Reading Passage-1



- **A.** As an evolutionary anthropologist, I have wrestled with the question 'What is love?' for more than a decade. At first glance, the answer is straightforward. After all, my many research subjects all have their own answers to share. And herein lies the fundamental problem for someone who would like to find a nice straightforward answer: love is complicated. My 10 years of work have led me to conclude that there are at least 10 very well-supported answers to this question, but give me another 10 years and I'm sure I can get you at least 10 more. There is no neat formula.
- **B.** This is at once hugely frustrating and immensely pleasing because this complexity, this unknowable aspect of love, motivates us to create great art and to repeatedly embark on the exhilarating journey that is love, despite the end point being the possibility of great pain and rejection.
- **C.** And what makes human love even more awe-inspiring is that we get to experience it in so many ways. I began my research life rather predictably with a consideration of romantic love but, as I started to explore the love lives of my subjects more broadly, it became clear that, yes, there might be lovers, parents, children but there might also be a god or gods, pets, celebrities, and even holograms. We are capable of loving so many beings both human and nonhuman and in physical and nonphysical form. When you understand how important love is to our very existence, you realise how immensely lucky we are. Love has got our back.
- D. In many cultures, this full spectrum of love is fully embraced; as an anthropologist, you get used to being welcomed as one of the family you're observing, kin name and all. But in the West, we're missing out on experiencing everything that love has to offer because our field of view is too narrow. As a consequence, we're in danger not only of limiting the fullness of our life experience but endangering our health. This

blinkered view is a result of our tendency to conceive of a hierarchy of love. The top position is occupied by parental love with dad regularly relegated to assistant parent, whether he likes it or not; parental love is usually embodied in the love between mother and child. Running a close second is romantic love, with an overwhelming focus on finding your 'soulmate'. Fail at this and you supposedly live only half a life. Following that, we have the immediate family – siblings, parents, grandparents – and maybe even the extended family.

- E. After all these, the next category comes a rather distant fourth our friends. It is fair to say that, when considering love, we can neglect our friendships. Indeed, in carrying out interviews for my next book, I found that those based in the UK or the US were often very happy to quickly declare their love for their cat or dog, but ask them whether they loved their friends and many had to pause and think.
- F. This dismissal is based on a misunderstanding of how foundational friends are as members of our social network they are its largest group and how they hold the key to our health and survival. My work has shown that our friendships can provide a level of understanding and emotional intimacy that can eclipse any we might experience with a lover. Indeed, friends are often the most reliable source of an interpersonal ease, allowing us to be our true selves, something that we'd do well to embrace in this 24/7 social media world where 'curating' your image can be a full-time job.

Questions 1-5

Do the following statements agree with the claims of the writer in Reading Passage-1?

In boxes 1-5 on your answer sheet, write

| YES | if the statement agrees with the claims of the writer |
|-----------|--|
| NO | if the statement contradicts the claims of the writer |
| NOT GIVEN | if it is impossible to say what the writer thinks about this |

- 1. The answer to "What is love?" is straightforward.
- 2. Love may give an individual immense pain.
- 3. The person who has not yet fallen in love is unlucky.
- 4. In the East, we are not missing out on experiencing anything that love has to offer.
- 5. The people of US and UK often undermine the role of friends in their life.

Questions 6-10

Reading Passage-1 has six paragraphs A-F.

Choose the correct heading for paragraphs A, C and D-F from the list of headings below.

Write the correct number, *i-ix*, in boxes 6-10 on your answer sheet.

| List of Headings | | |
|------------------|--|--|
| Ι | Narrow field of viewing love | |
| Ii | Dad's involvement in parental love | |
| iii | Our negligence towards friends | |
| Iv | Role of friends in our emotional life | |
| V | Various ways of experiencing love | |
| vi | Love- as a source of motivation | |
| vii | Importance of love in our lives | |
| viii | What is love? | |
| Ix | Ten well-supported definitions of love | |

6. Paragraph A

| Example | Answer |
|--------------------|--------|
| Paragraph B | vi |

- 7. Paragraph C
- 8. Paragraph **D**
- 9. Paragraph E
- 10. Paragraph F

Reading Passage-1: Answer Key

- 1. No
- 2. Yes
- 3. Not Given
- 4. Not Given
- 5. Yes
- 6. viii
- 7. v
- 8. i
- 9. iii
- 10. iv

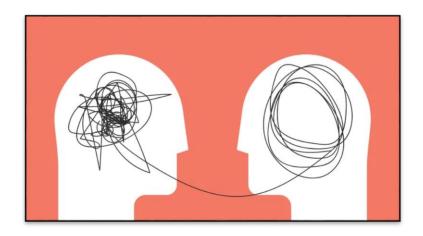
Reading Passage-1: Transcripts

- A. As an evolutionary anthropologist, I have wrestled with the question 'What is love?' for more than a decade. (6) At first glance, the answer is straightforward. After all, my many research subjects all have their own answers to share. And herein lies the fundamental problem for someone who would like to find a nice straightforward answer: love is complicated. (1) My 10 years of work have led me to conclude that there are at least 10 very well-supported answers to this question, but give me another 10 years and I'm sure I can get you at least 10 more. There is no neat formula.
- **B.** This is at once hugely frustrating and immensely pleasing because this complexity, this unknowable aspect of love, motivates us to create great art and to repeatedly embark on the exhilarating journey that is love, despite *the end point being the possibility of great pain and rejection. (2)*
- C. And what makes human love even more awe-inspiring is that we get to experience it in so many ways. (7) I began my research life rather predictably with a consideration of romantic love but, as I started to explore the love lives of my subjects more broadly, it became clear that, yes, there might be lovers, parents, children but there might also be a god or gods, pets, celebrities, and even holograms. We are capable of loving so many beings both human and nonhuman and in physical and nonphysical form. When you understand how important love is to our very existence, you realise how immensely lucky we are. (3) Love has got our back.
- D. In many cultures, this full spectrum of love is fully embraced; as an anthropologist, you get used to being welcomed as one of the family you're observing, kin name and all. But in the West, we're missing out on experiencing everything that love has to offer because our field of view is too narrow. (4) (8) As a consequence, we're in danger not only of limiting the fullness of our life experience but endangering our health. This blinkered view is a result of our tendency to conceive of a hierarchy of love. The top position is occupied by parental love with dad regularly relegated to assistant parent, whether he likes it or not; parental love is usually embodied in the love between mother and child. Running a close second is romantic love, with an overwhelming focus on finding your 'soulmate'. Fail at this and you supposedly live only half a life. Following that, we have the immediate family siblings, parents, grandparents and maybe even the extended family.
- **E.** After all these, the next category comes a rather distant fourth our friends. It is fair to say that, when considering love, we can neglect our friendships. *Indeed, in*

carrying out interviews for my next book, I found that those based in the UK or the US were often very happy to quickly declare their love for their cat or dog, but ask them whether they loved their friends and many had to pause and think. (5) (9)

F. This dismissal is based on a misunderstanding of how foundational friends are as members of our social network – they are its largest group – and how they hold the key to our health and survival. (10) My work has shown that our friendships can provide a level of understanding and emotional intimacy that can eclipse any we might experience with a lover. Indeed, friends are often the most reliable source of an interpersonal ease, allowing us to be our true selves, something that we'd do well to embrace in this 24/7 social media world where 'curating' your image can be a fulltime job.

Reading Passage-2



- **G.** Thirty years ago, in the summer of 1991, I travelled to Denver to visit my graduate school mentor, Andy Sweet. I had received my doctorate in clinical psychology in 1989, and Andy had taught me most of what I knew about working with people suffering from the effects of trauma. As we sat in his backyard, Andy said: 'You need to trust me on this, Debbie. There's this new therapy called eye movement desensitisation and reprocessing, EMDR for short, and it's unique and potentially powerful.' It looked and sounded wacky, but it was based on solid principles, and he was getting remarkable results. 'I think that it's going to change our field and bring relief to so many more trauma survivors. You should go and get trained in it ... and you should run, not walk.'
- H. So I did. I got trained in EMDR that year, studying with Francine Shapiro, its developer. She told us about her discovery four years earlier: she was walking in a park and found herself reflecting on some recent disturbing events in her life. As she thought about them, she became aware that her eyes were moving back and forth, left, right, left, right. And as her eyes moved, she was startled to realise that the negative emotional charge of her memories seemed to dissipate. She began to experiment, to explore the connection between 'bilateral' (left-right) eye movements and this 'desensitisation' of anxiety.
- I. Shapiro developed a treatment procedure that asked patients to focus on the worst part of a traumatic memory while simultaneously watching her fingers move back and forth, left and right. In 1989, two years before my visit with Andy, she published the first EMDR controlled research study demonstrating the effectiveness of her method in the treatment of post-traumatic stress disorder (PTSD) in combat veterans and sexual assault survivors. Over time, clinical experimentation showed

that other forms of bilateral stimulation (listening to tones alternating between each ear, or receiving alternating taps on the backs of one's hands) basically worked as well.

- J. And she had an exciting revelation: EMDR was more than a simple desensitisation strategy. Instead, it offered patients a chance to fully 'reprocess' their traumatic memories – to reconsider their experiences and come to fully know, feel, express and reflect on what previously had been too overwhelming to approach (let alone share with anyone else) and, in some cases, even too frightening to allow fully into their consciousness. I myself was astonished at how EMDR enabled my patients to seamlessly integrate other perspectives, including information that corrected misperceptions of the past, leading to spontaneous re-evaluations of their sense of worth, safety and control.
- K. At the time of my introductory EMDR training, I was the clinical director of an inpatient psychiatric unit in southern New Hampshire treating women recovering from both acute and chronic trauma. Most had experienced horrible childhoods, with prolonged emotional, physical and sexual abuse and, as a result, were dealing with a range of psychiatric problems. Many had engaged in self-harm or had made attempts on their own lives. And most were struggling with hopelessness, unsure whether they'd ever be able to heal.
- L. It was on this unit that I began using EMDR as a therapist. One of my first EMDR patients was Miriam, aged 23, who'd been extremely depressed, suicidal and unable to function for nearly two years following the loss of a pregnancy at eight months. In one unforgettable session, we used EMDR to target the moment when the doctor informed her that she'd lost her baby (coupled with the belief 'I'm bad and don't deserve to live'). As she processed the memory, she began to cry, accessing the grief that she'd buried deep inside. Miriam raged at God and at the boyfriend who'd left her after finding out that she was pregnant. And when she encountered a tidal wave of guilt, somehow blaming herself for 'failing' her baby, I asked her if, had the same thing happened to her best friend, she would have held her responsible or seen her as a failure too. She emphatically said: 'Of course not! I would tell her that I understood her pain, and then I'd reassure her that she was not alone.'

Questions 11-15

Do the following statements agree with the claims of the writer in Reading Passage-2?

In boxes 11-15 on your answer sheet, write

YESif the statement agrees with the claims of the writerNOif the statement contradicts the claims of the writerNOT GIVENif it is impossible to say what the writer thinks about this

- 11. Debbie had taught Andy most of what she knew about working with people suffering from the effects of trauma.
- 12. Debbie was reluctant to believe in the power of EMDR.
- 13. The developer of EMDR was sexually assaulted in her childhood.
- 14. The developer of EMDR asked her patients to focus on the worst part of their traumatic memory while receiving the treatment.
- 15. Debbie began to use EMDR as a therapist when she was 57 years old.

Questions 16-20

Reading Passage-2 has six paragraphs A-F.

Choose the correct heading for paragraphs A, C and D-F from the list of headings below.

Write the correct number, *i-ix*, in boxes 16-20 on your answer sheet.

| List of Headings | | |
|------------------|--|--|
| i | Shapiro's treatment procedure and its success | |
| ii | Treating PSTD in sexual assault survivors | |
| iii | EMDR as a desensitization strategy | |
| iv | EMDR's success in helping patients reprocess ugly memories | |
| v | Introductory EMDR training | |
| vi | Important discovery made by Shapiro | |
| vii | Andy introduced EMDR to Debbie | |
| viii | About women in the psychiatric unit | |
| ix | Debbie's first EMDR patient | |

16. Paragraph A

| Example | Answer |
|--------------------|--------|
| Paragraph B | vi |

17. Paragraph C

- 18. Paragraph **D**
- 19. Paragraph E
- 20. Paragraph \mathbf{F}

Reading Passage-2: Answer Key

11. No

12. No

13. Not Given

14. Yes

15. Not Given

16. vii

17. i

18. iv

19. viii

20. ix

Reading Passage-2: Transcripts

- A. Thirty years ago, in the summer of 1991, I travelled to Denver to visit my graduate school mentor, Andy Sweet. I had received my doctorate in clinical psychology in 1989, and Andy had taught me most of what I knew about working with people suffering from the effects of trauma. (11) As we sat in his backyard, Andy said: 'You need to trust me on this, Debbie. There's this new therapy called eye movement desensitisation and reprocessing, EMDR for short, and it's unique and potentially powerful.' (16) It looked and sounded wacky, but it was based on solid principles, and he was getting remarkable results. (12) 'I think that it's going to change our field and bring relief to so many more trauma survivors. You should go and get trained in it ... and you should run, not walk.'
- **B.** So I did. I got trained in EMDR that year, studying with Francine Shapiro, its developer. (13) She told us about her discovery four years earlier: she was walking in a park and found herself reflecting on some recent disturbing events in her life. As she thought about them, she became aware that her eyes were moving back and forth, left, right, left, right. And as her eyes moved, she was startled to realise that the negative emotional charge of her memories seemed to dissipate. She began to experiment, to explore the connection between 'bilateral' (left-right) eye movements and this 'desensitisation' of anxiety.
- C. Shapiro developed a treatment procedure that asked patients to focus on the worst part of a traumatic memory while simultaneously watching her fingers move back and forth, left and right. (14) (17) In 1989, two years before my visit with Andy, she published the first EMDR controlled research study demonstrating the effectiveness of her method in the treatment of post-traumatic stress disorder (PTSD) in combat veterans and sexual assault survivors. Over time, clinical experimentation showed that other forms of bilateral stimulation (listening to tones alternating between each ear, or receiving alternating taps on the backs of one's hands) basically worked as well.
- D. And she had an exciting revelation: EMDR was more than a simple desensitisation strategy. Instead, it offered patients a chance to fully 'reprocess' their traumatic memories to reconsider their experiences and come to fully know, feel, express and reflect on what previously had been too overwhelming to approach (let alone share with anyone else) and, in some cases, even too frightening to allow fully into their consciousness. (18) I myself was astonished at how EMDR enabled my patients

to seamlessly integrate other perspectives, including information that corrected misperceptions of the past, leading to spontaneous re-evaluations of their sense of worth, safety and control.

- E. At the time of my introductory EMDR training, I was the clinical director of an inpatient psychiatric unit in southern New Hampshire treating women recovering from both acute and chronic trauma. *Most had experienced horrible childhoods, with prolonged emotional, physical and sexual abuse and, as a result, were dealing with a range of psychiatric problems. (19)* Many had engaged in self-harm or had made attempts on their own lives. And most were struggling with hopelessness, unsure whether they'd ever be able to heal.
- F. It was on this unit that I began using EMDR as a therapist. (15) One of my first EMDR patients was Miriam, aged 23, who'd been extremely depressed, suicidal and unable to function for nearly two years following the loss of a pregnancy at eight months. (20) In one unforgettable session, we used EMDR to target the moment when the doctor informed her that she'd lost her baby (coupled with the belief 'I'm bad and don't deserve to live'). As she processed the memory, she began to cry, accessing the grief that she'd buried deep inside. Miriam raged at God and at the boyfriend who'd left her after finding out that she was pregnant. And when she encountered a tidal wave of guilt, somehow blaming herself for 'failing' her baby, I asked her if, had the same thing happened to her best friend, she would have held her responsible or seen her as a failure too. She emphatically said: 'Of course not! I would tell her that I understood her pain, and then I'd reassure her that she was not alone.'