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From: Rick
To: IELTS Prep Group

Subj: IELTS **Reading** lesson 2-14-2018

Lesson Objective

The student shall be able to use "power words" as part of their oral vocabulary, read and comprehend both social and business language and demonstrate effective oral communication skills

Section One

Vocabulary

Match the correct word in column A with the definition in column B, then use in a sample sentence

Evaluation Criteria: Ability to understand definitions of English vocabulary

Column A			Column B		
VOCABULARY			DEFINITION		
1.	BEHAVIOR (noun)	A.	An individual's set of emotional, cognitive, and behavioral patterns learned and accumulated over time		
2.	CHARACTER (noun)	B.	The condition of being the same with, or possessing, a character that is well described, asserted, or defined.		
3.	COGNITION (noun)	C.	The organized pattern of behaviors and attitudes that makes a human being distinctive. Personality is formed by the ongoing interaction of temperament, character, and environment.		
4.	GENE (noun)	D.	The process by which new members of a social group are integrated in the group		
5.	IDENTITY (noun)	E.	. A person's natural disposition or inborn combination of mental and emotional traits		
6.	S PERSONALLIV (noun)		A building block of inheritance, which contains the instructions for the production of a particular protein, and is made up of a molecular sequence found on a section of DNA.		
7.	TEMPERAMENT (noun)	G.	G. A state of full development or completed growth		
8.	MATURITY (noun)	Н.	The act or process of knowing or perceiving		
9.	SOCIALIZATION (noun)	I.	I. A stereotyped motor response to an internal or external stimulus		

Section Two

Reading Comprehension and Pronunciation skills.

Evaluation Criteria: Ability to effectively read and comprehend written English in a social or business environment.

ARTICLE A

How Personality Affects Your Health

Source

1. Could your personality kill you—or might it make you live longer? Could it give you heart disease, or protect you from illness? Could it push you toward or away from doctor appointments? Personality traits play a distinct role in determining how healthy we are, psychologists say. "Everything is related to everything else. How stressed or angry you are, and how you interact with the world, is contingent in large part on your personality style," says Michael Miller, editor in chief of the Harvard Mental Health Letter. "And that is going to have an enormous impact on your health."



Here's a look at common personality types and traits and how each can help or hurt your health (sometimes both):



2. Hostile

One of the aspects of the impatient, hard-charging Type A personality that is known to increase heart disease risk is hostility. Hostile people eat and smoke more and exercise less than other personality types, says Redford Williams, head of behavioral medicine at Duke University Medical Center and author of Anger Kills. They're likelier to be overweight in middle age and have higher cholesterol and blood pressure.

Williams's past research suggests hostile people are also more likely to develop irregular heart rhythms, and to die before reaching their 50s. Most of these problems can be traced back to elevated levels of the stress hormone cortisol, as well as increased inflammation in the walls of the coronary arteries, which leads to a greater risk of heart attack.

3. No personality is set in stone, however, and Type A's can be taught how to take the edge off their hostility. Hostile heart patients who attend workshops that teach coping skills, for instance, have a lower incidence of depression and healthier blood pressure than Type A's who don't go. The key, Williams says, is learning how to communicate more clearly and how to control anger and other negative emotions.

He suggests asking yourself four questions when you get angry: Is this issue truly important? Is what I'm feeling appropriate to the facts? Can I modify the situation in a positive way? Is taking such action worth it? Meditation, deep breathing, and yoga can damp hostility with a layer of calm.

4. Impulsive

Because Type A personalities are defined by competitiveness, a drive to succeed, and a sense of urgency, they are prone to take risks and act without thinking, neither of which is likely to improve health. Non-Type A's can be impulsive, too.

Such people are often not as well-grounded as others, says Robin Belamaric, a clinical psychologist in Bethesda, Md.: "They'll look at an opportunity that comes along and say, 'Hmm, that sounds like fun,' whereas another, more thoughtful person, will say, 'I'm going to pass, because I'm not sure it's the best idea.'

5. Relaxed

If you're a Type B, you roll with the punches. You're relaxed, take life a day a time, and handle stress without cracking. That translates to a higher quality of life and lower likelihood of heart disease—less anxiety strengthens the immune system. The more we chill, the better off we are, says Miller: "You don't want to get locked into a stressful, tense state of mind."

Over the long term, he adds, relaxing and managing stress effectively will lengthen your life, help your heart and gastrointestinal system, and just make you feel better overall.

6. Extrovert

People who are outgoing, involved in their communities, and have strong social connections reap health benefits. An analysis of 148 studies published in the online journal PLoS medicine in July found that on average, adults enrolled in a study with many close friendships were 50 percent likelier to survive until their study ended than were those with few friendships.

And a 2009 study published in Perspectives in Psychological Science suggests that social support leads to improved coping skills, healthy behavior, and adherence to medical regimens. Bonding with others also reduces stress and improves the immune system—so making friends and getting involved becomes, in effect, a well-being tonic. What drives at least some of the health benefits goes beyond biology, Miller says. "It may have to do with the fact that when you're around people, you think, 'Oh, Martha has gone for her mammogram—that reminds me, I should, too.'

7. Eager to please

People-pleasers—Type C's—are conforming, passive, and want to accommodate. That can be a good thing when it comes to patient compliance: They're more likely to take the right medicines in the right doses at the right times, for instance—once they see a doctor, that is. Making and following through on appointments can be challenging for Type C's, who tend to

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accept their fate as inevitable and fall readily into hopelessness and helplessness. That means others must push them to take care of themselves.

"They may be less likely to maintain their health on their own," Belamaric says. "If they develop a problem, they may just complain about it, hoping somebody says, 'I have a good doctor, I'll make you an appointment.' "Some Type C's may be so mired that they don't seek medical attention—even when it's clearly necessary—and slough off preventive behaviors, like watching what they eat. "If they get a serious diagnosis, they may be passive, throw their hands up, and say, 'Well, there's nothing I can do about it, anyway. If it's my time, it's my time,' "Belamaric says."

8. Stressed and distressed

Type D's—D is for distressed—dwell on negative emotions and are afraid to express themselves in social situations. Compared to more optimistic sorts, a Type D may face three times the risk for future heart problems, according to a recent study in the journal Circulation: Cardiovascular Quality and Outcomes.

Type D's also face a higher likelihood of compulsive overeating and substance abuse. "If you're a person who is prone to depression or anxiety, or if you're overly self-critical, there's more of a chance of turning to gratifying behavior to feel better," Miller says.

9. Optimistic versus pessimistic

Optimism "heavily influences physical and mental health," concluded a study published in May in the journal Clinical Practice & Epidemiology in Mental Health after researchers followed more than 500 males for 15 years. The rate of heart-related deaths was 50 percent lower among optimists than among pessimists. "Optimists have a higher quality of life, and they may be more resilient in the way they deal with stress," Miller says. "So if a problem comes along, they're able to handle it better, and they become less symptomatic."

Glass-half-empty types harbor little hope for the future and tend more toward depression and anxiety disorders. But there's a catch for those at the extreme end of the optimism spectrum: They think of themselves as impervious to risks. Extreme optimists who smoke are the best examples. They believe they won't develop lung cancer. Why give up smoking to prevent a nonexistent risk?"

10. The "self-healing personality"

That is the name Howard Friedman, a professor of psychology at the University of California-Riverside, attaches to people who are curious, secure, constructive, responsive, and conscientious. These traits translate to enthusiasm for life, emotional balance, and strong social relationships.

"Positive emotions buffer hormonal responses to stress," says Friedman, who studies the relationship between personality and longevity. Self-healers, he says, "have healthier behavior patterns: more physical activity, a better diet, and less smoking and substance abuse.

ARTICLE B

Personality Development

<u>Source</u>

1. Definition

Personality development is the development of the organized pattern of behaviors and attitudes that makes a person distinctive. Personality development occurs by the ongoing interaction of temperament, character, and environment.



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2. Description

Personality is what makes a person a unique person, and it is recognizable soon after birth. A child's personality has several components: temperament, environment, and character. Temperament is the set of genetically determined traits that determine the child's approach to the world and how the child learns about the world. There are no genes that specify personality traits, but some genes do control the development of the nervous system, which in turn controls behavior.

3. A second component of personality comes from adaptive patterns related to a child's specific environment. Most psychologists agree that these two factors—temperament and environment—influence the development of a person's personality the most. Temperament, with its dependence on genetic factors, is sometimes referred to as "nature," while the environmental factors are called "nurture."

While there is still controversy as to which factor ranks higher in affecting personality development, all experts agree that high-quality parenting plays a critical role in the development of a child's personality. When parents understand how their child responds to certain situations, they can anticipate issues that might be problematic for their child. They can prepare the child for the situation or in some cases they may avoid a potentially difficult situation altogether. Parents who know how to adapt their parenting approach to the particular temperament of their child can best provide guidance and ensure the successful development of their child's personality.

4. Finally, the third component of personality is character—the set of emotional, cognitive, and behavioral patterns learned from experience that determines how a person thinks, feels, and behaves. A person's character continues to evolve throughout life, although much depends on inborn traits and early experiences. Character is also dependent on a person's moral development.

In 1956, psychiatrist Erik Erikson provided an insightful description as to how personality develops based on his extensive experience in psychotherapy with children and adolescents from low, upper, and middle-class backgrounds. According to Erikson, the socialization process of an individual consists of eight phases, each one accompanied by a "psychosocial crisis" that must be solved if the person is to manage the next and subsequent phases satisfactorily. The stages significantly influence personality development, with five of them occurring during infancy, childhood, and adolescence.

5. Infancy

During the first two years of life, an infant goes through the first stage: Learning Basic Trust or Mistrust (Hope). Well-nurtured and loved, the infant develops trust and security and a basic optimism. Badly handled, the infant becomes insecure and learns "basic mistrust."

Toddlerhood

The second stage occurs during early childhood, between about 18 months to two years and three to four years of age. It deals with Learning Autonomy or Shame (Will). Well-parented, the child emerges from this stage with self-confidence, elated with his or her newly found control. The early part of this stage can also include stormy tantrums, stubbornness, and negativism, depending on the child's temperament.

6. Preschool

The third stage occurs during the "play age," or the later preschool years from about three to entry into formal school. The developing child goes through Learning Initiative or Guilt (Purpose). The child learns to use imagination; to broaden skills through active play and fantasy; to cooperate with others; and to lead as well as to follow. If unsuccessful, the child becomes fearful, is unable to join groups, and harbors guilty feelings. The child depends excessively on adults and is restricted both in the development of play skills and in imagination.

7. School age

The fourth stage, Learning Industry or Inferiority (Competence), occurs during school age, up to and possibly including junior high school. The child learns to master more formal skills:

relating with peers according to rules

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- progressing from free play to play that is structured by rules and requires teamwork (team sports)
- learning basic intellectual skills (reading, arithmetic)

At this stage, the need for self-discipline increases every year. The child who, because of his or her successful passage through earlier stages, is trusting, autonomous, and full of initiative, will quickly learn to be industrious. However, the mistrusting child will doubt the future and will feel inferior.

8. Adolescence

The fifth stage, Learning Identity or Identity Diffusion (Fidelity), occurs during adolescence from age 13 or 14. Maturity starts developing during this time; the young person acquires self-certainty as opposed to self-doubt and experiments with different constructive roles rather than adopting a negative identity, such as delinquency. The well-adjusted adolescent actually looks forward to achievement, and, in later adolescence, clear sexual identity is established. The adolescent seeks leadership (someone to inspire him or her), and gradually develops a set of ideals to live by.

The Child Development Institute (CDI) rightfully points out that very little knowledge is available on the type of specific environment that will result, for example, in traits of trust being more developed in a person's personality. Helping the child through the various stages of emotional and personality development is a complex and difficult task. Searching for the best ways of accomplishing this task accounts for most of the research carried out in the field of child development today.

9. Renowned psychologist Carl Rogers emphasized how childhood experiences affect personality development. Many psychologists believe that there are certain critical periods in personality development—periods when the child will be more sensitive to certain environmental factors. Most experts believe that a child's experiences in the family are important for his or her personality development, although not exactly as described by Erikson's stages, but in good agreement with the importance of how a child's needs should to be met in the family environment. For example, children who are toilet trained too early or have their toilet training carried out too strictly may become rebellious. Another example is shown by children who learn appropriate behavior to their sex lives when there is a good relationship with their same-sex parent.

Another environmental factor of importance is culture. Researchers comparing cultural groups for specific personality types have found some important differences. For example, Northern European countries and the United States have individualistic cultures that put more emphasis on individual needs and accomplishments. In contrast, Asian, African, Central American, and South American countries are characterized more by community-centered cultures that focus on belonging to a larger group, such as a family, or nation. In these cultures, cooperation is considered a more important value than competitiveness, which will necessarily affect personality development.

10. Common problems

Infants who are just a few weeks old display differences between each other in how active they are, how responsive they are to change, and how irritable they are. Some infants cry constantly while others seem happy and stay fairly quiet. Child development research conducted by the CDI has identified nine temperamental traits that may contribute to a child's personality development being challenging or difficult:

- activity level (how active the child is generally)
- distractibility (degree of concentration and paying attention when the child is not particularly interested)
- intensity (how loud the child is)
- regularity (the predictability of biological functions like appetite and sleep)
- sensory threshold (how sensitive the child is to physical stimuli: touch, taste, smell, sound, light)
- approach/withdrawal (characteristic responses of a child to a new situation or to strangers)
- adaptability (how easily the child adapts to transitions and changes such as switching to a new activity)
- persistence (stubbornness, inability to give up)
- mood (tendency to react to the world primarily in a positive or negative way)

Temperamental traits are enduring personality characteristics that are neither "good" nor "bad." Early on, parents can work with the child's temperamental traits rather than oppose them. Later, as the child grows up, parents can help the child to adapt to his or her own worldin spite of inborn temperament.





11. Parental concerns

Most children experience healthy personality development. However, some parents worry as to whether their infant, child, or teenager has a personality disorder. Parents are usually the first to recognize that their child has a problem with emotions or behaviors that may point to a personality disorder.

Children with personality disorders have great difficulty dealing with other people. They tend to be inflexible, rigid, and unable to respond to the changes and normal stresses of life and find it very difficult to participate in social activities. When these characteristics are present in a child to an extreme, when they are persistent and when they interfere with healthy development, a diagnostic evaluation with a licensed physician or mental health professional is recommended.

Common Parenting Styles Source

	When Parents Exhibit This Parenting Style		Children tend to be
•	Authoritative: Providing a loving, supportive home environment Holding high expectations and standards for children's behavior Explaining why some behaviors are acceptable and others are not Enforcing household rules consistently Including children in family decision making Gradually loosening restrictions as children become capable	•	Happy Self-confident Curious Independent and self-reliant Capable of considerable self-control Likable, with effective social skills Respectful of others' needs Motivated and successful in
•	of greater responsibility and independence Authoritarian: Conveying less emotional warmth than authoritative parents Holding high expectations and standards for children's behavior Establishing rules of behavior without regard for children's needs Expecting rules to be obeyed without question Allowing little give-and-take in parent—child discussions	•	Unhappy Anxious Low in self-confidence Lacking initiative Dependent on others Lacking in social skills and prosocial behaviors Coercive in dealing with others Defiant
•	Permissive: Providing a loving, supportive home environment Holding few expectations or standards for children's behavior Rarely punishing inappropriate behavior Allowing children to make many of their own decisions (e.g., about eating, bedtime)	•	Selfish Unmotivated Dependent on others Demanding of attention Disobedient Impulsive
•	Uninvolved: Providing little, if any, emotional support for children Holding few expectations or standards for children's behavior Showing little interest in children's lives Seeming to be overwhelmed by self-focused personal problems	•	Disobedient Demanding Low in self-control Difficulty handling frustration Lacking long-term goals