

Name &amp; Date:

Objective: IELTS Reading

A) Please read the texts below. When you are finished, answer questions 1-14.

- 1 When did we start talking to each other and how long did it take us to become so good at it? In the absence of palaeo-cassette recorders or a time machine, the enigma might seem insoluble, but analysis of recent evidence suggests we may have started talking as early as 2.5m years ago.
- 2 There is a polar divide on the issue of dating and linking thought, language and material culture. One view of language development, held by linguists such as Noam Chomsky and anthropologists such as Richard Klein, is that language, specifically the spoken word, appeared suddenly among modern humans between 35,000 and 50,000 years ago, and that the ability to speak words and use syntax was recently genetically hard-wired into our brains in a kind of language organ.
- 3 This view of language is associated with the old idea that logical thought is dependent on words, a concept originating with Plato and much in vogue in the 19th century: animals do not speak because they do not think. The advances in communication and abstract thought demonstrated by chimps put this theory in doubt.
- 4 The notion of a great leap forward in the quality of human thinking is further reflected in a common interpretation of the flowering of Upper Palaeolithic art in Europe. European cave paintings in Lascaux and Chauvet in France and carved figurines that have been dated to over 30,000 years ago are seen, according to this perspective, as the first stirrings of symbolic and abstract thought, and also of language.
- 5 The problem with using art as prehistoric evidence for the first human that could speak is that, quite apart from its validity, the further back one looks, the more chance the evidence for art itself would have perished.
- 6 An alternative to the Chomskian theory, is that language developed as a series of inventions. This was first suggested by the 18th-century philosopher Etienne Bonnot de Condillac. He argued that spoken language had developed out of gesture language (langage d'action) and that both were inventions arising initially from the simple association between action and object. The Condillac view, with some development, can be traced to the present day with the recent work of New Zealand psychologist Michael Corballis and others. The theory sees gesture language as arising originally among apes as sounds accompanying gestures. These sounds gradually became coded into words as the new skill drove its own evolution. Subsequently, coded words developed into deliberate, complex communication. The pressure of evolution promoted the development of an anatomy geared to speech – the larynx, vocal muscles and a specific part of the brain immediately next to that responsible for gestures.
- 7 This view, that spoken language was ultimately a cultural invention like tool-making, which then drove the biological evolution of the brain and vocal apparatus, seems obvious when you think of the development of different languages.
- 8 Languages have unique features. French, for example, clearly does not result from any biological aspect of being French but is the cultural possession of the French-speaking community. Each language evolves from one generation to the next, constantly adapting itself to cope with the learning biases of each new generation.
- 9 Several skull and spinal modifications relating to speech production (arched base of skull and enlargement of the channel for nerves to the tongue in early human fossils, a lopsided brain and changes in relative proportions of the brain) have all been used to shift speech way back to early humans 2.5m years ago or even earlier.
- 10 So, what was driving this change 2.5m years ago? The answer may have been staring us in the face. Namely, that not only were early humans communicating but their ancestor, a walking ape, had started the trend in this very useful skill. Around 2.5m years ago, the weather took a decided turn for the worse, becoming more variable, colder and dryer. The search for food became more taxing, and there would have been a real need to communicate more effectively and cope with the ever worsening environment in a cooperative way.
- 11 Speech, a complex system of oral communication, is the only inherited primate skill that would self-evidently benefit from a larger computer than that of a chimp. The maximum in brain size achieved by 1.2m years ago indicates that those early ancestors could already have been talking perfectly well. Our new Rolls Royce brain, developed to manipulate and organise complex symbolic aspects of speech internally, could now be turned to a variety of other tasks.
- 12 So what happened in the million gap years after that? Why did we take so long to get to the moon? Cultural evolution aided by communication and teaching is a cumulative interactive process. If each new generation invented just one new skill or idea and passed it on with the rest to their children and cousins, you could predict exactly the same curve of cultural advance as we see from the archaeological and historical record – first very slow, then faster and faster.

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**Questions 1-6**

Do the following statements agree with the information in the passage? Write

<b>True</b>	if the statement agrees with the information in the passage
<b>False</b>	if the statement disagrees with the information in the passage
<b>Not Given</b>	if there is no information on this

- 1** Findings show that early humans could have been speaking 2.5 million years ago.
- 2** Genetic variations in humans explain why we speak different languages.
- 3** The changing climate had a profound effect on language development.
- 4** Climate change created different geographical landscapes.
- 5** Our brains were still growing 1.2 million years ago.
- 6** A fully developed brain allowed man to produce tools.

# HYPOCHONDRIA

Every doctor recognizes them. The man who discovers a bruise on his thigh and becomes convinced that it is leukemia. The woman who has suffered from heartburn all her life but after reading about esophageal cancer has no question that she has it. They make frequent doctor's appointments, demand unnecessary tests and can drive their friends and relatives – not to mention their physicians – to distraction with a seemingly endless search for reassurance. By some estimates, they may be responsible for 10 to 20 per cent of the United States's staggering annual health care costs.

Yet how we deal with hypochondria, a disorder that afflicts one of every twenty Americans who visit doctors, has been one of the most stubborn puzzles in medicine. Where the patient sees physical illness, the doctor sees a psychological problem, and frustration rules on both sides.

Recently, however, there has been a break in the impasse. New treatment strategies are offering the first hope since the ancient Greeks recognized hypochondria 24 centuries ago. Cognitive therapy, researchers report, helps hypochondriacal patients evaluate and change their distorted thoughts about illness. After six 90-minute therapy sessions, one study found, 55 per cent of the 102 participants were better able to do errands, drive and engage in social activities. In the study, the patients, whose fixation on illness had greatly interfered with their lives, did not see their symptoms disappear, but they did learn to pay less attention to them.

'The hope is that with effective treatment, a diagnosis of hypochondria will become a more acceptable diagnosis and less a laughing matter or a cause for embarrassment,' said Dr Arthur J Barsky, director of psychiatric research at Brigham and Women's Hospital in Boston. He is the lead author of the study on cognitive therapy, which appeared in the *Journal of the American Medical Association*.

An official diagnosis of hypochondria, according to the American Psychiatric Association, is reserved for patients whose fears that they have a serious disease persist for at least six months and continue even after doctors have reassured them that they are healthy. Researchers have found that hypochondria, which affects men and women equally, seems more likely to develop in people who have certain personality traits. The neurotic, the self-critical, the introverted and the narcissistic appear particularly prone to hypochondriacal fears, said Dr Michael Hollifield, an associate professor of psychiatry at the University of New Mexico.

Sometimes patients become so fearful about their imagined illness that they exacerbate the symptoms, 'A headache that you believe is due to a brain tumor is a lot worse than a headache you believe is due to eyestrain,' Dr Barsky said. In the most extreme cases, patients can worry to the point where they develop delusions or become almost entirely disabled by fear.

The ancient Greeks used the word 'hypochondria' to describe symptoms of digestive discomfort, combined with melancholy, that they thought originated in the organs of the hypochondrium, the region under the rib cage. The term applied only to men. In women, unexplained symptoms were attributed to hysteria, resulting from a misalignment of the uterus.

This view prevailed for 2,000 years, until the 17<sup>th</sup> century, when symptoms of hypochondria – digestive trouble, pain, convulsions, shortness of breath and heart palpitations – were seen as arising from the brain, set off by fear, grief and other feelings. Thomas Sydenham, an English physician, said that hypochondria in men and women should be considered the same affliction. Yet doctors could offer little in the way of treatment beyond the traditional strategies of bloodletting, sweating and inducing vomiting.

In the 18<sup>th</sup> century, George Cheyne, a Scottish physician, described hypochondria as 'the English malady', noting that it occurred mainly in people of high intelligence and members of the upper class, and was caused by moist air, variable weather, heavy food and sedentary living. But traditional treatments still prevailed. In the 19<sup>th</sup> century, hypochondria was viewed as melancholia, a term that covered everything from slight hypersensitivity to physical symptoms, delusions and suicidal tendencies. Treatment became more humane: spa visits for exercise, fresh air, nutritious food and relaxation. But some physicians still relied on old methods, including potions and elixirs.

In the 20<sup>th</sup> century, Freud recognized that hypochondria had both psychological and physical properties. Some doctors tried hypnosis and later psychoanalysis to help patients uncover the psychological roots of their problem. But other doctors held that the suffering of hypochondriacs must be 'all in their heads'.

Today, just mentioning the word hypochondria to a patient, Dr Barsky said, can cause trouble. 'That comes across as, "You're telling me I'm a faker, a malingerer, that it's all in my head",' he said. 'It's tremendously pejorative.' Some experts have suggested that doctors drop the word altogether, substituting the term 'health anxiety', which has fewer negative connotations.

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## Questions 7-14

Do the following statements agree with the information in the passage? Write

<b>True</b>	if the statement agrees with the information in the passage
<b>False</b>	if the statement disagrees with the information in the passage
<b>Not Given</b>	if there is no information on this

**7** Some illnesses are more commonly claimed by hypochondriacs than other illnesses.

**8** The number of people suffering from hypochondria in the US has been rising.

**9** Some patients in the study ceased to suffer from hypochondria after sessions

**10** Some sufferers may actually experience more pain because of their hypochondria.

**11** The Greeks understood that hypochondria affected men and women equally.

**12** Bloodletting was an effective method of treating hypochondria.

**13** Hypochondria is connected with the body as it is with the mind.

**14** Labeling someone a hypochondriac is seen as generally complimentary.

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## ANSWER KEY