develop more advanced comprehension skills (critical reading), as well as improve their study skills and reading rate. Continuing into adulthood, this stage principally demands practice in reading skills.

Exercise 12. Determine the factors which influence the progress in reading development.

Exercise 11. Head and retell the text as if:

- a) you were a speech pathologist and making some comments;
- b) you were a parent and making some conclusions for yourself.

Organization of reading skills

To assess or teach reading skills effectively, it is helpful to understand the general organization of reading content and related subskills. Reading content is divided into word recognition skills and comprehension skills.

There are seven commonly used strategies of word recognition. *Configuration* refers to the outline or general shape of a word. Word length, capital letters, and letter height may provide some visual cues to the unskilled reader. *Context analysis* is “the skill of using the words and meanings surrounding an unknown word or phrase to determine the unknown element. Semantic and syntactic (grammatical) cues help the reader predict word possibilities according to context. *Sight words* are those the reader recognizes without applying phonetic analysis. Sight words include frequently used words, as well as words the reader knows instantly from repeated exposure. In reading approaches that focus on meaning, the whole-word method is predominantly used to introduce printed words. *Phonics analysis* refers to decoding words by symbol-sound associations. It involves the learning of phonemes and rules concerning the various sounds. *Syllabication* is the process of dividing a word into its component parts. Each syllable contains a vowel sound. In *structural analysis* the reader perceives meaningful units such as root words, prefixes, suffixes, possessives, plurals, word families, and compound words. *Dictionary analysis* is seldom used for word recognition; however, it does provide the reader with an independent means of pronouncing unknown words. Basically, it involves the use of the pronunciation key symbols included in a glossary or dictionary.

Five major areas are included in reading comprehension. *Vocabulary development* is essential for the reader to understand the words used by the writer. A background of meaningful experience (exposure to books, people, and places) and learning words from context (through a variety of reading material) aid in developing vocabulary.

Literal comprehension refers to recognition and recall of explicitly stated information. Some of the skills involved in literal reading include the ability to read for the central thought and main ideas, note the order or sequence of events, and find answers to specific questions. **Inferential (or interpretative) comprehension** requires the reader to make conjectures or hypotheses based on stated information, her intuition, and her personal experience. **Evaluation** or critical reading deals with judgments based on the reader's experiences, knowledge, or values. Evaluation focuses on qualities of accuracy, acceptability, worth, or probability of occurrence. It includes making judgments of reality or fantasy, fact or opinion, and validity, as well as making value (moral) judgments and analyzing the intent of the author. **Appreciation** deals with the student's emotional and aesthetic sensitivity to the written selection. To function at this level, the student identifies with characters and incidents and is able to verbally express emotional feelings about the word (e.g., excitement, fear, boredom)

In functional reading the student reads to obtain information. Whereas developmental reading (word recognition and comprehension) involves learning to read, functional reading involves reading to learn.

PART II TYPES OF DISABILITIES

Text 1 RECOVERY FROM TRAUMATIC STRESS

It will take years to clear the minds of some of those who were witnesses, directly or not, to the terrorist attack on the twin towers of the World Trade Centre. After experiencing a traumatic effect, many people showed signs of acute stress disorder. Though it has similar symptoms to post-traumatic stress disorder, it is, however troublesome and short-lived, like the dust clouds. Acute stress disorder begins within a month of the incident, lasts for not less than two weeks, but not more than four weeks.

Many people who suffer from acute stress disorder have the nightmares and flashbacks characteristic of post-traumatic stress disorder, but they also show various psychological defense mechanisms. They may be numbed by the event, emotionally unresponsive, indifferent to their surroundings to varying degrees and have a sense that such a ghastly event couldn't really have happened. They may have transient amnesia, so that much of the detail of the horror is apparently forgotten.

Those who have suffered from acute stress disorder often say that once they can start to talk repeatedly about their experiences, they begin to improve. They benefit from the ear of an understanding and kindly confidant who is prepared to listen to the same story many times over, and on each occasion be as interested, empathetic and sympathetic as the first time they heard it. Usually no other treatment is needed other than that offered by a good friend's concern and, for a limited time, sleeping pills at night.

For all those who could be described as suffering from the symptoms of acute stress disorder, there are thousands more who may find that their general mood has been altered by the terrorists' atrocity. Several British patients who watched the television images of the planes crashing into the towers and the Pentagon over and over again reported similar changes in their mood and feelings. Other patients with a history of psychological problems have noticed a significant deterioration in their mood, depression, if present, has been deeper, and most have complained of insomnia, anxiety attacks and a general, but undefined, sense of unease and uncertainty.

Post-traumatic stress disorder affects those who have been in horrific situations where they have either suffered or been threatened by serious injury, with the possibility of death. Others have developed post-traumatic stress disorder as a result of living through a time of great fear, while witnessing an event that could possibly involve death or injury to family, friends or colleagues at a time when they felt helpless because they were unable to influence the outcome.

After surviving the horrific incident, the image of it is constantly recalled, its memory triggered through any of the senses that would remind the person of the disaster. Not unnaturally, people with post-traumatic stress disorder arrange their lives so that

these triggers are avoided. Many patients develop severe depression, which may appear in many forms. The symptoms may recur on the anniversary of the date.

Both medication and psychotherapy have their place in the treatment of post-traumatic stress disorder. There is debate about the most efficient form of psychotherapy, but what is not in the dispute is that therapist needs to be sympathetic and empathetic. This desire accounts for the need of those who have had terrible experiences to seek the company of those who have undergone similar ones. The aim of the therapy is to gradually desensitise people to the haunting memory of the trauma and to remove any habits that they may have adopted to avoid confronting the memories that interfere with their domestic or professional lives.

Meanwhile, the depressive component of the disorder is treated with antidepressants. The ones favoured are those that also have a strong anti-anxiety effect.

Essential vocabulary

nightmare - кошмар, страшний сон

flashback - спогад

transient - тимчасовий

empathetic - співчуваючий

deterioration - погіршення

numb - оніміти; застигнути

injury - травма

outcome - наслідок

account for - пояснювати

undergo (underwent, undergone) - переживати; зазнавати

desensitize - зменшити сприйняття

confront - протистояння

seek (sought) – шукати

After-reading assignments:

1. Find in the text English equivalents of the following.

ТИМ ЧАСОМ -

депресія -
річниця трагедії -
гострий стресовий розлад -
емоційно не реагуючий -
відчуття неспокою та невпевненості -
медикаментозне лікування -
пояснювати -

2. Put the words in the right order.

1. A traumatic event, acute stress disorder, of, showed, people, signs, after.
2. Have, because of, people, transient amnesia, terrorist attack, the.
3. In their mood, psychological problems, of, a history, with, have, patients, a significant deterioration, noticed.
4. Treatment, of, have their place, the, in, both, post-traumatic, medication, stress disorder, psychotherapy, and.
5. Surviving, incident, after, horrific, the, recalled, is, image, it, the, constantly, of.

3. Answer the questions.

1. What are the signs of the acute stress disorder?
2. Are there any psychological defense mechanisms during the acute stress disorder?
3. Will it be a good treatment to talk repeatedly about your experience of suffering in traumatic event?
4. Who can be affected by post-traumatic stress disorder?
5. At what time did people feel themselves helpless?
6. When may the symptoms of post-traumatic stress disorder recur?
7. What kinds of therapy have their places in the treatment of post-traumatic stress disorder?
8. Is there any debate about the most efficient form of psychotherapy?
9. What are the risks of the traumatic stress?

4. Match each word in the left-hand column with its definition from the right-hand one.

attack	sleeping pills
witnesses	antidepressants
unresponsive	concern
insomnia	emotionally
traumatic stress	patients
treatment	incident
medications	terrorist

5. Fill in the gaps in the text below with the words from the table missing words.

Have their place; transient; limited; forgotten; offered by; treatment; treated.

1. They may have _____ amnesia, so that much of the detail of the horror is apparently _____.
2. Meanwhile, the depressive component of the disorder is _____ with antidepressants.
3. Both medication and psychotherapy _____ in the _____ of post-traumatic stress disorder.
4. Usually no other treatment is needed other than that _____ a good friend's concern and, for a _____ time, sleeping pills at night

Text 2. DISABILITY (Part I)

At some time in our lives we've all been ill or had an accident. In that sense we all know how it feels to be "disabled" for a few days. What's it like to have a full - time disability, though? - To be deaf, blind or paralyzed, for example? How are people in that situation treated by society, and - perhaps even more importantly - how do they want to be treated?

The Disability Guide Disability comes in many different forms. Some conditions attack the muscles, for example. Others damage the nerves, brain, blood or bones. Here is a short alphabetical guide to just ten "mind and body" disabilities.

Autism:

Autism is caused by a problem in the brain. Autistic people find it difficult to:

- Mix with other people.
- Express their thoughts and feelings in words.

As a result of these problems they often become frustrated and angry.

Blindness:

Some people lose their sight because of a specific eye disease. Others become blind (or partly blind) through accidents or old age. Help for blind people includes:

- Guide dogs.
- White sticks.
- Books written in a special language of raised dots called Braille.

Cerebral palsy:

About one child in 500 suffers brain damage at birth. The cause is often lack of oxygen. The result is cerebral palsy - a condition that makes it difficult to control the muscles. People with cerebral palsy move in clumsy, jerky way and often cannot talk very clearly.

Cystic fibrosis:

This condition (which is inherited) affects the lungs and digestion. People who suffer from it need to take medicine every day. This helps them to digest their food. They also need to do special exercises. In this way they're able to control their disability and lead largely normal lives.

Deafness:

Like blindness, deafness can have several different causes. Also like blindness, it can be either total or partial. Hearing aids make life easier for the partially deaf. As for people who can't hear at all, they can still understand others by lip - reading and can communicate themselves by using sign - language.

Down's syndrome:

About one child in 1,000 is born with an extra chromosome. These children have Down's syndrome. They're often very happy, friendly people but they also suffer from mental and physical problems. These include:

- Learning difficulties.
- A high risk of heart disease.

Epilepsy:

This condition affects one person in 200 and, like cystic fibrosis, it can largely be controlled by drugs. Largely, but not totally. When someone has an epileptic attack or fit, it's because their brain has suddenly produced more energy than usual. This makes the person fall down, shake violently and sometimes become unconscious. Epileptic fits look frightening, but are rarely dangerous.

After-reading assignments:

1. Give the English equivalents to the following phrases.

значною мірою, не зрячі люди, хромосома, страждати від, мова жестів, бути паралізованим, наслідувати, контролювати недієздатність, судорожний, глухуватість, більш важливо, глухота, за абеткою, різні форми, кров або кістки

2. Give the Ukrainian equivalents to the following phrases.

to be deaf , damage the nerves, disability, guide dogs, raised dots, alphabetical, lack of oxygen, condition, special exercises, jerky, inherited, sign language, chromosome, to digest food, an epileptic attack, brain damage, mental and physical problems, be controlled by drugs, suffer from, become unconscious.

3. Put the words in the right order.

1. To, treated, how, do, want, be, they?
2. Conditions, attack, the, some, muscles.
3. Is, by, brain, caused, problem, a, in, autism, the.
4. A, become, result, angry, these, and, they, as, often, of, problems, frustrated.
5. Suffers, brain, about, child, 500, damage, in, birth, at, one.

4. Answer the question.

1. Is autism caused by a problem in the brain?

2. Which way of help for blind people do you know?
3. The cause isn't often lack of oxygen, is it?
4. Do people who suffer from cystic fibrosis need to take medicine every day or every hour?
5. Can the blindness be total?
6. How much children are born with an extra chromosome?
7. How deaf people communicate?

Text 3 DISABILITY (Part II)

Muscular dystrophy:

Like cystic fibrosis, this disability is inherited. It slowly attacks the muscles, which become weak and finally useless. Many people with muscular dystrophy use:

- Electric wheelchairs.
- Computers.

These can both be controlled by small sticks, which are very easy to operate.

Paraplegia:

Serious accidents and illness often damage the spine. In many cases this leads to paraplegia - another name for paralysis. Paraplegias can't use their legs, but apart from that, many of them are fit active people with busy lives.

Speech and learning difficulties:

Damage to the brain can create a wide range of problems. What kind of problem depends on what part of the brain isn't working properly. Some people are unable to speak clearly. Others have difficulty learning to read or write. Young people with problems like these often go to 'special schools'. There, they can receive the extra help they need.

Issues and attitudes The world of disability is changing fast. Partly, this is thanks to advances in technology. A new generation of special

- Wheelchairs
- Computers
- Cars

- Lifts
- Household gadgets

have made life easier for thousands of disabled people. Then there have been medical advances, too. It's now possible to treat and sometimes even improved 30 years ago.

It's not just a question of technology and medicine, though. Some of the biggest changes have been changes of attitude. These days there are more TV programmes, books, films and articles about disability than ever before. This has helped disabled people to become more visible in society. It also means that information about disability is rapidly replacing ignorance, understanding is replacing fear and practical help is replacing pity. Then there's the attitude of the disabled themselves.

Nowadays, many are actively involved in groups and associations, which campaign for:

- Better access to public buildings like theatre, shops and museums.
- Equality in the job market.
- Better financial support from governments.

Perhaps the simplest way to sum up what's happening in a general way is this: 30 or 40 years ago, society looked at a disabled person and saw the disability before the person. Now, it's finally starting to see the person before the disability.

After-reading assignments:

1. Give the English equivalents to the following words and word combinations.

жалоба, наслідувати, хребетний стовп, параплегія (параліч), легко оперувати частково, інвалідний візок, м'яз, підбивати підсумки, підсумовувати, суспільство, рівність, завдяки будь-чому, серйозні випадки, захворювання, багато з них, швидко змінюватись, ставлення, вдосконалюватись, додаткова допомога, невігластво, зайнятий стиль життя.

2. Give the Ukrainian equivalents to the following phrases.

leads to, apart from, speech difficulties, to speak clearly, wheelchair, new generation, possible to treat, inherited, a question of technology, spine, paraplegia, more TV

programmes than before, to become more visible, muscle, look at, sum up, advances in technology, receive the extra help, changes of attitude, attacks the muscles, made life easier, serious accidents, damage the spine, change fast.

3. Complete the dialogue.

A: Is muscular dystrophy inherited?

B: _____

A: How does this disability attack the muscles?

B: _____

A: Which schools do often go young people?

B: _____

A: What do they can receive there?

B: _____

A: The world of disability is changing slowly, isn't it?

B: _____

A: Does it thank to advances in medicine?

B: _____

A: What does make life easier for thousands of disabled people?

B: _____

A: Are there more TV programmes, books, films, and articles about disability than ever before?

B: _____

4. Put the words in the right order.

1. The, attacks, muscles, slowly, it.
2. Use, can't, legs, paraplegias, their.
3. Are, people, to, some, speak, clearly, unable.
4. Disability, world, the, is, of, changing, fast.
5. Advances, have, medical, then, there, too, been.

5. Answer the question.

1. What has helped disabled people to become more visible in society?
2. What can you say about disabled people nowadays?
3. Is it finally starting to see the person before the disability?
4. Which things do help disabled people?
5. Which schools do disabled people often go?
6. Is muscular dystrophy inherited like cystic fibrosis?
7. Is it true that many people with muscular dystrophy use the computers?
8. What is another name of paraplegia?

Text 4 DOWN SYNDROME - A CLOSER LOOK

The most common autosomal aneuploid is trisomy 21, or Down syndrome. Sir John Langdon Haydon Down first described the syndrome in the 1880s. As the medical superintendent of a facility for the profoundly mentally retarded, Down noted that about 10% of his patients had characteristically slanted eyes and flat faces, superficially resembling people of the Mongolian race. This prompted him to coin the inaccurate term "mongolism" to describe the disorder. Characteristic facial features are associated with many inherited disorders. In actuality, males and females of all races can have Down syndrome.

Along with the distinctive facial features Down noted, a person with Down syndrome is generally short and has straight, sparse hair, a protruding tongue, and thick lips. The individual has an abnormal pattern of hand creases, loose joints, and poor reflex and muscle tone, creating a "floppy" appearance. Children with Down syndrome reach developmental milestones (such as sitting, standing, and walking) slowly, and toilet training may take several years.

Their intelligence varies greatly; some have profound mental impairment, while others can follow simple directions, read, and use a computer.

Although tests can determine that a fetus has trisomy 21, they cannot predict the

severity of the syndrome before the child is born. However, nearly 50% of people with Down syndrome die before their first birthdays, often of heart or kidney defects, or a suppressed immune system that can make a bout of influenza deadly. Digestive system blockages are common and must be corrected surgically shortly after birth. A child with Down syndrome is 15 times more likely to develop leukemia (a white-blood-cell cancer) than a healthy child. Individuals with Down syndrome who live past age 40 develop Alzheimer disease, which greatly impairs memory and reasoning. The likelihood of giving birth to a child with Down syndrome increases dramatically as a woman ages. For women under 30, the chances of conceiving a child with the syndrome are 1 in 3,000. For a woman of 48, the probability jumps to 1 in 9. This increase may be related to the fact that an egg cell completes meiosis after fertilization. The older a woman is, the longer her leukocytes have been arrested on the brink of completing meiosis. During this time, the leukocytes may have been exposed to chromosome-damaging chemicals or radiation. Other trisomies are more likely to occur among the offspring of older women too. As the experience indicates, after Down syndrome, the two most frequently seen autosomal aneuploids are trisomy 13 (Patau syndrome) and trisomy 18 (Edward syndrome).

After-reading assignments:

1. Give the Ukrainian equivalents to the following phrases.

superintendent, sparse, trisomy, floppy, fetus, digestive, meiosis, crease, protruding, to expose, disorder, meiosis, chromosome-damaging, to impair memory, likely to develop, heart or kidney defects, profound mental impairment, to give birth, to vary greatly.

2. Give the English equivalents to the following phrases.

зовнішній, суглоб, успадкований, суглоб, нирка, білокрів'я, зачаття, незграбний (недоладний), трисомія, млявий(безвольний), плід (зародок, ембріон), травний, мейоз (одна з форм непрямого поділу клітини), пошкоджена хромосома, погіршувати пам'ять, передбачити ступінь тяжкості, бути пов'язаним з, запліднення.

Exercise 3. Complete the dialogue.

A: What do you know about such diseases as Patau syndrome and Edward syndrome?

B: _____

A: Who studied (described) Down syndrome in Ukraine?

B: _____

A: Are there special schools for children with Down syndrome in Kiev?

B: _____

A: What new methods of training (teaching) children with Down syndrome do you know?

B: _____

A: To your mind, is it possible to prevent the appearance and development of this cruel diseases?

B: _____

4. Put the words in the right order.

1. Down, the syndrome, John Langdon Haydon, described, Sir, in the 1880s, first
2. Reach, Down syndrome, slowly, children, with, milestones, developmental
3. Completes, after, the egg, fertilization, cell, meioses
4. Memory, the Alzheimer disease, impairs, and, greatly, reasoning

5. Match each word in the left-hand column with its Ukrainian equivalent from the right-hand column.

muscle	тонус
tone	клітина
bout	мускул
cell	розумові здібності
offspring	припадок
likelihood	імовірність
intelligence	нащадок

6. Answer the questions.

1. Who and when described Down syndrome the first?
2. What facial features did his patients have?
3. What another features did Sir John Down note?
4. How does their intelligence vary?
5. How many people with Down syndrome die before their first birthdays? What are these diseases?
6. Does the likelihood of giving birth to a child with Down syndrome increase as a woman ages?
7. What is a mechanism of the appearance of Down syndrome?

Text 5 LEARNING DISABILITIES

What do Tom Cruise, Whoopi Goldberg, General George Patton, Walt Disney, Winston Churchill, and Alexander Graham Bell all have in common? These famous people have all been successful despite the fact that they had or have learning disabilities (LD).

Having a learning disability doesn't mean you can't learn. Some of the most creative thinkers of all time were diagnosed with LD. People with LD aren't slow or stupid; they simply have trouble learning in certain areas, such as reading, writing, math, or communication. These difficulties are a result of the way their brains take in and process information.

In fact, some people prefer to use the term learning differences instead of learning disabilities. Just because people learn differently, it doesn't mean they are unable to learn, it just means they need to find the way they can learn best.

What are learning disabilities?

Learning disabilities aren't contagious, but they can be genetic. That means they can be passed down in families through the genes, like many other traits we get from our parents and grandparents. Someone with a learning disability probably has other family members who have had some learning troubles, too - parents or siblings, for

example.

Kids with learning problems are sometimes surprised to find out that one of their parents had similar troubles when they were in school. These days, kids who have learning disabilities can learn much more successfully than in the days when their parents were young. That's because doctors, scientists, and teachers have learned much more about the brain and learning and about how to teach students who have different learning needs.

The most common type of learning disability is dyslexia, a learning disability in which someone has trouble understanding the written word. Dyslexia is sometimes called the "invisible disability" because no one knows a person has it unless that person is asked to read or write.

There are other learning disabilities, too. Kids who have trouble doing math problems in school may have **dyscalculia**, a learning disability in which the person has trouble understanding math. Someone who has trouble forming letters when they write may have **dysgraphia**. Some kids have trouble understanding language even though their hearing and vision are normal. These children are said to have language disabilities. Often children with language disabilities also have trouble understanding what they read. All of these conditions have something in common - they are all types of learning differences.

Essential vocabulary

despite – незважаючи на

instead of – замість

contagious – інфекційний

pass down – передавати

trait – риса

siblings – рідня

dyslexia – діслексія

common – загальний

Exercise 1. Transcribe and translate the following.

successful _____

trouble _____

communication _____

differently _____

through _____

scientist _____

invisible _____

language _____

condition _____

type _____

Exercise 2. Transcribe from Ukrainian into English.

бути здивованим _____

схожі неприємності _____

більш вдало _____

бути молодим _____

діти _____

розуміння _____

видатні особи _____

іноді називати _____

це не має значення, що _____

труднощі _____

Exercise 3. Transcribe from English into Ukrainian.

creative thinkers _____

certain areas _____

a result of _____

in fact _____
that's because _____
maths problems _____
even though _____
vision _____
language disabilities _____
learning differences _____

Exercise 4. Complete the dialogue.

A: What do Torn Cruise and Winston Churchill have in common?

B: _____

A: Who was diagnosed with learning disabilities?

B: _____

A: Who was diagnosed with learning disabilities?

B: _____

A: Do they have trouble learning in certain areas?

B: _____

A: Please, give examples.

B: _____

A: What term do people use instead of "learning disabilities"?

B: _____

A: Are learning disabilities contagious?

B: _____

A: Do learning disabilities pass down in families through the genes?

B: _____

Exercise 5. Put the words in the right order.

1. A, you, learning, doesn't, learn, having, disability, mean, can't, learn.
2. LD, stupid, people, with, aren't, slow, or.
3. It, are, they, unable, to, mean, doesn't, learn.
4. Learning, aren't, disabilities, contagious.

5. Successfully, kids, who, learning, much, disabilities, can, have, learn, more.
6. Common, disability, is, type, of, the, learning, most, dyslexia.
7. Dyslexia, called, invisible, the, is, sometimes, disability.
8. Are, there, learning, other, disabilities.
9. Kids, understanding, have, some, trouble, language.
10. To, language, children, are, these, said, have, disabilities.

Exercise 6. Answer the questions.

1. Do learning disabilities pass down in families through the genes like many other traits?
2. What do Whoopi Goldberg and Walt Disney have in common?
3. Describe people with learning disabilities.
4. Can learning disabilities be genetic?
5. What is the most common type of learning disabilities?
6. What is another name of dyslexia?
7. Which other learning disabilities do you know?

Exercise 7. Read and retell the text.

The Brain Team

The largest player on the brain team is the **cerebrum**. The cerebrum makes up 85% of the brain's weight, and it's easy to see why. This is the thinking part of the brain. It lets you solve math problems, play video games, feed your fish, dance, remember your sister's birthday, and draw pictures. The cerebrum makes humans more intelligent than animals because it's the part that lets us reason. Imagine if your dog tried to read the paper after he fetched it. It wouldn't work out too well for him, because compared with your brain, the thinking part of his brain is very small!

The cerebrum is made up of two halves, with one on either side of the head. Some scientists think that the right half helps you think about abstract things, like music, colors, and shapes. The left half is said to be more analytical, helping you with math, logic, and speech. Scientists do know for sure that the right half of the cerebrum controls the left side of your body, and the left half controls the right side

One part of the cerebrum is called the motor area. It runs across the two halves of the cerebrum like headphones, from ear to ear. The motor area controls your **voluntary muscles** - the muscles in your body that move when you want them to. Next time you're playing soccer and take a shot on goal, thank your motor area!

Text 6 SIGN LANGUAGE RULING CHEERS DEAF PEOPLE

British Sign Language gained government recognition as an official language of Britain in a move of profound symbolic and practical significance for the nation's deaf community.

The announcement marks the culmination of 20 years of campaigning by organizations representing deaf people and will put British Sign Language (BSL) on an equal footing with Britain's other indigenous languages - English, Welsh, Scottish Gaelic, Irish Gaelic and Cornish.

For the 70000 deaf people in Britain who use BSL as their first language, the move will bring better access to sign language interpreters and to information. It will also give a major boost to sign language teaching and could eventually result in the inclusion of BSL in the National Curriculum and the creation of GCSE (General Certificate of Secondary Education), A-Level and degree-level qualifications in BSL

Andrew Smith, the Secretary of State for Work and Pensions, said that he hoped it would also increase the number of hearing people using BSL to enable deaf people to become better integrated into British life. "BSL is more than simply a means of communication. We are talking about a culture as well," he said. Mr. Smith said that the Government would invest 1 million pounds on initiatives to support teaching BSL and its recognition as an official language.

He also urged those who set school exams to pay urgent attention to creating GCSEs and A-Levels in BSL. He said that the Government would work to find ways of including sign language in the Council of Europe's Charter for Regional and Minority Languages, which protects and promotes regional languages in Europe

Organizations representing deaf people said that the move represented a great historical, cultural and emotional landmark.

In giving official recognition to a language now used by more people than use Welsh or Gaelic, the Government was laying the foundations for greater participation of deaf people in the nation's economic and cultural life, they said.

Jeff McWhinney, chief executive of the British Deaf Association, said: There is still a long way to go before equality is achieved, but this is a milestone

achievement for the sign language community.”

Susan Daniels, chief executive of the National Deaf Children’s Society, said if many local education authorities did not offer sign language teaching. “Hopefully this will put an end to the current situation that can see parents moving around the country or having to send their child away to find a school that will meet the needs of their child,” she said

Brian Lamb of the Royal National Institute for Deaf people said that the move would also make it easier for people using other public services, such as hospitals and local authorities, to gain access to a sign language interpreter.

Essential vocabulary

gain – римувати, здобувати

profound – глибокий

ruling – постанова

move – резолюція

on an equal footing – у рівні умови

give a boost – підтримувати

set – призначати

landmark – віха

Exercise 1. Transcribe and translate the following.

indigenous _____ 61 _____

cuniculum _____

urge _____

hopefully _____

minority _____

executive _____

Exercise 2. Translate from English into Ukrainian.

recognition _____

access _____

to cheer _____

degree-level _____

to promote _____

current _____

Exercise 3. Translate from Ukrainian into English.

слух _____

глухі _____

виражати жестом _____

вміння _____

давати можливість _____

перекладач _____

Exercise 4. Complete the dialogue.

A: Why did you choose this occupation?

B: _____

A: What subjects is it necessary to add for study in order to be a good specialist?

B: _____

A: Have you ever worked with disabled children?

B: _____

A: What would you do if you were the Chief Center for children with learning disabilities?

B: _____

—

A: In what way does the Ukrainian Government help and support people with learning disabilities?

B:

Exercise 5. Put the words in the right order.

1. As, government, official, gained, of, language, BSL, Britain, recognition.

2. Local, didn't, sign, teaching, authorities, many, language, offer.

3. A, than, of, more, BSL, means, communication, is, simply.

4. Use, as, deaf, first, people, language, their, BSL.

Exercise 6. Answer the questions

1. What did BSL gain?
2. How long did the campaign by organizations representing deaf people last?
3. With what indigenous language will be BSL put on an equal footing?
4. What will the move bring for deaf people in Britain?
5. What do you think about the inclusion of BSL in the National Curriculum and the creation of GCSE?
6. What did Andrew Smith say?
7. In what way does the number of hearing people increase?
8. For what would the Government invest money?
9. What organization protects and promotes regional languages in Europe?
10. The Government lays the foundations for greater participation of deaf people in the nation's economic and cultural life, doesn't it?

11. What does the move make easier for deaf people?
12. How will the sign language teaching help the deaf children?

Exercise 7. Read and translate.

DISABILITY

- a) the state of being disabled: people who cannot work because of illness or disability;
- b) a thing that disables, a lack of something necessary: disabilities of sight, hearing and speech; people with learning disabilities, disability benefits.

Note.

A **disabled** person has a permanent illness or injury that makes it difficult for her or him to move about easily: *The Dolphin Centre has a top class pool and excellent facilities for disabled swimmers.* The condition is called (a) **disability**. It may exist from birth, or be caused by an accident or illness: *Services the State can provide depend on the degree of disability.* A **disability** may not be physical: *More than a million people in Britain have some sort of learning disability.*

A **handicapped** person has severe difficulty in using a part of the body or mind normally. The condition is called a **handicap**. **Handicap** and **handicapped** (especially in the phrases **physically / mentally handicapped**) were used a lot in the past but many people now feel these words are offensive and prefer to use expressions with disabled and disability. The term disabled people rather than the disabled is also often preferred, because it is more personal.

If somebody's ability to hear, speak or see has been damaged but not destroyed completely, they have impaired hearing / speech / sight (or vision). People can also be described as visually / hearing impaired or partially sighted: *Books in large print are available for the partially sighted.*

Exercise 8. Translate from English into Ukrainian.

1. Deafness can be a serious handicap.
2. He strives hard to overcome his handicap.

3. She was born completely deaf.
4. He's getting deafer in his old age.
5. The soldier was blinded in the explosion.

Exercise 9. Make up your own sentences.

1. a school for the physically handicapped
2. to go deaf
3. to be deaf in one ear
4. television subtitles for the deaf
5. to have / wear a hearing-aid
6. a school for the blind
7. a progressively disabling disease

Exercise 10. Match each word in the left-hand column with its definitions from the right-hand column.

deaf	to make smb. Deaf
deaf-aid (hearing-aid)	unable to distinguish accurately between different musical notes
deaf-mute	a person who is deaf and dumb
to deafen	unable to hear at all
deafness	completely deaf
stone-deaf	an absence or a defect of hearing
tone-deaf	a small device that makes sounds louder and helps a de, person to hear

Exercise 11 Read this information. Complete the list of your own interesting facts.

BSL was first recorded in 1575 and it has since evolved its own syntax and grammar as well as regional variations, including Geordie, Mancunian and London

''accents''.

Twenty years ago, sign language was regarded as an inferior system of communication - not a language. Parents were advised not to allow children to use signs, as this would spoil their chances of developing speech and lip-reading skills.

The view now is that deaf children should, if possible, become bilingual in both sign language and speech.

Each country has its own version of sign language. The version used in the United States is based on French, not British Sign Language.

Text 7 AN OVERVIEW OF ABNORMAL LANGUAGE DISABILITIES: APHASIA

Aphasia has interested many kinds of professional workers since the middle of the last century, and it is surprising how much of the early work has never been contradicted. Of course, it has been modified and amplified, and many new details have been written between the lines, so to speak.

The symptoms and disabilities exhibited by the aphasic child are many and varied. They may have problems of auditory discrimination, a poor recognition of speech sounds; they also may have auditory figure-ground problems, an inadequate processing of auditory perceptions, an inability to relate information to its context, poor articulation or other speech problems and all manner of complex behavioral manifestations of cerebral impairment. The way in which these symptoms tend to cluster into various types of aphasia will be dealt with later in the book.

A definition of Aphasia

As is so often the case with neuropsychological disorders, it is easier to say what aphasia is not rather than what it is. Thus, most definitions run roughly as follows: Aphasia is impairment in language function probably caused by some form of neurological dysfunction which does not come under the categories of mental deficiency, deafness, dyslexia, peripheral speech deficits, emotional disturbance or

social, cultural or educational deprivation. Aphasia has been traditionally divided into two categories, receptive (sensory) and expressive (motor), and as will be seen, much of the literature is devoted to a discussion of this oversimplified point of view. Another way of looking at aphasia is to consider the original causes of the disorder and here again there are two schools of thought which are not mutually exclusive. Some people have laid the blame on a developmental or maturational lag in language and have even suggested links with childhood schizophrenia. The second group holds that lesions in the brain are the most important cause of childhood aphasia. (Of course, there is little doubt that lesions are the most frequent cause of aphasia in adult patients.) There is every possibility that many aphasic children can be classified in each category and not a few probably in both. There are not very many younger children who have lesions after the onset of language development; nearly all the children coming into clinics and centers have suffered from language impairment from the earliest weeks of their life.

FINGER SIGNS

Helen was almost seven years old. But Helen couldn't do most of the things that other seven-year-old children could. She had been blind and deaf for five years. She lived in complete darkness and silence. She made signs with her hands and arms when she wanted or needed something. She would push for "go" and pull for "come" or she would pretend to cut bread if she were hungry. But she was often misunderstood.

67

As Helen grew, so did her desire to communicate with others. The few signs she made were not enough anymore. Helen was growing up lonely and wild because no one knew how to teach her.

Captain and Mrs. Keller tried many times to find help for their daughter, but the answer was always the same. "Helen will always be blind and deaf. There's nothing we can do." Then one day the Kellers heard about a special school that could send a teacher to Helen.

Miss Sullivan gave Helen a doll. While Helen was playing with the doll, Miss

Sullivan made strange

finger signs into Helen's palm. Miss Sullivan was teaching Helen how to spell the word *d-o-l-l* in the finger alphabet of the deaf. Helen was curious about what this stranger was doing, so she sat very still. After Miss

Sullivan made the signs a few more times, Helen was able to repeat them back to her. She had no idea that she had just learned to spell her first word. Helen did not yet understand what a word was, or that words were the way people spoke with one another.

Helen also did not know that Miss Sullivan had come to teach her. She only knew that a stranger had entered her house and took control of her life. At first, Helen was angry. Her family had always let her do what she wanted for fear of hurting her. But this stranger wasn't giving Helen her own way. She didn't understand why Miss Sullivan was there, so Helen fought her. Miss Sullivan and Helen did many things together in the following weeks. They took walks through the garden and forest. Helen learned how to knit and bead. For everything Helen did, felt, or smelled, Miss Sullivan made finger sign in Helen's hand. Helen learned to spell quite a few short words in this way. But still she did not understand that these finger signs were words.

One day, Miss Sullivan and Helen strolled through the garden and stopped at the water pump. Miss Sullivan put Helen's hand under the running water from the pump and formed the signs for water into Helen's other hand. She repeated the word *w-a-t-e-r* over and over. Helen stood as still as a statue. She felt the finger signs being repeated on her hand, and slowly became aware that those signs meant 'the cool something that was running over other hand. She understood her first word!

Helen was so excited. She ran everywhere touching things — the ground, the porch, mother, teacher, and demanded to know the words. She learned how to spell them all. Helen wasn't just repeating meaningless signs anymore. She was learning words. She was understanding language. Helen felt her world come alive.

Essential vocabulary

push - штовхати

pull - тягнути

pretend - робити вигляд

palm - долоня

spell - писати або вимовляти (слова) по літерах

fear - страх

knit - плести

bead - вишивати бісером

stroll - прогулюватися

pump - колонка

Exercise 1. Transcribe and translate the following.

curious _____

together _____

through _____

quite _____

something _____

touching _____

meaningless _____

enough _____

language _____

while _____

Exercise 2. Translate from Ukrainian into English.

семирічні діти _____

сліпий _____

глухий _____

рости _____

багато разів _____
зайти до будинку _____
взяти контроль _____
вода, що біжить _____
живий _____

Exercise 3. Translate from English into Ukrainian

darkness _____
be hungry _____
have no idea _____
one's own way _____
stroll through _____
run over _____
be excited _____
porch _____
meaningless _____

Exercise 4. Complete the dialogue.

A: How do the blind people read the books?

B: _____

A: In what way do the deaf-mutes talk with each other?

B: _____

A: What's the main problem to teach both blind and deaf people?

B: _____

A: What methods does the teacher use?

B: — _____

A: What're the principal difficulties of the development special education for

disabled persons in our country?

B: _____

Exercise 5. Put the words in the right order.

1. Around, the, felt, she, excitement, her.
2. Different, the, she, can, parents, let, her, not, think, is.
3. Her, Miss, came, to, Sullivan, teach.
4. Blind, her, devoted, to, people, teach, Helen, life.
5. The, was, of this, excitement, cause, the.
6. Day, Helen's, will, today, the, teacher, is, arrive.
7. Into, eyes, space, started, her.

pupil _____

forbid _____

long _____

quickly _____

hot _____

nowhere _____

Exercise 8. Answer the questions.

71

1. Helen lived in complete darkness and silent, didn't she?
2. What did Helen make when she wanted something?
3. Why was Helen growing up lonely and wild?
4. What did the doctors answer as to Helen's disease?
5. What the first word did she understand?
6. What was Helen's reaction after having understood the first word?
7. How many years was Helen when she began to understand language?
8. In what way did Miss Sullivan teacher Helen?

9. Where did they have the lessons?

10. What the first word did the teacher spell into Helen's palm?

TEST 8 THE BABY DOE DILEMA

Thirty years ago, it a woman went into labor after only 24 weeks of pregnancy, the result was almost always a spontaneous abortion or an infant that that died within a few hours after birth. Today, nearly half of such pregnancies produce extremely small live infants. Thanks to the modern medical technology of neonatology (study of the newborn), many of these infants survive. Some of them, however, are born with severe and sometimes multiple medical problems. Often new parents and physicians must make difficult decisions over whether it is kinder to subject a severely ill new-born to corrective surgery and drug treatments or to leave the child alone, letting nature take its course.

Consider the case of Andrew. Because the placenta detached early, Andrew was born only 24 weeks after lie was conceived. The doctors pronounced the 1- pound, 12-ounce (794 grams) baby "marginally viable," giving him less than a 5 % chance of survival. After several months of medical intervention, Andrew died. In his brief life, Andrew suffered from dehydration, broken bones, collapsed lungs, seizures, and diseases of the blood, eyes, urinary tract, liver, and heart. Before his death his mother summed up her confusion: "I'm afraid my baby is going to die. I'm afraid my baby is going to live."

72

The anguish parents of severely ill newborns feel is called the "Baby Doe dilemma," after a baby whose situation was widely reported but who was publicly known only as Baby Doe. Baby Doe was born with a blocked esophagus and Down syndrome in Bloomington, Indiana, in 1982. Unlike Andrew's parents, who elected to intervene medically, Baby Doe's parents chose to withhold food, water, and medical help, because even though doctors could surgically unblock the esophagus, the baby would still have Down syndrome. The baby died at a few months of age. In the years that followed, other Baby Does came to national attention, but the

troubling questions of how or whether to treat them are still handled on a case by case basis. A presidential commission established in 1979 to develop ethics guidelines concerning the denial of medical treatment concluded that the effects associated with Down syndrome are not severe enough to justify withholding medical treatment.

KEY CONCEPTS

Neonatology is the branch of medicine that deals with the extremely premature or ill newborn. The degree of medical intervention appropriate in such cases is a matter of controversy. A few medical procedures can be performed on fetuses to prevent or alleviate problems at birth.

STRAIGHT EDGE KIDS

Straight edge teenagers are a growing group of youths who are unhappy with the corrupt society in which they are growing up. They don't want to follow the usual routes of teenage rebellion. Instead they have chosen a clean, healthy alternative approach to life to better themselves and the world in which they live. Originally, being a "straight edge" meant that you didn't drink, smoke or do drugs. These days straight edgers are additionally participating in animal rights protests, following a vegetarian or vegan diet and are increasingly involved in environmental and political issues and protest. Music also plays an important role in the straight edge scene. Straight edge bands originally grew out of the punk rock/hardcore scene in the 1980s as a reaction against the infamous excesses of punk rock.

73

Over the years straight edge's popularity has increased, but attention has also been focused on the narrow-minded aspects of the straight edge way of life. The problem today is, that while some see the straight edge philosophy as positive, many others see it as being intolerant of others. The tension between the two groups has led (particularly in America) to violent incidents. The main problem seems to be that straight edge teenagers take their beliefs to different extremes. There seems to be a big disagreement between "ordinary" straight edgers who follow the basic principles of having a clean, healthy and positive lifestyle, and extreme straight edgers, who are

aggressive towards different beliefs and lifestyles.

In the US, there is one area notorious for extreme or hardline straight edge behavior - Salt Lake City in the state of Utah. Many of the straight edgers like to classify themselves as a “crew”, which other people, and the police in particular tend to translate as “gang”. A minority of radicals have no patience with anyone, teenagers or adults, who drink and smoke or do not fit to their strict philosophy in some way.

Straight edge crews are also known for fighting rival straight edge crews when there is no one else to fight. As a result, some hardcore bands refuse to tour in Salt Lake City, where there have been several serious incidents including beatings and stabbings. Some teenagers, such as Bret Walton, even end up in jail. Bret is on 3 years’ probation after serving time in jail for planning to burn down a business that sells fur traps. Bret is a vegan, who according to the straight edge Hardline Manifesto, should aim for purity in everyday life by not taking an innocent animal's life. Most people would say that he has taken his beliefs in the freedom of animals too far.

Straight edge kids make a statement with their fashion as well as with their philosophy. A tidy appearance is popular, with baggy trousers and T-shirts. Tattoos are a popular statement of straight edge membership, as are pierced earlobes with large holes. Backpacks confiscated from students at a high school in Utah contained chains and heavy chain necklaces. There is also a straight edge symbol “sXe”, in which the “X” is the universal symbol of the straight edgers. Unfortunately, some young people end up displaying the symbol, whether they want to or not. One young man was scarred with an “X”, cut into his back by a group of straight edge kids who found him smoking pot. Whilst many people are anti-drugs, most people do not take the law into their own hands, and certainly not in such a violent and dangerous way.

Perhaps it is the lack of any other way to express themselves that attracts teenagers to the straight edge philosophy. Maybe it is the need to be able to show your solidarity with a group of like-minded friends. Many young people these days are taking a greater interest in the world in which they live. They are looking at how

they can contribute to its future, but many “ordinary” straight edge teenagers and the public are shocked at the ways in which the more extreme followers of straight edge are trying to get their message across.

Essential vocabulary

corrupt - ЯКИЙ загниває, розпусний

vegan - суворий вегетаріанець

hardcore - безкомпромісний, твердий

infamous – ганебний

narrow-minded – обмежений, недалекий

intolerant – нетерпимий

extreme – крайній ступінь

notorious – - (загально) відомий

crew – компанія, ватага

rival – який суперничає

stab – ранили (гострою зброєю)

probation – - випробний строк

serve time – відбувати строк

trap – пастка, капкан

make a statement – встановлювати, визначати;

pierce – проколювати

backpack – рюкзак

75

be scarred – бути в шрамах

pot – розм. маріхуана

take the law into one’s own hands – розправлятися без суду

Exercise 1. Transcribe and translate the following words

Straight _____

vegetarian philosophy _____

principles aggressive classify _____

police _____

gang _____

teenagers _____

appearance _____

Exercise 2. Write Ukrainian equivalents of the following

growing group of youths _____

corrupt society _____

teenage rebellion _____

violent incidents _____

basic principles _____

lifestyle _____

to have no patience _____

tidy appearance _____

heavy chain necklace _____

like-minded _____

Exercise 3. Find in text English equivalents of the following.

навколишнє середовище _____

важлива роль _____

здоровий стиль життя _____

штат Юта _____

76

відмовлятися _____

серйозні сутички _____

в'язниця _____

підпалювати _____

мода _____

Exercise 4. Complete the dialogue

A: Who do we call “straight edge teenagers”?

B: _____

A: What do straight edgers participate in?

B: _____

A: Does music play an important role in the straight edge scene?

B: _____

A: How do the straight edgers like to classify themselves?

B: _____

A: What do the straight edge kids wear?

B: _____

Exercise 5. Put the right order of the words.

1. Do, they, rebellion, not, teenage, want, of, follow, routes, to, usual, the.

2. Also, music, scene, plays, edge, an, straight, important, the, role, in.

3. Incidents, has, the, violent, tension, to, between, led, the, groups, two.

4. Like, a, as, many, "crew", of, themselves, she, classify, straight, to, edgers.

77

5. Salt Lake City, some, tour, hardcore, in refuse, to, bands.

Exercise 6. Answer the questions.

1. What does it mean to be a "straight edge kid"?

2. When did the straight edge bands grow out of the punk rock?

3. Who do we call "ordinary straight edgers"?

4. Who do we call “extreme straight edgers”?
5. Is Sit Lake City notorious for extreme straight edge behaviour?
6. Straight edge crews are known for fighting rival straight edge crews when there is no one else to fight, aren't they?
7. Did some teenagers end up in jail?
8. What is a popular statement of straight edge membership?
9. What did the confiscated backpacks contain?
10. How can you contribute to the future of the world?

Exercise 7. Match the titles with the paragraphs in the text.

- a) Being a “straight edge”
- b) Agree to disagree
- c) Hard-time
- d) Over the edge
- e) Fashion statement
- f) Solidarity and self-expression

Exercise 9. Write antonyms of the following.

happy _____ usual _____
 famous _____ like _____
 tolerant _____ tidy _____
 positive _____ violent _____
 agreement _____ clean _____

Exercise 9. Write synonyms of the following.

rebellion _____ basic _____
 to participate _____ crew _____

increase_____ clean _____
notorious_____ to refuse _____
attractive _____ jail_____

Exercise 10. Give the main idea of the text.

Semantics. Semantics refers to meanings attached to words and word relationship. For example, the word cup has a meaning of a container from which to drink and refers to an object in the child's world. An example of meaning attached to word relationships is the phrase "Daddy's cup." These words add the meaning of possessiveness in relationship to each other: The cup belongs to Daddy.

Clark (1973) and Nelson (1974) express different views concerning the child's development of meaningful words. Clark asserts that children use perceptual cues to acquire word meaning. For example, the word dog appears in a child's early vocabulary as the child notes the physical characteristics of a dog (four legs, tail, long ears, fur and so on). Clark reports that a child relies on perceptual cues when she uses one word to refer to several things. For example, the child may use the word dog to refer to all four-legged, furry animals. Nelson, in contrast, proposes that the meanings first expressed by young children are based on dynamic properties of people and objects that are movable, moving, or changeable. For example, Mommy is a word that is observed in early vocabularies and refers to a movable, moving, changeable person in the child's world. Words that refer to food, clothing, and toys also appear in early vocabularies because of their dynamic characteristics. Children experience food as they eat it; articles of clothing as they put them on and take them off; and toys as they bounce, roll, and spin them Nelson also states that children categorize words according to a shared function Children observe that objects are similar in the way they move and act or in the way they are acted upon; thus, words that refer to food are categorized by the common function of things to eat.

Bloom and Lahey (1978) believe that the child uses both functional and perceptual cues in the development of word meaning. They note that the child observes objects that involve movement such as Mommy and bottles (Mommy and

bottles come and go). The child also perceives that objects in a class look alike (bottles are cylinder-shaped and have nipples).

The acquisition of meaning extends beyond acquisition of the child's first words. It is a slow, complicated process that continues into adulthood. Wood (1976) outlines several stages of semantic acquisition. In Stage 1, a child develops meanings as she acquires her first words. Wood refers to these first words as one-word sentences. The meanings of these sentences are determined by the context in which they were spoken. An 18-month-old child may use the word *doggie* quite frequently, but the contexts in which she says the word may differ and imply different meanings (for example, "There is a doggie," "That is my doggie." "Doggie is barking," "Doggie is chasing a kitty"). Bloom (1970) is often credited with first suggesting that the context in which something is said determines its meaning.

In about 2 years the child begins to produce two-word utterances with meanings related to concrete actions (such as "Doggie bark" or "My doggie"). In Stage 2, the child conveys more specific information verbally and continues to expand vocabulary and utterance length. However, until around the age of 7, the child defines words merely in terms of visible actions. To a 6-year-old, then, a fish is "a thing that swims in a lake" and a plate is "a thing you can eat dinner on." Also, during this stage, the child typically responds to a prompt word (such as *pretty*) with a word that could follow it in a sentence (such as *flower*). Older children, around 8 years of age, frequently respond with a verbal opposite (such as *ugly*).

In Stage 3, at 8 years of age, the child's word meanings relate directly to experiences, operations, and processes. If a child's neighbor owns a horse, the child may include this attribute in her word meaning of horse in addition to the attributes of animal, four-legged, and a thing that can be ridden. When asked where horses live, the child may respond, "At the Kahns'." By an adult definition, this answer is not correct. The child's vocabulary is defined by her own experiences, not those of adults. At 12 years of age the child begins to give dictionary-like definitions for words (Wood, 1976). When asked to define bear, she might respond, "a large, warm-blooded animal that hibernates in the winter." At this time the child's word

definitions approach the semantic level of adults.

Developmental delay in word meaning (semantics) is observed in children who use or understand a limited number of words. The limited vocabulary may be in specific areas, such as adjectives, adverbs, prepositions, or pronouns. Semantics and delay is also evident when children assign a very narrow set of attributes to each word so that each word has limited meaning. In addition, students may have figurative language problems and tend to interpret idioms, metaphors, and proverbs literally.

PART III

SUPPORT FOR MENTAL AND PHYSICAL HEALTH

Text 1 BRUTAL KILLER (part 1)

It is said that old doctors in their prayers don't thank God for their continuing survival, but rather recite a litany of the diseases they wish to be spared. Progressive supranuclear palsy (PSP) would be near the top of every praying doctor's list. It is the neuro-degenerative disease responsible for the death of Dudley Moore and is a truly dreadful and brutally relentless complaint.

Progressive supranuclear palsy may, in its early stages, so closely mimic Parkinson's disease as to be mistaken⁸¹ for it. However, pathologically it is quite different. It responds only poorly, if at all, to drugs used to treat Parkinson's, although with symptomatic treatment the average sufferer survives for five to seven years. A recent survey suggests that PSP affects about five people in 100.00 but research has provided evidence that up to 30 per cent of cases are misdiagnosed as Parkinson's disease or other neuro-degenerative conditions, and are therefore missed. So the disease may be more common than motor neurone disease, and no longer deserving its usual description as a rare neurological condition.

It usually affects people in late middle age or early old age. Research is

continuing into its genetic background. A suspect gene has been located on chromosome 17, but so far there is no proven recorded case of a child inheriting it from a parent.

In progressive supranuclear palsy there is a muscular rigidity that particularly affects the neck and trunk but produces a quite different stance and gait from that found in Parkinson's disease. The muscles needed for speech are affected early; this was seriously troubling Dudley Moore two years ago. There is an unsteadiness of gait, and falls are common, but it is the eye symptoms which are prominent early feature of PSP. The first sign is often an inability to move the eyes upwards and to converge (go cross-eyed) As this sign is a not uncommon feature of old age it should arouse only suspicions, but not undue anxiety, until there are other confirmatory symptoms.

Essential vocabulary

progressive supranuclear palsy – прогресувальний супраядерний параліч

neuro-degenerative – невроперероджувальний

spare – звільняти від чогось

relentless – безжалісний

complaint – хвороба

affect - уражати

Exercise 1. Transcribe and translate the following.

Anxiety _____⁸²_____

Disease _____

research _____

pathologically _____

chromosome _____

treat _____

Exercise 2. Translate from English into Ukrainian

rigidity _____

undue _____
unsteadiness _____
to converge _____
to mimic _____
brutal _____
dreadful _____

Exercise 3. Translate from Ukrainian into English.

ген _____
м'язовий _____
успадковувати _____
хвороба Паркінсона _____
моторний (руховий) _____
пропустити _____

Exercise 4. Complete the dialogue.

A: When was the Parkinson's disease described at first?

B: _____

A: Who was Parkinson?

B: _____

A: What special literature about this disease did you read?

B: _____

A: What do you think: is it possible to treat this illness now?

B: _____

A: What modern methods of treatment do you know?

B: _____

Exercise 5. Put the words in the right order.

1. Gene, located, has, suspect, been, chromosome, a, on

2. Speech, muscles, early, are, needed, for, affected, the

3. Age, in early, late, is, or age, middle, usually, people, old, it.

4. Inability, first, is, to move, an, the, sign, eyes, the.

Exercise 6. Match each word in the left-hand column with its Ukrainian equivalents from the right-hand column.

neck	натяк
trunk	хода
stance	обстеження
gait	нейрон
survey	тулуб
neuron	шия
suspicion	поза

Exercise 7. Answer the questions

-
1. What do the doctors say about some diseases?
 2. What diseases are responsible for the death of Dudley Moor?
 3. What does the recent survey suggest?
 4. In what age does it usually affect people?
 5. What parts of human body are affected?
 6. What are the first symptoms of this complaint?
-

Text 2 BRUTAL KILLER (part 2)

The loss of voluntary eye movements, so that the patient is unable to look downwards, is also highly suggestive of PSP, voluntary lateral movements usually persist after the up and down actions of the eye have gone, and the instinctive eye

movements, such as occur when someone is following a moving object, may be retained for a long time. Eventually, all may be lost; the eyes may be staring and the blink rate is reduced. The inability to look up and down without moving the head makes it difficult to climb stairs safely; this, coupled with the unsteadiness found in PSP, often makes it necessary to live on the ground floor. Dudley Moore, for instance, eventually moved to a bungalow near the Kessler Institute in New Jersey, a medical centre with particular interest in neuro-degenerative diseases. There are other particularly distressing aspects of progressive supranuclear palsy. It is associated with pseudo bulbo palsy - a weakness of the muscles of the mouth and throat that causes difficulty in speaking and swallowing, as well as dribbling and emotional lability, so that the patient cries and laughs too readily and at inappropriate times. PSP is also accompanied by a varying degree of loss of cortical and sub-cortical brain function. As the patient's powers of communication are grossly disturbed it is hard to assess how much, if any, intellectual blunting this causes and the degree of personality change for which this is responsible.

The Sara Koe PSP Research Centre has been established at the Institute of Neurology in Queen Square, London, to investigate progressive supranuclear palsy. Half of the 200000 pounds a year needed to run it is being subscribed by the PSP Association, and the rest comes from the Institute.

It is a distressing thought that a man of Dudley Moore's intellect and musical talent should be reduced to someone who could not talk, walk, sing, play the piano or even blink.

85

Essential vocabulary

bulbo – бульбарний

cortical – корковий

blunting – притуплення, ослаблення

disturbed – порушений

inappropriate – невідповідний

lability – нестійкість; лабільність

Exercise 1. Transcribe and translate the following.

voluntary _____

patient _____

eventually _____

climb _____

pseudo _____

treat _____

piano _____

Exercise 2. Translate from English into Ukrainian.

staring _____

distressing _____

personality _____

to occur _____

readily _____

to assess _____

Exercise 3. Translate from Ukrainian into English.

86

боковий _____

ковтання _____

слинотеча _____

досліджувати _____

відновлювати, знижувати _____

Exercise 4. Complete the dialogue.

A: What Research Centres of PSP do you know in Ukraine?

B: _____

A: Are there special programs of treatment of PSP?

B: _____

A: What kind of work can these patients do?

B: _____

A: To your mind, how can we help the disabled people to be good in our society?

B: _____

A: How many special schools or colleges are there in Kiev?

B: _____

Exercise 5. Put the words in the right order.

1. Is, downwards, unable, patient, to look, the.
2. Blink, is, the, rate, reduced.
3. Accompanied, loss, PSP, by, is, cortical, function, of, brain.
4. Eye, the, may, instinctive, retained, movements, be.

Exercise 6. Match each word in the left-hand column with its Ukrainian equivalents from the right-hand column.

unsteadiness

weakness

suggestive

blink

intellect

rate

lost

87

сугестивний

інтелект

нестійкість

кволість

частота

втрачений

кліпання

Exercise 7. Translate from Ukrainian into English.

Паркінсонізм - клінічний синдром, зумовлений ураженням підкоркових ядер головного мозку при атеросклерозі, енцефаліті, травмах, паралічі дрижальному. Проявляється акінезією, заляккістю, амімією, тремтінням рук і ніг порушенням ходи та мовлення тощо. Описаний англійським лікарем **Паркінсоном** (J. Parkinson) у 1817 року.

Exercise 8. Answer the questions.

1. What are the symptoms of PSP?
2. Why do the patients live on the ground floor?
3. With what is PSP associated?
4. Is PSP accompanied by a varying degree of loss of cortical and sub-cortical brain functions?
5. Where is the Research Center situated?
6. What disease has killed the intellect and musical talent of Dudley Moor

Exercise 9. Read and translate the text.

Advantages and disadvantages of service models for students with learning problems

Model: Regular classroom (Student remains in regular class all day)

Advantages: Provides for interaction of handicapped and nonhandicapped peers in least restrictive setting.

88

Prevents needless labeling.

Disadvantages: May compound learning disabilities with instructional factors

Includes large number in class population.

Uses a teacher not specifically trained.

May not provide small group or individual instruction.

Model. (Consultant teacher works with regular teacher)

Advantages: Can reach more teachers.

Can supply specific instructional methods, programs, and materials.

Can serve more children.

Influences environmental learning variables.

Coordinates comprehensive services for the children.

Disadvantages: May not foster inclusion in teaching staff.

Does not provide firsthand knowledge of students that comes from teaching them.

Can separate assessment and instruction.

Model: Itinerant (Itinerant teacher travels to various schools consulting with regular teacher)

Advantages: Aids in screening and diagnosis.

Provides some help in area of consulting.

Offers part-time services.

Covers needs of children in different schools or areas.

Is an economical way to address mild problems.

Disadvantages: Does not provide consistent support for more involved students.

Does not promote identification with staff.

Presents difficulty in transporting materials.

Lacks continuity of program.

Lacks regular follow-up.

Model: Resource room (child spends portion of school day – 45- 60 minutes – with resource room teacher; most widely used model)

Advantages: Reduces stigmatization.

Emphasizes instructional remediation.

Supplements regular classroom instruction.

Separates handicapped learner from non-handicapped peers for limited periods of school day.

Provides individualized instruction in problem areas through specially trained teacher.

May provide consulting services to regular teachers.

Prevent needless labeling.

Focuses on mainstreaming students.

Disadvantages: Is not well suited to serve severely learning disabled students.

Presents scheduling problems.

Tends toward over-enrollment.

Can create misunderstanding of teacher role.

May inspire conflicts in teacher role.

Provides no time to observe or consult.

Provides little time to assess and plan.

Text 3 KIM'S TWO LIVES

Kim Torbitt calls it his “first life”. It ended September 8, 1922, the night he and his buddies downed a few beers at a bar before climbing into their cars for a midnight drag race down Main Street in Ilion, a small town in upstate New York. Kim remembers the speedometer topping 100 and the car going into a spin. He can still picture being thrown from the passenger seat and flying through the air. He remembers his neck breaking, though he felt no pain, he says, only the wet grass touching his face. He was 18 years old.

Kim is 41 now, and his second life – the one in which he is a *quadriplegic* has lasted longer than his first. It took him years to accept his paralysis, to *believe* that life could be even worse. But no matter how resigned a man is to *his fate*, it is frustrating and depressing to be as physically needy as a small *child* – *fully* dependent on others to turn on a light or get a snack

To lose hope is a tragedy. To regain it is a marvelous *gift*. *Gift* came to Kim in a newspaper article about Helping Hands Boston-based organization that trains capuchin monkeys to quadriplegics. The monkeys, the story explained, are able to do the routine things that quadriplegics cannot do for themselves pick up a fallen TV remote or scratch an itch.

When Mymu arrived, she stayed close to her cage unsure of Kim and her surroundings. He kept back, careful not to frighten her. Man and monkey watched each other for several days before their formal training began.

If the capuchin didn't accept Kim, he wouldn't be allowed to keep her. Judi (Helping Hand's director) left the room, and he tried the command again. With her trainer out of sight, the monkey did as told. "Good girl, Mymu," said Kim. "You're such a good girl. I'm so proud of you." He was embarrassed about murmuring sweet nothings to a monkey, but monkeys are social creatures that thrive on sound. *The* endearments continued. He was so gentle and patient with Mymu that when she had an accident (the monkeys are trained to use their cage rather than wear a diaper) he cooed, "Oh, Mymu, you doo-dooed on my kitchen floor."

Kim's eyes filled the first time the nine-pound monkey nestled into his lap. As she climbed to his shoulder, licked his ear, touched her rubbery fingertips to his face and picked through his hair ("for cooties that aren't there," explains Kim), he whispered, "This is so wonderful. This is so wonderful. «He spoke softly, fearful he would scare her away.

Kim delighted in Mymu's every move. At the command "Mymu, stick," the monkey placed a slender rod in Kim's mouth so he could push buttons or pop cassettes into the tape deck. At "Mymu, itch," the monkey rubbed a small towel across Kim's face.

For her ninth birthday, Kim Bev gave Mymu a party, complete with cake and wrapped gifts (keys on a key chain and an activity box). At her bath times Mymu licked a lollipop while she was being sudsed. And then the monkey and Bev would play a round of chase — with the squealing capuchin tearing around the living room. "You fly like a bird," Kim happily told the monkey.

Essential vocabulary

buddy - *розм.* приятель

down - випити

drag race - швидкісна гонка на коротку відстань

spin - вертіння

quadriplegic - хворий на параліч рук і ніг

capuchin - капуцин

itch - сверблячка

endearment - ніжність

diaper - пелюшка

coo - ГОВОРИТИ НІЖНИМ ГОЛОСОМ

cootie - *сленг* воша

slender rod - тонкий прутик

rub - терти

lollipop - льодяник

suds - мити

Exercise 1. Transcribe and translate the following.

climbing _____

touching _____

paralysis _____

quadriplegic _____

routine _____

surrounding _____

patient _____

shoulder _____

92

squealing _____

wrapped _____

Exercise 2. Translate from Ukrainian into English.

той, хто скорився своїй долі _____

телеуправління _____

прикро вражати; розбивати надії _____

пригнічувати _____

ніяковіти _____

ніжності _____

до вподоби звуки _____

лизати вухо _____

боятися _____

гасати _____

Exercise 3. Translate from English into Ukrainian.

Speedometer _____

flying trough _____

no matter _____

pick up _____

pick through _____

scratch an itch _____

formal training _____

out of sight _____

lap _____

push buttons _____

Exercise 4. Complete the dialogue.

A: What is it quadriplegic disease?

B: _____

93

A: Is it possible to recover?

B: _____

A: What is the only way out to continue to live?

B: _____

A: Can paralysis people receive education?

B: _____

A: How does our government take care of quadriplegic people?

B: _____

Exercise 5. Put the words in the right order.

1. His, breaking, remember, neck, he.

2. Things, are, monkeys, to routine, the, able, do, the.

3. A, like, fly, you, bird.

4. Several, watched, other, for, days, they, each.

5. Is, marvelous, it, regain, a, to, gift.

6. Slender, the, monkey, placed, a, month, rob, Kim's, in.

Exercise 6. Answer the questions.

1. How many lives does Kim have?

2. What happened in 1972?

3. What was Kim diagnosed?

4. What organization did Kim read in a newspaper article about?

5. What's the main idea of using capuchins?

6. In what way did Kim train the monkey at first?

7. What problems did Kim collide in taming the monkey?

8. What tacticts did he choose to work⁹⁴with the capuchin then?

9. What command can Mymu do?

10. What holiday did Kim and Mymu celebrate?

Exercise 7. Put all types of questions to each sentence.

1. He remembers his neck breaking.

2. He felt no pain.

3. He was 18 years old.

4. It is marvelous gift.

5. Kim spoke softly.

Exercise 8. Translate into English the following sentences.

1. Він хворий на параліч рук і ніг. 2. Вони випили кілька пляшок пива. 3. Він відчув мокру траву, яка торкнулася його обличчя. 4. Йому знадобились роки, щоб прийняти параліч і повірити, що життя могло б бути і гіршим. 5. Він боявся, щоб мавпа не пішла геть. 6. Кім був дуже терплячим. 7. Кім отримав чудовий дарунок. 8. Капуцини вміють виконувати різні щоденні речі для паралізованих людей. 9. Кім зробив вечірку для мавпи. 10. Кім порівнює дії своєї мавпи з пташкою.

Text 4 GOOD VIBRATIONS

When percussionist Evelyn Glennie was eight, she was invited to give a short piano performance along with several other local children at Aberdeen's Cowdray Hall. This was her first public performance in a large hall and no doubt she was feeling nervous. All the same, she was surprised when the man behind her tapped her on the shoulder and indicated that it was her turn to go on stage. She simply had not heard her name being called. This was one of the early signs of a deafness which, over the next few years, was to become almost total. She refused even to think of going to a school for the deaf. Even as a child she was determined that she would find a way of managing. Deafness has never been an excuse.

She decided she wanted to play percussion. Her teacher showed her how to compensate for a loss of hearing. His ⁹⁵ great gift to her was in opening her mind and body, if not her ears, to all the various additional ways we "hear" sounds and experience vibrations. As she says in her autobiography, "I can tell the quality of a note by what I feel, I can sense musical sound through my feet and lower body, and also through my hands."

She explained her method of working "When I get a new piece, I look at it for quite a long time, maybe a week or ten days, trying to work out my own interpretation. Then I memorize large parts of it, so that I can look at the instrument

while I play and see that I'm playing the right notes."

At only 24, Evelyn Glennie was voted the outstanding solo performer of 1990. She has made an album and plays recitals on average two days a week. Soon she is going to Poland, then Scandinavia, Japan and Australia. She visits America regularly. From her silence she performs remarkable music.

THE LAST SAD VIGIL

For 1,400 days, they have kept a vigil by the bedside of their beloved son Tony. But today will be different for Allan and Barbara Bland as they return to the hospital which has become their second home.

Following historic ruling in the House of Lords yesterday, now they know Tony's living death is almost at the end.

Within the month, 23-year-old Tony will become the 96th victim of the Hillsborough stadium disaster: the agonizing will be over. The grieving can begin "It is a great relief", said Mr Bland, a 57-year-old warehouseman. "It is in the best interests of everyone".

The process of allowing his son to die with dignity will begin in the next few days.

The final decision to stop feeding Tony will be taken by his parents together with Dr Jun Howe, the consultant who has been keeping their only son alive but in a mental void from which he can never emerge.

The 46-year-old doctor said last night: "I am not playing God and neither is anyone else. That happened when Tony was crushed nearly four years ago" To claims from anti-euthanasia groups that assisting Tony to die was inhuman, Dr Howe replied: "It would be barbaric to let him go on like this. Tony is unable to value his existence or experience anything.

"It is not life as we know it and as doctors we are not in the business of producing immortality"

The consultant said Tony would begin to "slip away quietly" in his room on ward three at Airedale General Hospital near Keighley, West Yorkshire, once bottles of

his liquid food were not replaced.

The removal of his food supply would lead to kidney failure, and possibly an infection and he would be expected to die without suffering within ten days. Tony's emotionally-exhausted parents will be at his bedside when the end comes. His name will then be added to the roll of 96 victims of the Hillsborough disaster engraved on the "eternal flame" memorial outside Liverpool's Anfield ground.

But for the court's ruling, the Blands could have endured their son's living death for years. In a similar case in the USA a patient survived for 37 years.

One of Tony's best friends joined his parents in welcoming the ruling.

Ian Grew, 30, turned up with at Hillsborough for the fateful Cup semi-final in April 1988 with two tickets – one for the terraces. Tony opted for the terraces because he wanted to stand with other Liverpool fans.

"I am so lucky – it could have been me on the terrace that day," said Ian "If it had been me instead of him, I would have wanted to die on the first day and I know Tony would have wanted that too once there was no hope of recovery."

Essential vocabulary

keep a vigil - не спати

grieving- горювання

mental void - кома

emerge - виникати, з'являтися, тут виходити

immortality - безсмертя

97

kidney - нирка

emotionally-exhausted - емоційно виснажений

court's ruling - судова постанова **endure** - терпіти, виносити

Cup semi-final - полуфінал кубка

opt for – вибирати

Exercise 1. Transcribe and translate the following.

agonizing _____

warehouseman _____

value _____
experience _____
failure _____
euthanasia _____
liquid _____
inhuman _____
producing _____
quietly _____

Exercise 2. Translate from Ukrainian into English.

закінчуватись _____
остаточне рішення _____
бути неспроможним _____
давати безсмертя _____
помирати _____
палата (в лікарні) _____
замінити _____
зараження _____
гравіювати _____

98

Exercise 3. Translate from English into Ukrainian.

beloved _____
living death _____
be crushed _____
barbaric _____
without suffering _____
“eternal flame” _____
turn up _____

survive _____

instead of _____

Exercise 4. Complete the dialogue.

A: What is it euthanasia?

B: _____

A: What the first country became to legalize euthanasia?

B: _____

A: What countries let apply euthanasia?

B: _____

A: What's position of Ukrainian government as to euthanasia?

B: _____

A: If you loved someone who was terminally ill, would you consider euthanasia?

Why (not)

B: _____

Exercise 5. Put the words in the right order.

1. Their, become, home, the, second, has, hospital.

2. Unable, existence, his, to, he, value, is.

3. At, Tony's, they, death, end, is, the, living, know.

4. Everyone, is, best, the, in, of, interest, it.

5. Begin, few, euthanasia, the, will, days, in, next.

6. Tony's, the, parents, Jam, decision, supported, of.

Exercise 6. Answer the questions.

1. When did Hillsborough disaster happen?
2. What caused Tony Bland to go into a permanent?
3. How many years had Tony been spending in the hospital?
4. What was Dr Howe's view of his patient?
5. What form of euthanasia has been decided upon?
6. Where will Tony's parents be when the end comes?
7. What match did Tony and his friend visit?
8. How many victims were there ultimately?
9. What country was the same case in?
10. What are the risks of euthanasia?

Exercise 7. Match each word in the left-hand column with its definitions from the right-hand one.

beloved	comfort
slip away	return to good health
grieving	legal decision
memorial	doctor
recovery	chose
inhuman	die
consult	monument
ruling	cruel
opted	deep sadness
relief	much loved

Exercise 8. Find in the text equivalents to the definitions.

technically alive but mentally dead _____

standing section at a football ground _____

respect and honour _____

room in a hospital _____

tired at heart _____

never-ending life _____

list of _____

watch _____

over _____

agony _____

demands _____

Exercise 9. Read the text and discuss the one in pairs

The Fetus as a Patient

A partial solution to the Baby Doe dilemma is to treat the fetus before the baby is born. Some prenatal medical problems can be treated by administering drugs to the mother or by altering her diet. An abnormally small fetus can receive a nutritional boost if the mother eats a high-protein diet. A fetus that cannot produce adequate amounts of a specific vitamin can sometimes overcome the deficiency if the mother takes large doses of the vitamin. It is also possible to treat some prenatal medical problems directly: A tube inserted into the uterus can drain the dangerously swollen bladder of a fetus with a blocked urinary tract, providing relief until the problem can be surgically corrected at birth. A similar procedure can remove excess fluid from the brain of a hydro-cephalic (fluid trapped in the brain) fetus. Drugs can reach the fetus, bypassing the mother, through a tube placed in the umbilical cord.

Little Blake Schultz made medical history when he underwent major surgery

seven weeks before his birth. Ultrasound had revealed that his stomach, spleen, and intestines protruded through a hole in his diaphragm, the muscle sheet separating the abdomen from the chest. The defect would have suffocated him shortly after birth were it not for pioneering, surgery by Michael Harrison at the University of California at San Francisco Harrison's surgical team made an incision in the mother, exposed Blake's left side, gently tucked his organs into place and patched the hole with a synthetic material used in clothing.

KEY CONCEPTS

The critical period is the time when a structure is sensitive to damage caused by a faulty gene or environmental insult. Most birth defects develop during the embryonic period, and these defects are generally more severe than problems that arise later in pregnancy. Agents that cause birth defects are called teratogens. Teratogens include viruses, recreational and therapeutic drugs, cigarettes, certain nutrients, occupational hazards, and malnutrition.

Text 5 WHY DO WE BECOME ILL?

In general, human beings are healthier than ever before. We are taller, stronger, and have a better diet than in the past. We live longer, too. But that's only one side of the story. Modern life isn't all good for us. In fact some of it can be very healthy indeed.

102

Pollution - Human beings have two environments. One is the outside world and the other one is their own bodies. Pollution is bad for both. Acid rain - the hole in the ozone layer - traffic in big cities - chemicals in rivers and seas... they can all make us seriously ill.

Drugs - Many people pollute themselves. Some do it with legal drugs like alcohol and tobacco. Others do it with illegal drugs like cocaine and heroin. Drugs kill thousands every year. But that's not all. They make millions seriously ill.

Disease - Why do we get diseases? Well - there are three main reasons.

1. We can catch them from other people (for example AIDS)
2. Our own bodies develop them (for example cancer)
3. We inherit them from our parents and grandparents... (for example, some kinds of heart disease)

Diet - For many people, bad health begins with a bad diet. Some eat the wrong kind of food. Others eat too much or too little. It's not surprising that people like this often become ill. After all, the human body is a machine - it needs the right kind of fuel to work properly.

Stress - Modern life is full of pressure and problems. Some people can control these. They sleep well, enjoy life and don't worry very much. Others are the opposite. They sleep badly, don't enjoy life and worry all the time. People like this are suffering from stress. Stress is a kind of illness itself and it can lead to many others.

Accidents - Homes, offices and factories much safer today than 50 years ago. Even so, thousands of accidents still happen at work every day. As a result, some people die and many more become seriously ill.

Too little exercise - Exercise is very important for good health. Without it the body becomes slow and fat. It also becomes weak and less able to fight illness.

Unfortunately, modern life makes it very easy to be lazy.

Essential vocabulary

103

human being - людина

pollution - забруднення

diet - харчування

environment - довкілля

acid rain - кислотний дощ

ozone layer - озоновий шар

drugs - наркотики

disease - хвороба

accident - нещасний випадок, аварія

Exercise 1 Translate and transcribe the following words

Safe _____

Cocaine _____

Heroine _____

Chemicals _____

To suffer _____

To pollute _____

Illegal _____

Hole _____

Pressure _____

Stress _____

Exercise 2 Write Ukrainian equivalents of the following

To kill _____

To die _____

To worry _____

Reason _____

Stress _____

To catch _____

Fuel _____

Weak _____

Properly _____

In general _____

Exercise 3 Find in the text English equivalents of the following.

Ледачий _____

Дірка _____

Серцеві хвороби _____

Розвиватись _____

Вбивати _____

Страждати _____

Протилежність _____

Вмирати _____

Слабкий _____

Товстий _____

Exercise 4 Make up sentences from the following words.

1. Good, health, is, exercise, important, for, very.

2. Can, it to, worry, lead, stress, a, kind, illness, others, at

3. We, why, get, diseases, do?

4. Full, problems, modern, is, at, pressure, life

5. Eat, or, little, too, others, much

6. Every, drugs, kill, year, thousand

105

Exercise 5 Answer the questions below.

1. What are the reasons of our illnesses?

2. What are three main ways of getting diseases?

3. What do you know about drugs?

4. What is very important for our health? Why?

5. Bad health begins with a bad diet, doesn't it?

6. Why does modern life make us very lazy?

7. Is stress a kind of illness? Prove it.
8. Why do people become ill?
9. How many environments do people have? What are they?
10. What period diseases develop in our body?

Exercise 6. Complete the dialogue

A: Why do we get diseases?

B: _____

A: Do you eat wrong kind of food?

B: _____

A: Do you do morning exercises?

B: _____

A: Do you suffer from stress?

B: _____

A: What should people do to avoid stress?

B: _____

Exercise 7 Go over the text again and find the synonyms of the following words

Disease _____

Diet _____

Ill _____

To be able _____

106

Many _____

Work _____

Like _____

Make _____

Unfortunately _____

Fat _____

Exercise 8 Find in the text the antonyms of the following words.

Catch _____
To pollute _____
Outside _____
To worry _____
To die _____
To inherit _____
Enjoy _____
Well _____
Lazy _____
Safe _____

Exercise 9 Fill in the gaps in the text below with the correct prepositions.

For, with, without, at, to, in, of, from

1. _____ many people, bad health begins _____ a bad diet.
2. _____ it the baby becomes slow and fat.
3. Some eat the wrong kind _____ food.
4. We catch them _____ other people.
5. It needs the right kind of fuel _____ work properly.
6. Even so, thousands _____ accidents still happen.
7. We are taller, stronger and have a better diet than _____ the past.

Exercise 10. Do you know if you suffer from stress? Do the Stress Test and find out!

STRESS TEST	Yes	No
Do you:		
- often sleep badly?		
- get headaches a lot?		
- find it difficult to relax?		
- need alcohol or cigarettes to calm		

your nerves?

- usually hide your feelings?
- find it difficult to concentrate?
- take tranquillizers or sleeping pills?
- get angry when things go wrong?

If you answer “Yes” to more than two of these questions, you are one of many people who suffer from stress. What can you do about it?

Doing yoga or relaxation exercises, chewing gum and playing with worry beads are all common ways of relieving stress. But doctors now say that there are simpler ways. Their advice is that people should laugh and smile more often. When you laugh and smile, your body relaxes. They also say that people – and especially men – ought to cry more frequently. Crying is a natural way of relieving stress.

Text 6 GERM WARFARE

They are all around, all the time, causing complaints such as food poisoning, skin infections and colds. So how do we keep the bugs at bay?

When my mother uses a public lavatory, she meticulously lines the toilet seat with paper to avoid germs. As she leaves the room (after earnestly scrubbing her hands) she covers the door handle with paper, props the door open with her foot and in a neat sidestep, escapes without ever touching anything. You might call her phobic but the brisk sales of antibacterial soaps, cleaners and now even toys and kitchen utensils suggest that many of us are thinking along the same lines.

Scientists are not as enamored with antibacterial products as the general public. Most germ experts believe that diligent handwashing is the most effective way to fight germs and that any soap will do. Any soap, antibacterial or not, helps eliminate germs by suspending them in water so they can be washed away.

Careful washing will eliminate harmful bacteria we're most likely to come in contact with, like staphylococcus, streptococcus, E-coli, and salmonella, which cause skin infections, sore throat and food poisoning, respectively.

Many people don't realize that antibacterial soaps only work on a clean surface. Organic matter, like food, deactivates a disinfectant. There is a danger that consumers might be lulled into a false sense of complacency by thinking that these products serve as a substitute to traditional cleaning.

There is also the possibility that routine use of antibacterial spray could encourage the build-up of more resistant bacteria. If you destroy the natural bacterial population, you reduce competition for incoming pathogens and enable them to gain a foothold.

Scientists point out that trying to eradicate all bacteria from your environment is unnecessary and possibly harmful. We have a nice coexistence with a lot of germs. "Your gastrointestinal tract has germs most of which do no harm and some of which are beneficial. They help with digestion and produce B-complex vitamins. Your skin contains bacteria that colonise to protect you from pathogenic bugs".

Essential vocabulary

Warfare – війна, боротьба

Germ – мікроб

Bug – *сл. вірус*

Eliminate – знищувати

Suspend – утримувати

Digestion – травлення

Spit – слина

109

Ingest – *снец.* ковтати

Rinse – полоскати

With good reason – не без підстав

Toddler – дитина, яка починає ходити

Set up house – *тут* поселитися

Exercise 1 Translate and transcribe from English into Ukrainian.

To suspend _____

About _____
Beneficial _____
A consumer _____
A disinfectant _____
A contamination _____
To drool _____
To suck _____
To eradicate _____
Viable _____

Exercise 2 Write Ukrainian equivalents of the following

Careful _____
Moisture _____
Phobia _____
Intact _____
Germ-riddled _____
Intestinal _____
To survive _____
Harmful _____
A cold _____
Skin infections _____

110

Exercise 3 Find in the text English equivalents of the following

Старанно _____
Створювати ризик _____
Захоплений _____
Збудник захворювання _____
Закріпитися _____
Пристрасть _____
Чистити щіткою _____

Чхати _____

Навколишнє середовище _____

Шлунково-шлунковий тракт _____

Захищати _____

Exercise 4 Make up sentences from the following words.

1. Have, a coexistence, we, nice, germ, a lot, with, of.

2. With, scientist, not, as, with, enamoured, as, the, public, general, products, antibacterial

3. Won't, transfer, back, but, away, millimeters, germs, lurk, will, a few.

4. Long, rinse, enough, germs, to wash, away.

5. How, so, we, do, keep, at, the, bugs, bay?

6. Like, organic, food, matter, a, disinfectant, deactivates.

Exercise 5 Complete a dialogue

A: What do you know about germs? ¹¹¹

B: _____

A: Are all of them harmful for our health?

B: _____

A: Do you have a germ phobia?

B: _____

A: In what way do people coexist with a lot of beneficial germs?

B: _____

A: What should we do to avoid a cross contamination?

B: _____

Exercise 6 Answer the questions.

1. What do most germ experts think about germs?
2. Why do some people have a germ phobia?
3. Why should we wash our hands carefully?
4. The kitchen is the most likely place for germs and bacteria, isn't it?
5. Why do some kinds of germs help us to live? Prove it.
6. What common rules should we observe at a public lavatory?
7. What does a cold's rule of transmission like? Describe it.
8. How do we keep the bugs at bay?
9. What are the most important rules of washing hands?
10. What do you think about the germ warfare? Will people be able to eliminate all harmful bugs and germs? Why (not)?

Exercise 7 Put questions to the underlined words.

1. But under dry conditions they die pretty quickly.
2. We have a nice coexistence with a lot of germs.
3. Any soap helps eliminate germs. _
4. Germs will lurk a few millimeters away, but won't transfer back?
5. They help with digestion and produce B-complex vitamins.
6. Organic matter deactivates a disinfectant.
7. Diligent hand washing is the most effective way to fight germs.
8. Your skin also contains bacteria.

Exercise 8 Give the equivalents English for the words in brackets.

1. If someone (чхати) into their hand, which you then shake and then (торкаться) your eyes, nose, mouth, the (вірус) may well (поселятися) house in your body.
2. Antibacterial soaps only work on a clean (поверхня)

3. We have a nice (співіснування) with a lot of (мікроби)
4. But under dry (умови) they (вмирають) pretty quickly.
5. Meat products (заражені збудниками захворювання) like E-coli and salmonella.
6. Scientists point out that trying to (знищувати) all bacteria from your (навколишнє середовище) is unnecessary and (шкідливий)

Exercise 9 Go over the text again to find the synonyms of the following words

- Lavatory _____
- Expert _____
- False _____
- Cleaning _____
- To produce _____
- Illness _____
- Can _____
- Viable _____
- Must _____
- Beneficial _____

Exercise 10 Find in the text the antonyms of the following words.

- Harmful _____
- Many _____
- To die _____
- Health _____
- Rarely _____
- Brisk _____
- Draught _____
- Nobody _____
- Bad _____
- To find _____

Exercise 11 Go over the text again to find the synonyms of the following words

- a) to avoid the germs in the public toilets;
- b) to avoid contamination when you cook meat;
- c) Want your child will not get sick from toys that have dropped on the floor.

Text 7 LEARN HOW TO BOOST YOUR ENERGY

There are some ways to make you feel better and gently relieve the effects of stress.

EAT, EAT, EAT ALL DAY LONG

When you do not eat, your brain assumes that you are in a time of famine and sends a red alert to your adrenals to release adrenaline and cortisol.

Adrenaline releases energy from sugar stored in your liver and muscles, and cortisol breaks down your muscle mass to turn it into sugar. So excess sugar damages brain and body cells.

As long as you do not eat, your brain will continue to send alerts to your adrenals. Restricting food and eating only junk, processed or fake food is disastrous. The chemicals, food additives and preservatives in such foods have been linked to behavioural disorders, hyperactivity, headaches, fatigue, irritability and even cancer. The result of eating these products is fat around your middle, a flabby body mid accelerated aging.

So what can you do?

114

- **KEEP** a food journal for a week. You may surprise yourself when you honestly write down what you eat each day.
- **ACCEPT** that eating is one factor that is in your control. Aim never to diet and always to eat regular balanced meals of real, whole foods to help your blood MI gar remain balanced.

Real food is anything that you could theoretically pick, gather, milk, hunt or fish - foods that are close to a natural state.

- **IF YOU** are in the driven or dragging stages, three meals a day will keep your

blood sugar levels balanced and will fire up your metabolism. If you are in the losing it, hitting the wall or the burned-out stages, you need to eat five times a day.

If you suffer from insomnia, add a bedtime snack.

Begin each day with a balanced breakfast as soon as possible after awakening. If you can't face food, have a powerful drink instead.

- **EAT** every two to three hours. Grazing will keep your blood sugar levels balanced and will allow your adrenals to rest, repair and rejuvenate.
- **DO NOT** go on an all-protein, no-carbohydrate diet. Going without a basic food group is another way to imbalance your blood sugar.
- Good sources are whole grains, brown rice and whole meal bread.
- **HEALTHY** fats and oils, such as butter, olive oil and essential fatty acids will provide your body with the raw materials to make new cells.

EXERCISE LESS

There are a number of misconceptions about exercise. Perhaps the greatest is that exercise has to be hard to be beneficial. The 'no pain, no gain' approach has caused some people to bum out.

Over-exercising tears your body down faster than it can repair and replenish itself.

If you want to lose weight, live longer and exchange your powers of endurance, aim for regular moderate exercise.

- **WHEN** you are recovering from adrenal burnout, exercise only to the point of exhilaration and never to exhaustion.
- **IF YOU** are exhausted or sick, ¹¹⁵your health would benefit much more from a few extra hours of sleep than any exercise.
- **VERY** little exercise is needed to generate muscle repair. Five minutes of exercise is a good start. For weight training, begin with 1 lb or 21b and work your way up gently.
- People who have trouble sleeping benefit most from exercising before 2 pm.
- **IF YOU'RE** in the driven stage, try one hour of vigorous exercise three to five times a week.
- **IF YOU'RE** in the dragging stage, you need a maximum of one hour of

vigorous exercise three times. Try yoga, tai chi, dancing or walking - not jogging.

- IF YOU'RE in the losing it stage, try an hour's stretching with deep breathing, walking, yoga, or tai chi two or three hours a week.
- IF YOU'RE hitting the wall, try five to 30 minutes of gentle stretching or leisurely strolling one to three times per week.
- IF YOU'RE in the burned-out stage, conserve your energy at all costs.
- Have a leisurely stroll or stretch for one to two minutes.

PAYING OFF YOUR SLEEP DEBT

DO YOU have nightmares or fall asleep while watching TV?

Do you wake up tired every day and drag yourself out of bed?

Maybe you eat sugar for energy and have heavy dark circles under your eyes.

If you can say yes to two or all of these questions, you are showing signs of a sleep problem.

Everyone knows how much better they feel physically and mentally after a deep sleep. Paying off your sleep debt is one important step to avoiding burnout. The healthier you get, the better you will sleep. And adequate sleep reduces the risk of heart attack, immune disorders, diabetes, depression and fatigue. These solutions can help:

- TAKE two ten to 15-minute quiet retreat periods each day. Go for a walk or close your eyes. Rest or meditate in the loo if you can't find another private place. If you are at home, listen to peaceful music.
- MAKE sure you get eight hours of sleep a night - increase to eight to ten hours if you feel burned out.

Essential vocabulary

No pain no gain – без труда нема плода

Alkaline – *хім.* лужний

Loo – *розм.* туалет

Deplete – вичерпувати (запас)

Lb= libra – лат. фунт = 373, 2 грама

Boost – підвищити, підняти

Carbohydrate – *хім.* вуглерод

Stroll – прогулюватись

Opt – вибирати

Stamina – витривалість

Fix – сл. доза

Cranny – роздратований

Gain one's edge – поступово просуватися

Exercise 1 Translate and transcribe the following words

Alert _____

Nourish _____

Issue _____

Retreat _____

Moderate _____

117

Exhilaration _____

Exhaustion _____

Fatigue _____

Vigorous _____

Consumption _____

Exercise 2 Write Ukrainian equivalents of the following

Generate _____

Beneficial _____

Flabby _____

Preservative _____

Disorder _____

Fake food _____

Whole food _____

Metabolism _____

Cell _____

Protein _____

Exercise 3 Find in the text the English equivalents of the following

Цільне зерно _____

Хліб з висівками _____

Підгодовуватися _____

Харчові добавки _____

Відновлювати сили _____

Берегти _____

Врешті-решт _____

Дієта _____

Безсоння _____

Кров _____

Exercise 4 Make up sentences from the following words

1. About, number, these are, a, of, exercise, misconceptions.

2. Can, so, what, you, do?

3. Excess, so, damages, sugar, cells, body, and, brain.

4. Is, most, the, commonly, used, sugar, simulant

5. You, wake up, do, tired, every, and, drag, day, yourself, of, bed, out?

6. Sleep, your, playing off, debt, one, is, to, burnout, step, avoiding, important

Exercise 5 Answer the following questions.

1. What does your brain do when you do not eat?
2. In what way does excess sugar damage your brain?
3. What kind of food should you avoid?
4. What can you do to keep your health?
5. Do you do morning exercise every day or time by time?
6. Physical exercises are very beneficial for our body, aren't they?
7. Do you have a sleep problem?
8. What type of exercises do you prefer?
9. How many hours do you sleep?
10. Is it easy for you to say sugar goodbye?

Exercise 6 Complete the dialogue.

A: What food do you prefer to eat?

B: _____

A: Do you eat a lot of sugar?

119

B: _____

A: What rules of eating do you keep?

B: _____

A: What physical exercises do you do with pleasure?

B: _____

A: Do you have a rest at your place of employment?

B: _____

A: Are you always in a good mood?

B: _____ -

A: Why should we take care of our health?

B: _____

Exercise 7 Go over the text again and find the synonyms of the following words.

Useful _____

To keep _____

To feed _____

To choose _____

Rule _____

To be hungry _____

Problem _____

To be tired _____

A lot of _____

Energy _____

Exercise 8 Find in the text the antonyms of the following words.

Less _____

Begin _____

To damage _____

Crazy _____

Question _____

Eating _____

Vigorous _____

To keep _____

Sick _____

At last _____

Exercise 9 Put questions to the underlined words.

1. Every meal should be multicoloured with plenty of vegetables.
2. There are a number of misconceptions about exercise.
3. Sugar makes your brain irritable and hyperactive.
4. Excess sugar damages brain and body cells.
5. Sugar is the most commonly used simulant.
6. It affects your mood and behavior.

Exercise 10 Imagine that you are a doctor. Tell your patients how:

- a) to choose the right and beneficial food;
- b) to choose suitable exercises;
- c) to pay off your sleep debt;
- d) to boost your energy.

Text 8 THE SURGEON WHO RESTORED FACIAL PROPORTIONS

Leonardo da Vinci was fascinated by unusual faces. If he noticed a passerby with, say, a particularly long nose or a protuberant chin, he would, it is claimed, follow him around before picking up a crayon and committing his impression to paper. His interest was partly scientific, for these unusual faces all represented variations on the geometrical rules of facial proportion, which he was among the first to identify.

Thus, when looked at in profile, the length of the ear approximates to that of the nose, which in turn occupies one third of the face. This is aesthetically very pleasing — as, indeed, is the perfect square in the middle of the profile, created by drawing a line from the top of the ear to the eyebrows, down to the chin, across to the angle of the jaw, and back up to the top of the ear again. There are numerous other such regularities, relating the width of the eyes to the gap that separates them which, in turn, is located directly in the middle of the face — and so on.

The origins of facial -plastic surgery go back, to the First World War and the terrible injuries sustained by soldiers who peered over the top of their trenches

only to have half their faces blown away by a passing projectile,

Luckily, they ended up in the care of a young New Zealand surgeon, Harold Gillies, at St Marys Hospital, Sidcup - a collection of sheds in the back garden of a private home. Gillies showed extraordinary ingenuity and, ably assisted by a small band of heroic nurses, performed unimaginable feats of restoration, which can only be appreciated by comparing the before and after photographs of soldiers who's missing, jaws and cheeks he somehow managed to replace. Come the end-of the war, when Gillies' skills in this field were, thankfully, no longer required, he turned his attention to congenital facial deformities, of which much the commonest are children born with a cleft lip and palate. These defects were almost trivial compared with what he had been used to, but turned out to be curiously intractable. The initial operation of sewing the two sides of the cleft together was simple enough, but as a child's face grew, so a variety of other deformities became apparent: the center of the face failed to develop, the nasal profile became distorted and the lower jaw protuberant. These secondary problems themselves required a whole series of further operations to be corrected. It was not until the mid- 1970s that the explanation became clear. There is a very small slip of muscle involved in the flaring of the nostril, which passes through its undersurface into the base of the cartilage or septum of the nose. The disruption of just this one muscle in children with a cleft palate accounts for virtually all the subsequent abnormalities of facial development, which quite simply do not occur if it is correctly identified and repaired. The implications of this are extraordinary, for it means that nothing "controls" facial regularities and proportions; rather, they arise from within the face itself. More specifically, the tensions created by the facial muscles where they are inserted into the bones of the skull beneath this one nasal muscle exert traction on the septum of the nose; this affects the growth of the upper jaw, whose countervailing pressure on the lower jaw influences its growth and development and so on.

Essential vocabulary

Passer-by – переходящий

Chin – підборіддя
Angle – кут
Jaw – щелепа
Cleft – роздвоєний
Palate – піднебіння
Cartilage – хрящ
Flaring – випуклість
Projective – снаряд, куля
Tension – натягнення, розтягнення
Congenitl – природжений

Exercise 1 Translate and transcribe from English into Ukrainian.

Approximates _____
Protuberant _____
Aesthetically _____
Profile _____
Projectile _____
Require _____
Virtually _____
Pressure _____
Initial _____
Appreciate _____
Further _____

123

Exrercise 2 Translate from English into Ukrainian

Jaws and cheeks _____
A child's face grew _____
Facial plastic surgery _____
In the middle of the face _____
Curiously intractable _____

Facial development _____

Septum of the nose _____

All the subsequent abnormalities _____

Come the end of the war _____

By a passing projective _____

Exercise 3 Translate from Ukrainian into English

Зафіксувати враження _____

Пастель _____

Науковий _____

Охоплювати _____

Траплятися _____

Розуміння _____

Пояснювати _____

М'яз _____

Каліцтво _____

Сарай, намет _____

Майстерність _____

Фактично _____

Exercise 4 Put the words into the right order

1. By, Leonardo da Vinci, faces, unusual, fascinated, was.

2. Scientific, for these unusual faces, interest, was, his, of, facial variations, all, geometric rules, represented, the, on.

3. Turned his attention, facial deformities, with a deft lip, to congenital, palate, and of, which, the commonest, much, children, born, are, with.

4. Used to, to be curiously intractable, these defects, turned out, almost, had been,

compared with, what, he, were, trivial, but.

Exercise 5 Answer the questions

1. Who was fascinated by unusual faces?
2. What was his interest for these unusual faces?
3. Could Leonardo explain all geometrical rules of facial proportions?
4. When were the first facial operations?
5. Who was the famous plastic surgeon?
6. At what time did people get the terrible facial injuries?
7. Where did Gillies turn his attention to?
8. What kinds of deformalities have their face after the initial operation?
9. What was in the 1970's?

Exercise 6 Complete the dialogue

A: What is it unusual face?

B: _____

A: Are there any regularities relating in unusual face?

B: _____

A: Who sustained injuries during the First World War?

B: _____

A: Do you know someone who was performed unimagivable feats of restoration?

B: _____

A: Who were born with a cleft lip and palate?

B: _____

A: Is it possible to avoid subsequent abnormalities of facial development?

B: _____

Exercise 7 Make sentences using the following expressions

Committing his impression _____

His interest was partly scientific _____

When look at in profile _____
In the middle of the face _____
Facial plastic surgery _____
Terrible injuries _____
Congenital facial deformations _____
Facial regularities and proportions _____
Hair-cut _____
Beard _____
Square (strong) jaw _____
Round (pointed) chin _____
Slim (fat, plump, graceful) figure _____
Tall (short) height _____

Text 9 FITNESS REVOLUTION

For millions of people around the world, regular exercise is now part of their daily lives. Some jog, cycle or swim, while others prefer to work-out in gyms, do aerobics or play team sports. They're part of the worldwide fitness revolution which has taken place over the last twenty years. The question is, why has revolution happened? Well, there are several major factors.

Fit people have longer, healthier lives than unfit people - especially unfit people who also smoke, drink or take drugs. People now accept that taking regular exercise is a great way to become and stay healthy. In today's world there's enormous pressure on both men and women to look as young and attractive as possible. It's also another reason for the fitness boom. Fit people not only feel good - they look good too. More sport appears on our TV screens today than ever before. Work-out videos have made it easier to exercise at home. Dozens of new magazines devoted to sport and fitness have been published in recent years.

The simplest way to measure your own fitness level is to take your pulse. Here is how. (a) Put five fingers across your right wrist (b) Relax. (c) Count the number

of beats you can feel in the next fifteen seconds. (d) Multiply the number of beats by four to get your pulse rate per minute. (e) Check your answer on the chart below.

PULSE RATE WHEN RELAXED LEVEL OF FITNESS

(beats per minute)

80 or more	Poor
70-79	Fair
60-69	Good
50-59	Very good
Under 50.....	Excellent

People talk about “aerobic exercise”. What is aerobic exercise? It’s any activity during which your pulse goes up to a minimum of 140 beats per minute for at least twenty minutes. Jogging, swimming, cycling and football are all aerobic. It’s not enough to jog, swim or cycle only once or twice a month. To improve your heart and lung capacity you need to do an aerobic activity three times per week.

What’s the best way to prepare for exercise if you are not used to it? If you are a beginner, it’s very important to make sure that: (a) the activity you’ve chosen suits your level of fitness (e.g., don’t play squash for an hour if you are totally unfit); (b) you’re wearing sensible clothes and shoes; (c) you warm up slowly and gradually before you start the activity itself.

During exercise your heartbeat goes up from an average of 60/70 beats per minute to an average of 160/170. The amount of blood being pumped by your heart ¹²⁷triples. You breathe deeper and three times more often than usual. Extra blood is sent to your muscles. You lose water due to sweating. You feel good because your body releases chemicals called endorphins. But too much exercise can be just as bad for you as too little. Exhaustion and muscle injuries are just two of the possible problems.

There are lots of advantages of being fit. Fitness ...

- reduces the risk of heart attacks.
- increases strength, stamina and suppleness.

- means that you sleep better and don't get tired so easily.
- helps you to lose weight.
- increases the size and tone of your muscles.
- makes you feel healthier, happier and more positive.

Essential vocabulary

Fitness – добрий стан здоров'я

Jog – бігати підтюпцем

Work-out – тренуватися, тренування

Accept – визнавати

Measure – вимірювати

Wrist – зап'ясток

Beat – удар

Multiply – множити

Fair – посередній

Suit – відповідати вимогам

Sensible – практичний (про одяг)

Triple – потроюватися

Sweat – потіти

Exhaustion – виснаження

Stamina – витривалість

Suppleness – гнучкість

128

Exercise 1 Translate and transcribe the following words

Revolution _____

Several _____

Major _____

Regular _____

Pressure _____

Attractive _____

Wrist _____

Cycling _____

Aerobic _____

Gradually _____

Exercise 2 Write Ukrainian equivalents of the following

To take regular exercise _____

Daily lives _____

To work-out in gym _____

Reason _____

To count the number of beats _____

Excellent _____

To warm-up slowly _____

Average _____

Amount of blood _____

To lose water _____

Exercise 3 Find in the text English equivalents of the following

Вживати наркотики _____

Об'єм легень _____

Частота пульсу _____

Серцевий напад _____

Втрачати вагу _____

Тонус м'язів _____

60 ударів за хвилину _____

Тричі на тиждень _____

Дихати глибше _____

Травма _____

Exercise 4 Complete the dialogue.

A: What the difference between fit people and unfit ones?

B: _____

A: How can you measure your fitness level?

B: _____

A: What is aerobic exercise?

B: _____

A: To improve your heart and lung capacity you need to do aerobic activity three times per week, don't you?

B: _____

A: What are the advantages of being fit?

B: _____

Exercise 5 put the words in the correct order

1. Reduce, risk, fitness, attacks, of, heart, the.

2. Lives, unfit, than, people, fit, live, healthier, longer, people

3. Is, healthier, stay, taking, and, regular, become, exercise, to, a, way, great

4. Helps, fitness, to, lose, you, weight.

5. Activity, per, three, you, week, need, times, to an, aerobic, do.

Exercise 6 Answer the questions

1. Has the fitness revolution taken place over the last twenty or fifty century?
2. Unfit people live long and healthier lives don't they?
3. Less sports appears on TV nowadays, doesn't it?
4. What is aerobic exercise?
5. What actually happens inside the body during exercise?
6. Can much exercise be bad for you?
7. Why do you lose water during the exercise?
8. What are the advantages of being fit?
9. Does fitness help to lose your weight?
10. Does fitness make you feel exhausted?

Exercise 7 Write antonyms of the following.

To reduce _____

Fit _____

132

Enormous _____

Young _____

Attractive _____

Good _____

Easy _____

Right _____

To go up _____

Minimum _____

Exercise 8 Are the following sentences true or false?

1. There is little pressure on men and women to look young and attractive.
2. Fit people feel and look good.
3. There are many magazines about sport and fitness.
4. The simplest way to measure your own fitness is to measure your blood pressure.
5. It's enough to swim or jog three times per week.
6. You breathe deeper during the aerobic activity.
7. Fitness increases the risk of heart attacks.

Exercise 9 Write the questions for the answers.

1. There are several major factors of fitness revolution.
2. They are called endorphins.
3. Exhaustion and muscle injuries are two of the possible problems.
4. It's any activity during which your pulse goes up to a minimum 140 beats per minute.
5. Fitness helps you to lose weight.

Exercise 10. Complete the following sentences.

1. For millions of people regular exercise is now ____
2. People now accept that taking regular¹³³ exercise is a great way to
3. Jogging, swimming cycling and football are all ____
4. It's not enough to jog, swim or cycle only _____
5. To improve your lung capacity you need to do ____
6. You warm-up slowly and gradually before you ____
7. You breathe deeper and three times

REFERENCES

1. English for Future Speech Therapists: навчальний посібник для майбутніх логопедів. Укладачі: Куліш, І. М. and Трубенко, І. А. - Черкаси, 2024. - 52 с.
2. Assessing and diagnosing speech therapy needs in school. Pedagogical diagnostics in theory and practice / Malgorzata Przybysz-Zaremba, Aleksandra Siedlaczek-Szwed, Krzysztof Polok. Published 2023 by Routledge, 194 p.
3. Language disorders from infancy through adolescence: assessment and intervention / Rhea Paul. Published 2006 by Mosby, 774 p.
4. Supervision in speech and language therapy. Personal stories and professional wisdom. Published 2024 Speechmark, 310 p.
5. Total speech: blending techniques in speech and language therapy / Karen Massey, Gemma Lester. Published 2023 by Speechmark, 132 p.