

(Mini) Mock Test LANGL1841 : JUNE 2025

Grammar

- I. If we had investigated the matter, we a better diagnosis.
a. would have
b. will have
c. would have had
d. had
- II. The psychologist was taking care of a patient husband had just passed away.
a. which
b. that
c. whose
d. what
- III. He wants to get a better and earn more money.
a) job
b) employment
c) work
d) employ
- IV. I didn't give him, because I didn't know what to do.
a) much + advices c) much + advice
b) many + advice d) many + advices
- V. - The church is 200 yards away. - is the church?
a) how long c) how tall
b) how far d) how deep
- VI. The subsidiary which (to set up) at the moment will generate huge profits
a. is setting
b. sets
c. has been set
d. is being set
- VII. You're late. Hurry up! We (to be) here since two o'clock.
a. are
b. have been
c. are being
d. were
- VIII. She (to meet) her gynecologist in 10 minutes.
a. Is going to meet
b. Will meet
c. met
d. has met
- BONUS
- IX. Bread (**to consist**) of flour, water and yeast.
- X. The psychiatrist (**to give**) him extensive treatment to clear his brain last month.

LISTENING 1:

Complétez le résumé ci-dessous. Le texte sera lu deux fois. Retranscrivez vos réponses sur la feuille prévue à cet effet (dernière page).

Criteria for Agoraphobia

Agoraphobic fears

- usually arise from situations in which both – (46) – and help seem hard to find;
- traditionally encompass situations, ranging from being outdoors – (47) – or in a crowd/line, to travelling in a bus;
- may be triggered by extremely distressing situations, sometimes even requiring the help of a relative.

Treatment

- milder forms of agoraphobia → may push an individual to choose avoidance strategies;
- in certain cases → the individual can become morose and - (48) –, sometimes preventing him/her from seeking professional help;
- – (49) – agoraphobia : → drugs should be combined with psychological help to make adequate use of the – (50) –;
- people with milder symptoms can undergo therapy without medication.

Listening 2 : Dictation:

- 1) Ellen began to restrict her diet, eating only fish and _____.
- 2) I wanted to actually live and _____ and be the happy person I am today.
- 3) Alena was very sick for about a week but she was still _____.
- 4) She shows no signs of PERSECUTION MANIA or _____.
- 5) One semester I had to work in _____ and I knew I didn't want to do that for the rest of my life.
- 6) Symptoms of anorexia often include unexplained and extreme _____, vomiting, fainting, fatigue and high levels of stress.
- 7) _____ is the age span ranging from birth to adolescence.
- 8) They seemed _____ and mysterious, at least physically.
- 9) Looseness of the _____ results when the ligaments that hold the joint together become stretched.
- 10) _____, wounds like these can heal.

Reading comprehension n°1:

Choisissez le sous-titre qui convient le mieux à chaque paragraphe. Deux propositions resteront inutilisées.

- a) Helping and protecting relatives
- b) Fires in the Twin Towers
- c) Disobedience and disrespect
- d) The myth of mass panic on TV
- e) The way emergency professionals should react
- f) Mass panic in psychology textbooks
- g) Mostly sensible and helpful people
- h) Jeopardy vs safety
- i) Hiding the truth to prevent mass panic
- j) The reason why people flee from dangerous places
- k) Staying alive at all costs
- l) Stereotyped descriptions in scientific theories

1 _____

September 11, 2001. In the Twin Towers of New York City's World Trade Center, intense fires are burning in and above the impact zones struck by hijacked airliners. People evacuating from the 110-story towers realize they are in danger, but they are not in a blind panic. Thanks to the orderly evacuation and unofficial rescue efforts, the vast majority of people below the impact zones get out of the buildings alive.

2 _____

Not everyone was an angel on 9/11. But accounts of the Twin Towers evacuation show that there was none of the "mass panic" that many emergency planners expect to see in a disaster. In fact, when researchers look closely at almost any major disaster, they find little to support the assumption that ordinary people lose their heads in these extraordinary situations. Instead they find that individuals not only behave sensibly in emergencies but also display a solidarity that can be a valuable asset.

3 _____

These results have important implications for emergency planning. They suggest that ordinary people should be viewed as "first responders" and given practical information about their situation so that they can make rational choices. Instead of seeking to herd people as if they were frightened sheep, emergency managers should facilitate the remarkable self-organizing capabilities of crowds.

4 _____

The image of the panicked crowd is deeply ingrained in the popular imagination. Hardly any self-respecting Hollywood disaster movie would be complete without one scene of people running wildly in all directions and screaming hysterically. Television newscasters perpetuate this stereotype with reports that show shoppers competing for items in what is described as "panic buying" and traders gesticulating frantically as "panic" sweeps through the stock market.

5 _____

The idea of mass panic shapes how we plan for, and respond to, emergency events. In Pennsylvania, for example, the very term is inscribed in safety regulations known as the state's Fire and Panic Code. Many public officials assume that ordinary people will become highly emotional in an emergency, especially in a crowded situation and that providing information about the true nature of the danger is likely to make individuals panic even more. Emergency management plans and policies often intentionally hide information: for example, event marshals may be instructed to inform one another of a fire using code words, to prevent people from overhearing the news—and overreacting.

6 _____

Mathematicians and engineers who model "crowd dynamics" often rely on similar assumptions describing behaviors such as "herding," "flocking" and, of course, "panic." As the late Jonathan Sime (an

environmental psychologist formerly at the University of Surrey in England) pointed out, efforts to “design out disaster” have typically treated people as unthinking or instinctive rather than as rational, social beings.

7 _____

These ideas about crowd behavior permeate the academic world, too. For many years influential psychology textbooks have illustrated mass panic by citing supposed examples such as the Iroquois Theater fire of 1903 in Chicago in which some 600 people perished and the Cocoanut Grove Theater fire of 1942 in Boston in which 492 people died. In the textbook explanations, theatergoers burned to death as a result of their foolish overreaction to danger.

8 _____

But Jerome M. Chertkoff and Russell H. Kushigian of Indiana University, the first social psychologists to analyze the Cocoanut Grove fire in depth, found that the nightclub managers had jeopardized public safety in ways that are shocking today. In a 1999 book on the psychology of emergency egress and ingress, Chertkoff and Kushigian concluded that physical obstructions, not mass panic, were responsible for the loss of life in the infamous fire.

9 _____

A more recent example tells a similar story. Kathleen Tierney and her co-workers at the University of Colorado at Boulder investigated accusations of panicking, criminality, brutality and mayhem in the aftermath of Hurricane Katrina. They concluded that these tales were “disaster myths.” What was branded as “looting” was actually collective survival behavior: people took food for their families and neighbors when store payment systems were not working and rescue services were nowhere in sight. In fact, the population showed a surprising ability to self-organize in the absence of authorities, according to Tierney and her colleagues.

10 _____

Such work builds on earlier research by two innovative sociologists in the 1950s. Enrico Quarantelli examined many instances of emergency evacuations and concluded that people often flee from dangerous events such as fires and bombings, because usually that is the sensible thing to do. A fleeing crowd is not necessarily a panicked, irrational crowd.

Reading 2:

Lisez le texte ci-dessous et retrouvez la phrase manquante la plus appropriée. *Deux propositions resteront inutilisées.*

The Brain Manages Happiness And Sadness in Different Centers

By DANIEL GOLEMAN (The New York Times)

- a. but rather involve quite independent patterns of activity
- b. though these studies have not been published
- c. such as psychosis, depression and panic attacks
- d. which for 50 years was considered the brain's emotional center
- e. as has long been believed
- f. how emotions are evoked by seeing which brain areas light up
- g. seem to involve the same brain region

11. The essence of emotion - the rapture¹ of happiness, the numbness of depression, the angst of anxiety - is as evanescent as a spring rainbow. It is hard enough for a poet to capture, let alone a neuroscientist. Now brain researchers, in their own fashion, have begun to do so. A major result emerging from the new research is that the brain does not have just a single emotional center - (11) - but that different emotions involve different structures. Another is that the brains of men and women seem to generate certain emotions with different patterns of activity.

12. The advances are made possible by fast imaging methods that allow researchers to take snapshots of the brain in action. The methods have already resulted in a radical redrawing of the neurological map for emotion. Scientists can spot regions of emotional activity both in and beyond² the limbic system, a ring of structures around the brain stem, (12).

13. One surprising result of the remapping is that emotional opposites, like happiness and sadness, are not registered that way in the brain, (13), according to a report in The American Journal of Psychiatry. "It's because happiness and sadness involve separate brain areas that we can have bittersweet moments, like when a child is leaving home for college and you're sad, but happy, too," said Dr. Mark George, a psychiatrist and neurologist at the National Institute of Mental Health in Bethesda, Md., and the author of the report.

¹ Extase

² Beyond= au-delà

14. Dr. George's findings on sadness offer a new perspective: brain areas involved in ordinary sadness almost completely shut down when a person is clinically depressed. "Sadness and depression (14), the left prefrontal cortex, in different ways," said Dr. George. "It gets more active during ordinary sadness, but shuts down in people with clinical depression."

15. Dr. George has also studied the locations of happiness and sadness in men, (15). He has found that the processing of emotion is yet another aspect in which the brains of men and women apparently differ. "When they are sad, women activate the anterior limbic system much more than do men," said Dr. George. "At the same time, women seem to experience a more profound sadness than do men. It makes me wonder if this might be related to why women have twice the risk of depression as do men."