



ДОНСКОЙ ГОСУДАРСТВЕННЫЙ ТЕХНИЧЕСКИЙ УНИВЕРСИТЕТ  
УПРАВЛЕНИЕ ДИСТАНЦИОННОГО ОБУЧЕНИЯ И ПОВЫШЕНИЯ  
КВАЛИФИКАЦИИ

Кафедра «Лингвистика и иностранные языки»

## **Методические указания и контрольные задания**

по дисциплине

### **«Языковая коммуникация в профессиональной сфере на иностранном языке»**

Для магистрантов заочной формы обучения по направлению 48.04.01

Автор

Невольникова С.В.

Ростов-на-Дону, 2018



## Аннотация

Методические указания и контрольные задания по дисциплине «Языковая коммуникация в профессиональной сфере на иностранном языке» предназначены для студентов заочной формы обучения направления 48.04.01 Теология»

## Автор

к.фил.н., доцент

Невольникова С.В.



Языковая коммуникация в профессиональной сфере на  
иностранном языке

## Оглавление

<b>Требования к зачету для магистрантов по дисциплине «Языковая коммуникация в профессиональной сфере на иностранном языке» .....</b>	<b>4</b>
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## **ТРЕБОВАНИЯ К ЗАЧЕТУ ДЛЯ МАГИСТРАНТОВ ПО ДИСЦИПЛИНЕ**

### **«ЯЗЫКОВАЯ КОММУНИКАЦИЯ В ПРОФЕССИОНАЛЬНОЙ СФЕРЕ НА ИНОСТРАННОМ ЯЗЫКЕ»**

В рамках самостоятельной работы магистрантам необходимо подготовить к зачету:

1. Чтение и перевода аутентичных текстов (3 текста) по направлению подготовки. Общий объем –15000 печатных знаков. Составить словарь терминов (100-120 единиц). Написать 3 аннотации к прочитанным текстам. Преподаватель проверяет чтение вслух и устный перевод с листа.
2. Письменный перевод аутентичных текстов (статей, монографий) по выбранной магистрантом теме или проблеме научно-профессиональной направленности объемом 5000 печатных знаков.
3. Сообщение-презентация на иностранном языке по выбранной магистрантом теме или проблеме научно- профессиональной направленности. Оценивается содержательность, адекватная реализация коммуникативного намерения, логичность, связность, смысловая и структурная завершенность.

### **Общие требования к выполнению контрольной работы**

#### **Памятка магистранту**

Контрольное задание предлагается в четырех вариантах. Номер варианта определяется по последней цифре номера зачетной книжки студента:

- |           |              |
|-----------|--------------|
| 1, 2, 3 – | 1-й вариант; |
| 4, 5, 6 – | 2-й вариант; |
| 7, 8 –    | 3-й вариант; |
| 9, 0 –    | 4-й вариант. |

Контрольная работа должна быть выполнена в отдельной тетради. На обложке тетради необходимо указать следующие данные: факультет, курс, номер группы, фамилию, имя и

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отчество, дату, номер контрольного задания и вариант.

Первую страницу необходимо оставить чистой для замечаний и рецензии преподавателя.

Все предлагаемые к выполнению задания (включая текст заданий на английском языке) переписываются на левой стороне разворота тетради, а выполняются на правой.

Контрольная работа должна быть написана четким подчерком, для замечаний преподавателя следует оставить поля.

Контрольная работа, выполненная не полностью или не отвечающая вышеприведенным требованиям, не проверяется и не засчитывается.

Проверенная контрольная работа должна быть переработана студентом (та часть ее, где содержатся ошибки и неточности перевода или неправильное выполнение заданий) в соответствии с замечаниями и методическими указаниями преподавателя. В той же тетради следует выполнить «Работу над ошибками», представив ее на защите контрольной работы.

Четыре варианта контрольной работы имеют одинаковую структуру. Все задания должны быть выполнены в письменной форме.

**I. Translate 1, 3 paragraphs into Russian.**

**1. Addicts, Mythmakers and Philosophers**

**Alan Brody** explains Plato's/Socrates' understanding of habitually bad behavior.

Thad held up his right hand and asked "See this?" He showed me gnarled and maimed fingers. Thad told me that while he was flying his plane into Turkey, the Turkish air force forced him to land, having gotten wind that he was running drugs. They jailed him, and in an attempt to extract a confession, his jailers broke his fingers. He didn't confess.

Thad bribed his way out of jail. Eventually he came to the drug treatment center where I was working, to get help with his drinking problem. (Thad and other patient names are pseudonyms.) After discussing addiction as involving compulsive behavior, we concluded that Thad was suffering from alcoholism. Knowing he would be better off not drinking, Thad committed himself to abstinence. He told me that he didn't need to go to Alcoholics Anonymous for support, explaining that if he could resist caving in from torture he could certainly resist whatever discomfort he would experience from not drinking. Thad thought that being able to follow through with his resolve was simply a matter of having the ability to resist succumbing to how bad it would feel to not drink.

When Thad came in for his next appointment he looked pained, shocked and confused. He told me that in spite of his decision to remain abstinent, he drank. It happened at the airport while he was waiting for his friend to arrive. Thad couldn't understand how he would do such a thing, given his ability to handle pain when sticking to a resolution. I explained how a compulsive condition such as alcoholism can change how one evaluates what to do, so that someone who previously decided not to drink can come to temporarily think it's okay to do so. After I explained how this kind of change of thought could produce a motive for drinking, Thad saw how his ability to endure suffering couldn't be counted on to guarantee abstinence.

**2. Addicts as Willing Participants**

Addiction busts up what matters: the condition is capable of

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creating urges and motivations which bring about highly significant losses to a person's well-being in spite of the person's standing preference not to live like that. It's possible that an addict is able, at times, to control the urge to use; but the addict also might not be able to prevent an urge to use from spontaneously arising and motivating. Other conditions, for instance bipolar or obsessive-compulsive disorders, can also create self-regulatory failures, so that episodes of self-destructive behavior are willingly engaged in which contravene the person's general preference not to behave like that. Furthermore an appearance, at times, of control – intentionally cutting down, or temporarily stopping – can mislead the addict and others into believing that the addiction really is under control. The ability of the addict to believe that he/she is addicted also typically becomes compromised.

Well, why not just hold that addicts abandon their resolve to be abstinent simply because they change their minds, and not through some sort of compulsion? It's common to change one's mind when faced with temptation. Sometimes the choice to go ahead with the temptation is the result of a cost-benefit evaluation – in other words, it seems worthwhile to do it. At other times a person might gratify their desire or urge without entertaining any qualms or even thoughts about it. So although an addict's habitual behavior might be atypical, rather than seeing it as a result of a compulsion they're not strong enough to fight against, why not see their addictive behavior as something done in a willing manner, because the person feels like doing it, and/or they regard it as worth doing?

This *willingness model* (my terminology) has its roots in the analysis of embracing temptation which is found in Plato's dialogue *Protagoras*. Contemporary philosophers such as Herbert Fin-garette in *Heavy Drinking: The Myth Of Alcoholism As A Disease*, and recently, Piers Benn in 'Can Addicts Help It?' in *Philosophy Now Issue 80*, have also argued in support of such a model. I believe that understanding addiction requires appreciating elements of that model, as well as conceiving of addiction as a disorder involving a compulsive process which undermines the ability to regulate one's behavior.

### 3. Model Behavior

In the *Protagoras*, Socrates discusses the nature of, and challenge to, self-mastery (ie self-control). When faced with a choice,

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Socrates tells us, human nature means we want to do what we think is best. So, he argues, if we believe we know what the good (the best) thing to do is, and it is accessible to us, we will do the good. However, says Socrates, things which tempt us can have the power to alter our perception or understanding of their value, making them deceptively appear to be what is best. Consequently, we choose the temptation as the best thing to do. The experience of going along with temptation is not, Socrates argues, one in which the person protests or fights against its unreasonableness while being dragged along into gratifying it. For Socrates, 'yielding to temptation' is not being unwillingly overpowered, but is the experience of being a willing participant choosing what is at that moment wrongly thought to be best. This is also the essence of the willingness model of addictive behavior.

A good way to understand it is by looking at how Homer depicts Odysseus's mental state after hearing the Sirens. In Homer's *Odyssey*, the Sirens' singing was said to be so beautiful that it would enchant sailors, who would then pilot their ships towards the deadly rocks from which the Sirens sang. Odysseus orders his men to tie him to the ship's mast so that he can listen to their song while his men row past them with wax blocking their ears. Through the Sirens' enchantment, Odysseus becomes hooked and orders his men to sail toward them, in spite of having been told of the doom it will bring. Luckily, they ignore the order (probably because they can't hear it). In the Socratic/Platonic analysis of what we think of as 'yielding to temptation', temptation plays the same role as enchantment in the story, in the sense that temptation has a power to deceive someone into willingly choosing it as best thing to do.

Aristotle thought that by asserting that when we gratify our desires for what tempts we are still doing what we think best, Socrates was denying the existence of *akrasia* – 'weakness of will', or a failure of self-restraint. The denial of both compulsivity and of weakness of will in explaining addiction has resulted in a willingness model commonly referred to as the *moral model* of addiction. On this view, what the addict does can be explained in terms of Socrates' willingness model and an addict's immoral character: ie, they want to do it, and care more about satisfying their addiction than the consequences of doing so. The addict's moral deficits reside in their motivations, as illustrated in the accusation: "If you cared more about peoples' safety than drinking, you wouldn't drink and drive." Here, the individual is judged to be morally deficient for not prioritizing peoples' safety over their own desire to drink.



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Support for the moral and other willingness models has been garnered from the fact that some addicts have stopped or limited their drug use when they have had good enough reason for doing so – that is, when they regard doing so as important. For example, it is not unusual for women to stop smoking while pregnant in order to protect the fetus, but to resume smoking afterwards. Also, addicts will often limit when they engage in their addiction, for instance, not at work, or not around certain people. Addicts might also demonstrate an ability to limit their drug use, e.g., their drinking, just to prove that they can successfully control their habit. Some addicts may decide that their addiction no longer works for them, and stop using completely. Furthermore, it is often claimed, that even if there are genetic or biological factors causing an addict to have strong urges, control over them still depend on what the addict thinks it is worthwhile to do, even when the urges are intense. Urges “incline but do not necessitate,” to use an expression of Leibniz’s.

### 4. Simplicity Itself

The willingness model of addiction has been presented as a simple way to capture the nature of addiction, how it motivates, and how it manifests experientially and behaviorally. But is its simplicity a good reason to believe it?

In *From A Logical Point Of View* (1953), the philosopher W.V.O. Quine beautifully articulates the rationale involved when he states that “we adopt, at least insofar as we are reasonable, the simplest conceptual scheme into which the disordered fragments of raw experience can be fitted and arranged” (p.16). The simplicity of the willingness model, then, might appear to give it a big advantage over any analysis of addiction in terms of a compulsive condition or other disability (for example, as an illness or disease). But we are in danger of being seduced by a love of theoretical sparseness, misleading us into violating another important methodological maxim, attributed to Einstein, namely, that a theory should be ‘as simple as possible, but no simpler’. To avoid us being misled by over-simplification, then, I will show why we have good reason to make our explanation more complex, by viewing addiction as a condition arising from a compulsion which undermines the ability to self-regulate. To begin this explanation, let’s look more deeply into the Socratic understanding of self-mastery or self-control.

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## 5. Socrates on Self-Mastery

Although Socrates holds that when we know the good we will choose to do it, he attributes to temptation a power to distort what we think is good. He then informs us of a way to defeat this Siren's call: *knowledge* can provide a means of circumventing temptation's distorting influence. This special knowledge is a kind of know-how in discerning what is good, like an artistic skill, or practical expertise. Socrates describes this skill/knowledge somewhat vaguely, as being "some kind of measuring ability" (*Protagoras*, 357b). Such knowledge allows its possessor to avoid being deceived about what is really best, and so to succeed in pursuing the true good. In this way, Socrates maintains, knowing how to discern the good leads to doing the good, despite temptation's deceptions. It means having the right kind of ability to both *choose* and *do* what is best, and this is what having self-mastery means. In Xenophon's *Symposium* (2.10), a romantic strategy is reported by Xenophon which emphasizes Socrates' point about developing skills to improve self-mastery. Here Socrates tells us that for his wife he has chosen Xanthippe, a woman with 'spirit', so that he can develop the 'ease' he wants to have in conversing with everyone!

By linking the experience of willingly choosing what appears best with a description of how that choice can be the outcome of a process deceiving us about what is best, the Socratic analysis of temptation goes beyond a simple 'willingness' model of choice. In my interpretation, on the Socratic model, one fails to choose to do the good one previously preferred because one doesn't have the ability (the know-how) to see it as the better alternative (perhaps only momentarily). To do what is best one must therefore develop this ability/know-how. This model thus allows that someone might not have the ability to avoid being deceived about what is the best choice. For example, when Thad was at the airport, he became willing to drink because for some reason he thought it was the best option, in spite of his resolve to remain abstinent. His failure of ability/knowledge was manifested by his becoming willing to drink, and doing so. His preference was therefore ineffective in preventing the relapse.

## 6. The Devil's Gambit

It might be thought that when an addict expresses a commitment to stop an addiction, but doesn't, they're expressing either an unresolved ambivalence or a resolution to stop at some later time (as seen in Augustine's prayer, "God grant me chastity and continence –

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but not yet"). If so, continued drug use (for example) might not be due to an inadequacy over self-regulation, but a result of choice. To appreciate how choices enacted willingly can mask an impaired control of compulsive processes, consider the following story.

One day in Hell the Devil approached a man who loved the drinking parties there. The Devil told the man that as long as he was willing to quit drinking he could immediately go to Heaven, where he would forever have a better time. The man replied that although Hell wasn't so bad, and the parties were great, he preferred Heaven, and was willing to go there right now. The Devil told him that if he wanted he could have a great send-off party now, and go to Heaven tomorrow. The man thought it seemed a good idea to have the best of both worlds, so he accepted the deal. The next day the man was reminiscing about how great the send-off party was when the Devil approached him and said he could have another terrific party right then, and go to Heaven the next day. Of course the man accepted. Each day the Devil made the same offer, and each day the man accepted the party, replying, "I'll quit drinking tomorrow." Well, the Devil knew that the man didn't have what it takes to ever refuse a great party.

In order for our well-being not to be undermined, we need to be able to be motivated by certain preferences. The protagonist of our story would prefer to get out of Hell, but he also needs the ability to be motivated by that preference – and he doesn't have what it takes to do that. His desire to drink trumps his preference to do what he would prefer to be able to do, thereby undermining the kind of self-regulation he would prefer to have. The willingness model fails to capture the presence, nature, and significance of these kinds of self-regulatory failures, but this kind of dynamic is what addiction is built upon. For instance, many smokers would prefer not to smoke. They believe that smoking is bad for them, and often express their preference not to smoke, perhaps just before lighting up. These addicts know that they are failing to enact their preference, and they do not intellectually sanction their akratic acts, even though they have intentionally engaged in them. This is called 'clear-eyed *akrasia*'.

We might exhibit *akrasia* by, for example, over-indulging on occasion, but that doesn't mean we're addicts. Addiction involves other features, such as serious consequences which the person, e.g. a smoker, prefers to avoid, but is unable to self-regulate well enough to avoid. As shown, this self-regulatory failure can work by disguising its presence behind a mask of choices made willingly or despite intentionally resolving against an addiction. Let's further expose the nature

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of the problem.

### 7. Addiction as a Disorder

Hal was a nurse who stole painkillers from patients to gratify his addiction. Hiding in hospital bathroom stalls, he would fill two syringes, one with painkillers mixed with toilet water, and the other with an antidote to stop him overdosing on the painkillers. The syringe with the painkiller was taped on and into one arm in such a manner that by flexing his arm the plunger would close to inject more of its contents. Hal created the same kind of arrangement with the antidote syringe taped on and inserted into the other arm. Having twisted his body around to position that forearm near the bathroom floor, if he collapsed due to an overdose, he would fall on that arm, thereby pushing the plunger in to inject the antidote.

Hal hated stealing his patients' medication, using toilet water in a fix, and living in a panic about being caught. He didn't want to continue with the nightmarish lifestyle he was engaged in. Yet although he had been treated at multiple rehabs, Hal couldn't stop. Eventually he again sought help to get drug-free and begin a new life.

Addiction is not just a condition made up of a bunch of weak-willed acts. Addiction undermines the person's self-regulation, true. But it also undermines their ability to accurately assess their problem's seriousness as it repetitively generates a willingness or motivation for acting in violation of their most important preferences, even knowingly. Moreover, those who follow addiction's callings do not simply act from their own sanctioned desires; they have become the enchanted followers of yearnings arising from a metastasized love. The ability to recover often has to develop as a result of experiencing addiction's deep hardships. Addicts often talk about how it took a lot of destructiveness, danger and 'craziness' before they could realize how 'insane' they had become. To paraphrase one self-diagnosed alcoholic's breakthrough allowing him to finally understand his problem: "I knew I was an alcoholic after my bike hit something and I went flying off, but had made sure that my hands and arms protected my bottle rather than my head." It is not just a simple question of misinformed choice.

### 8. Addicts and Non-Addicts Alike

Is compassion warranted for our self-regulatory failures?  
Suppose you fail in a conscious attempt to do something good.

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If so, you didn't have what you needed to succeed – the right urges, intentions, effort, plan, circumstances, or whatever else. Someone might argue that you could have done better, by for example forming the right intention: but they are being misleading if they are thereby suggesting that you did have, under those very circumstances, what sufficed for you to have done better, since it's impossible that your circumstances were adequate to the task while also being inadequate. In other words, to say that you could have done better overlooks the way the world was: the world didn't have what sufficed to have provided you the means to do better, otherwise it would have.

There *is* a way one might have had what was needed independent of how things were, *viz*, through luck. If the universe had just been slightly different in the right way, or if the right kind of difference (e.g. the right choice) spontaneously arose, then without you bringing about either, you could have had either in place, through luck. So we can see how luck comes into play by providing or depriving us of the chance to have different thoughts and actions occur. It might also be thought possible apart from luck to have had things turn out differently: if one chooses one's choices, for example. To be a *choice* means there must have been alternatives. But clearly one still didn't have what sufficed to have made the different choice; and so, just as before, luck comes into play. (Notice also that the series of choices either had no beginning, hence no choice was made which accounts for the series being in place, or if it did begin, the primary lack of choice still holds, since no chooser can create itself, which would be a necessary condition of choosing to bring the choice-making about.)

When thinking how misfortune has deprived someone of what is needed for doing better, we sometimes respond compassionately by communicating that the person would have done better at controlling their over-eating/smoking/alcoholism/other temptations if they could have. When we realize that luck is required to put into place what was needed in order to have what would have enabled us to have done better, more compassion might arise towards ourselves and others, as we see how the trouble we bring about is also what fortune sets up for us.

**II. Make the summary of the text. Use the following phrase**

1. The article (text) is head-lined ...  
The head-line of the article (text) is ...

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2. The author of the article (text) is ...  
The article is written by ...
3. It was published (printed) in ...
4. The main idea of the article (text) is ...  
The article is about ...  
The article is devoted to ...  
The article deals with ...  
The article touches upon ...
5. The purpose of the article is to give the reader some information on ...  
The aim of the article is to provide the reader with some material on ...
6. The author starts by telling the readers (about, that) ...  
The author writes (states, stresses, thinks, points out ) that ...  
The article describes ...  
According to the article (text) ...  
Further the author goes on to say that ...
7. The article is (can be) divided into 4(5-7) parts.  
The first part deals with (is about, touches upon) ...
8. In conclusion the article tells ...  
The author comes to the conclusion that ...
9. I found the article interesting (important, dull, of no value, easy, too hard to understand).

**III. Make the abstract of the text.**

**IV Write 10 key words of the text and translate them into Russian.**

## ВАРИАНТ 2

### I. Translate 2, 6 paragraphs into Russian.

#### 1. Addicts, Mythmakers and Philosophers

**Alan Brody** explains Plato's/Socrates' understanding of habitually bad behavior.

Thad held up his right hand and asked "See this?" He showed me gnarled and maimed fingers. Thad told me that while he was flying his plane into Turkey, the Turkish air force forced him to land, having gotten wind that he was running drugs. They jailed him, and in an attempt to extract a confession, his jailers broke his fingers. He didn't confess.

Thad bribed his way out of jail. Eventually he came to the drug treatment center where I was working, to get help with his drinking problem. (Thad and other patient names are pseudonyms.) After discussing addiction as involving compulsive behavior, we concluded that Thad was suffering from alcoholism. Knowing he would be better off not drinking, Thad committed himself to abstinence. He told me that he didn't need to go to Alcoholics Anonymous for support, explaining that if he could resist caving in from torture he could certainly resist whatever discomfort he would experience from not drinking. Thad thought that being able to follow through with his resolve was simply a matter of having the ability to resist succumbing to how bad it would feel to not drink.

When Thad came in for his next appointment he looked pained, shocked and confused. He told me that in spite of his decision to remain abstinent, he drank. It happened at the airport while he was waiting for his friend to arrive. Thad couldn't understand how he would do such a thing, given his ability to handle pain when sticking to a resolution. I explained how a compulsive condition such as alcoholism can change how one evaluates what to do, so that someone who previously decided not to drink can come to temporarily think it's okay to do so. After I explained how this kind of change of thought could produce a motive for drinking, Thad saw how his ability to endure suffering couldn't be counted on to guarantee abstinence.

#### 2. Addicts as Willing Partici-

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Addiction busts up what matters: the condition is capable of creating urges and motivations which bring about highly significant losses to a person's well-being in spite of the person's standing preference not to live like that. It's possible that an addict is able, at times, to control the urge to use; but the addict also might not be able to prevent an urge to use from spontaneously arising and motivating. Other conditions, for instance bipolar or obsessive-compulsive disorders, can also create self-regulatory failures, so that episodes of self-destructive behavior are willingly engaged in which contravene the person's general preference not to behave like that. Furthermore an appearance, at times, of control – intentionally cutting down, or temporarily stopping – can mislead the addict and others into believing that the addiction really is under control. The ability of the addict to believe that he/she is addicted also typically becomes compromised.

Well, why not just hold that addicts abandon their resolve to be abstinent simply because they change their minds, and not through some sort of compulsion? It's common to change one's mind when faced with temptation. Sometimes the choice to go ahead with the temptation is the result of a cost-benefit evaluation – in other words, it seems worthwhile to do it. At other times a person might gratify their desire or urge without entertaining any qualms or even thoughts about it. So although an addict's habitual behavior might be atypical, rather than seeing it as a result of a compulsion they're not strong enough to fight against, why not see their addictive behavior as something done in a willing manner, because the person feels like doing it, and/or they regard it as worth doing?

This *willingness model* (my terminology) has its roots in the analysis of embracing temptation which is found in Plato's dialogue *Protagoras*. Contemporary philosophers such as Herbert Fin-garette in *Heavy Drinking: The Myth Of Alcoholism As A Disease*, and recently, Piers Benn in 'Can Addicts Help It?' in *Philosophy Now Issue 80*, have also argued in support of such a model. I believe that understanding addiction requires appreciating elements of that model, as well as conceiving of addiction as a disorder involving a compulsive process which undermines the ability to regulate one's behavior.

### 3. Model Behavior

In the *Protagoras*, Socrates discusses the nature of, and challenges to, self-mastery (ie self-control). When faced with a choice, Socrates tells us, human nature means we want to do what we think



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is best. So, he argues, if we believe we know what the good (the best) thing to do is, and it is accessible to us, we will do the good. However, says Socrates, things which tempt us can have the power to alter our perception or understanding of their value, making them deceptively appear to be what is best. Consequently, we choose the temptation as the best thing to do. The experience of going along with temptation is not, Socrates argues, one in which the person protests or fights against its unreasonableness while being dragged along into gratifying it. For Socrates, 'yielding to temptation' is not being unwillingly overpowered, but is the experience of being a willing participant choosing what is at that moment wrongly thought to be best. This is also the essence of the willingness model of addictive behavior.

A good way to understand it is by looking at how Homer depicts Odysseus's mental state after hearing the Sirens. In Homer's *Odyssey*, the Sirens' singing was said to be so beautiful that it would enchant sailors, who would then pilot their ships towards the deadly rocks from which the Sirens sang. Odysseus orders his men to tie him to the ship's mast so that he can listen to their song while his men row past them with wax blocking their ears. Through the Sirens' enchantment, Odysseus becomes hooked and orders his men to sail toward them, in spite of having been told of the doom it will bring. Luckily, they ignore the order (probably because they can't hear it). In the Socratic/Platonic analysis of what we think of as 'yielding to temptation', temptation plays the same role as enchantment in the story, in the sense that temptation has a power to deceive someone into willingly choosing it as best thing to do.

Aristotle thought that by asserting that when we gratify our desires for what tempts we are still doing what we think best, Socrates was denying the existence of *akrasia* – 'weakness of will', or a failure of self-restraint. The denial of both compulsivity and of weakness of will in explaining addiction has resulted in a willingness model commonly referred to as the *moral model* of addiction. On this view, what the addict does can be explained in terms of Socrates' willingness model and an addict's immoral character: ie, they want to do it, and care more about satisfying their addiction than the consequences of doing so. The addict's moral deficits reside in their motivations, as illustrated in the accusation: "If you cared more about peoples' safety than drinking, you wouldn't drink and drive." Here, the individual is judged to be morally deficient for not prioritizing peoples' safety over their own desire to drink.

Support for the moral and other willingness models has been

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garnered from the fact that some addicts have stopped or limited their drug use when they have had good enough reason for doing so – that is, when they regard doing so as important. For example, it is not unusual for women to stop smoking while pregnant in order to protect the fetus, but to resume smoking afterwards. Also, addicts will often limit when they engage in their addiction, for instance, not at work, or not around certain people. Addicts might also demonstrate an ability to limit their drug use, e.g., their drinking, just to prove that they can successfully control their habit. Some addicts may decide that their addiction no longer works for them, and stop using completely. Furthermore, it is often claimed, that even if there are genetic or biological factors causing an addict to have strong urges, control over them still depend on what the addict thinks it is worthwhile to do, even when the urges are intense. Urges “incline but do not necessitate,” to use an expression of Leibniz’s.

### 4. Simplicity Itself

The willingness model of addiction has been presented as a simple way to capture the nature of addiction, how it motivates, and how it manifests experientially and behaviorally. But is its simplicity a good reason to believe it?

In *From A Logical Point Of View* (1953), the philosopher W.V.O. Quine beautifully articulates the rationale involved when he states that “we adopt, at least insofar as we are reasonable, the simplest conceptual scheme into which the disordered fragments of raw experience can be fitted and arranged” (p.16). The simplicity of the willingness model, then, might appear to give it a big advantage over any analysis of addiction in terms of a compulsive condition or other disability (for example, as an illness or disease). But we are in danger of being seduced by a love of theoretical sparseness, misleading us into violating another important methodological maxim, attributed to Einstein, namely, that a theory should be ‘as simple as possible, but no simpler’. To avoid us being misled by over-simplification, then, I will show why we have good reason to make our explanation more complex, by viewing addiction as a condition arising from a compulsion which undermines the ability to self-regulate. To begin this explanation, let’s look more deeply into the Socratic understanding of self-mastery or self-control.

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## 5. Socrates on Self-Mastery

Although Socrates holds that when we know the good we will choose to do it, he attributes to temptation a power to distort what we think is good. He then informs us of a way to defeat this Siren's call: *knowledge* can provide a means of circumventing temptation's distorting influence. This special knowledge is a kind of know-how in discerning what is good, like an artistic skill, or practical expertise. Socrates describes this skill/knowledge somewhat vaguely, as being "some kind of measuring ability" (*Protagoras*, 357b). Such knowledge allows its possessor to avoid being deceived about what is really best, and so to succeed in pursuing the true good. In this way, Socrates maintains, knowing how to discern the good leads to doing the good, despite temptation's deceptions. It means having the right kind of ability to both *choose* and *do* what is best, and this is what having self-mastery means. In Xenophon's *Symposium* (2.10), a romantic strategy is reported by Xenophon which emphasizes Socrates' point about developing skills to improve self-mastery. Here Socrates tells us that for his wife he has chosen Xanthippe, a woman with 'spirit', so that he can develop the 'ease' he wants to have in conversing with everyone!

By linking the experience of willingly choosing what appears best with a description of how that choice can be the outcome of a process deceiving us about what is best, the Socratic analysis of temptation goes beyond a simple 'willingness' model of choice. In my interpretation, on the Socratic model, one fails to choose to do the good one previously preferred because one doesn't have the ability (the know-how) to see it as the better alternative (perhaps only momentarily). To do what is best one must therefore develop this ability/know-how. This model thus allows that someone might not have the ability to avoid being deceived about what is the best choice. For example, when Thad was at the airport, he became willing to drink because for some reason he thought it was the best option, in spite of his resolve to remain abstinent. His failure of ability/knowledge was manifested by his becoming willing to drink, and doing so. His preference was therefore ineffective in preventing the relapse.

## 6. The Devil's Gambit

It might be thought that when an addict expresses a commitment to stop an addiction, but doesn't, they're expressing either an unresolved ambivalence or a resolution to stop at some later time (as seen in Augustine's prayer, "God grant me chastity and continence –

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but not yet"). If so, continued drug use (for example) might not be due to an inadequacy over self-regulation, but a result of choice. To appreciate how choices enacted willingly can mask an impaired control of compulsive processes, consider the following story.

One day in Hell the Devil approached a man who loved the drinking parties there. The Devil told the man that as long as he was willing to quit drinking he could immediately go to Heaven, where he would forever have a better time. The man replied that although Hell wasn't so bad, and the parties were great, he preferred Heaven, and was willing to go there right now. The Devil told him that if he wanted he could have a great send-off party now, and go to Heaven tomorrow. The man thought it seemed a good idea to have the best of both worlds, so he accepted the deal. The next day the man was reminiscing about how great the send-off party was when the Devil approached him and said he could have another terrific party right then, and go to Heaven the next day. Of course the man accepted. Each day the Devil made the same offer, and each day the man accepted the party, replying, "I'll quit drinking tomorrow." Well, the Devil knew that the man didn't have what it takes to ever refuse a great party.

In order for our well-being not to be undermined, we need to be able to be motivated by certain preferences. The protagonist of our story would prefer to get out of Hell, but he also needs the ability to be motivated by that preference – and he doesn't have what it takes to do that. His desire to drink trumps his preference to do what he would prefer to be able to do, thereby undermining the kind of self-regulation he would prefer to have. The willingness model fails to capture the presence, nature, and significance of these kinds of self-regulatory failures, but this kind of dynamic is what addiction is built upon. For instance, many smokers would prefer not to smoke. They believe that smoking is bad for them, and often express their preference not to smoke, perhaps just before lighting up. These addicts know that they are failing to enact their preference, and they do not intellectually sanction their akratic acts, even though they have intentionally engaged in them. This is called 'clear-eyed *akrasia*'.

We might exhibit *akrasia* by, for example, over-indulging on occasion, but that doesn't mean we're addicts. Addiction involves other features, such as serious consequences which the person, e.g. a smoker, prefers to avoid, but is unable to self-regulate well enough to avoid. As shown, this self-regulatory failure can work by disguising its presence behind a mask of choices made willingly or despite intentionally resolving against an addiction. Let's further expose the nature

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of the problem.

### 7. Addiction as a Disorder

Hal was a nurse who stole painkillers from patients to gratify his addiction. Hiding in hospital bathroom stalls, he would fill two syringes, one with painkillers mixed with toilet water, and the other with an antidote to stop him overdosing on the painkillers. The syringe with the painkiller was taped on and into one arm in such a manner that by flexing his arm the plunger would close to inject more of its contents. Hal created the same kind of arrangement with the antidote syringe taped on and inserted into the other arm. Having twisted his body around to position that forearm near the bathroom floor, if he collapsed due to an overdose, he would fall on that arm, thereby pushing the plunger in to inject the antidote.

Hal hated stealing his patients' medication, using toilet water in a fix, and living in a panic about being caught. He didn't want to continue with the nightmarish lifestyle he was engaged in. Yet although he had been treated at multiple rehabs, Hal couldn't stop. Eventually he again sought help to get drug-free and begin a new life.

Addiction is not just a condition made up of a bunch of weak-willed acts. Addiction undermines the person's self-regulation, true. But it also undermines their ability to accurately assess their problem's seriousness as it repetitively generates a willingness or motivation for acting in violation of their most important preferences, even knowingly. Moreover, those who follow addiction's callings do not simply act from their own sanctioned desires; they have become the enchanted followers of yearnings arising from a metastasized love. The ability to recover often has to develop as a result of experiencing addiction's deep hardships. Addicts often talk about how it took a lot of destructiveness, danger and 'craziness' before they could realize how 'insane' they had become. To paraphrase one self-diagnosed alcoholic's breakthrough allowing him to finally understand his problem: "I knew I was an alcoholic after my bike hit something and I went flying off, but had made sure that my hands and arms protected my bottle rather than my head." It is not just a simple question of misinformed choice.

### 8. Addicts and Non-Addicts Alike

Is compassion warranted for our self-regulatory failures?  
Suppose you fail in a conscious attempt to do something good.

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If so, you didn't have what you needed to succeed – the right urges, intentions, effort, plan, circumstances, or whatever else. Someone might argue that you could have done better, by for example forming the right intention: but they are being misleading if they are thereby suggesting that you did have, under those very circumstances, what sufficed for you to have done better, since it's impossible that your circumstances were adequate to the task while also being inadequate. In other words, to say that you could have done better overlooks the way the world was: the world didn't have what sufficed to have provided you the means to do better, otherwise it would have.

There *is* a way one might have had what was needed independent of how things were, *viz*, through luck. If the universe had just been slightly different in the right way, or if the right kind of difference (e.g. the right choice) spontaneously arose, then without you bringing about either, you could have had either in place, through luck. So we can see how luck comes into play by providing or depriving us of the chance to have different thoughts and actions occur. It might also be thought possible apart from luck to have had things turn out differently: if one chooses one's choices, for example. To be a *choice* means there must have been alternatives. But clearly one still didn't have what sufficed to have made the different choice; and so, just as before, luck comes into play. (Notice also that the series of choices either had no beginning, hence no choice was made which accounts for the series being in place, or if it did begin, the primary lack of choice still holds, since no chooser can create itself, which would be a necessary condition of choosing to bring the choice-making about.)

When thinking how misfortune has deprived someone of what is needed for doing better, we sometimes respond compassionately by communicating that the person would have done better at controlling their over-eating/smoking/alcoholism/other temptations if they could have. When we realize that luck is required to put into place what was needed in order to have what would have enabled us to have done better, more compassion might arise towards ourselves and others, as we see how the trouble we bring about is also what fortune sets up for us.

### II. Make the summary of the text. Use the following phrase

1. The article (text) is head-lined ...  
The head-line of the article (text) is ...

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2. The author of the article (text) is ...  
The article is written by ...
3. It was published (printed) in ...
4. The main idea of the article (text) is ...  
The article is about ...  
The article is devoted to ...  
The article deals with ...  
The article touches upon ...
5. The purpose of the article is to give the reader some information on ...  
The aim of the article is to provide the reader with some material on ...
6. The author starts by telling the readers (about, that) ...  
The author writes (states, stresses, thinks, points out ) that ...  
The article describes ...  
According to the article (text) ...  
Further the author goes on to say that ...
7. The article is (can be) divided into 4(5-7) parts.  
The first part deals with (is about, touches upon) ...
8. In conclusion the article tells ...  
The author comes to the conclusion that ...
9. I found the article interesting (important, dull, of no value, easy, too hard to understand).

**III. Make the abstract of the text.**

**IV Write 10 key words of the text and translate them into Russian.**

Языковая коммуникация в профессиональной сфере на  
иностранном языке**ВАРИАНТ 3****I. Translate 4,8 paragraphs into Russian.****1. Addicts, Mythmakers and Philosophers**

**Alan Brody** explains Plato's/Socrates' understanding of habitually bad behavior.

Thad held up his right hand and asked "See this?" He showed me gnarled and maimed fingers. Thad told me that while he was flying his plane into Turkey, the Turkish air force forced him to land, having gotten wind that he was running drugs. They jailed him, and in an attempt to extract a confession, his jailers broke his fingers. He didn't confess.

Thad bribed his way out of jail. Eventually he came to the drug treatment center where I was working, to get help with his drinking problem. (Thad and other patient names are pseudonyms.) After discussing addiction as involving compulsive behavior, we concluded that Thad was suffering from alcoholism. Knowing he would be better off not drinking, Thad committed himself to abstinence. He told me that he didn't need to go to Alcoholics Anonymous for support, explaining that if he could resist caving in from torture he could certainly resist whatever discomfort he would experience from not drinking. Thad thought that being able to follow through with his resolve was simply a matter of having the ability to resist succumbing to how bad it would feel to not drink.

When Thad came in for his next appointment he looked pained, shocked and confused. He told me that in spite of his decision to remain abstinent, he drank. It happened at the airport while he was waiting for his friend to arrive. Thad couldn't understand how he would do such a thing, given his ability to handle pain when sticking to a resolution. I explained how a compulsive condition such as alcoholism can change how one evaluates what to do, so that someone who previously decided not to drink can come to temporarily think it's okay to do so. After I explained how this kind of change of thought could produce a motive for drinking, Thad saw how his ability to endure suffering couldn't be counted on to guarantee abstinence.

**2. Addicts as Willing Participants**

Addiction busts up what matters: the condition is capable of



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creating urges and motivations which bring about highly significant losses to a person's well-being in spite of the person's standing preference not to live like that. It's possible that an addict is able, at times, to control the urge to use; but the addict also might not be able to prevent an urge to use from spontaneously arising and motivating. Other conditions, for instance bipolar or obsessive-compulsive disorders, can also create self-regulatory failures, so that episodes of self-destructive behavior are willingly engaged in which contravene the person's general preference not to behave like that. Furthermore an appearance, at times, of control – intentionally cutting down, or temporarily stopping – can mislead the addict and others into believing that the addiction really is under control. The ability of the addict to believe that he/she is addicted also typically becomes compromised.

Well, why not just hold that addicts abandon their resolve to be abstinent simply because they change their minds, and not through some sort of compulsion? It's common to change one's mind when faced with temptation. Sometimes the choice to go ahead with the temptation is the result of a cost-benefit evaluation – in other words, it seems worthwhile to do it. At other times a person might gratify their desire or urge without entertaining any qualms or even thoughts about it. So although an addict's habitual behavior might be atypical, rather than seeing it as a result of a compulsion they're not strong enough to fight against, why not see their addictive behavior as something done in a willing manner, because the person feels like doing it, and/or they regard it as worth doing?

This *willingness model* (my terminology) has its roots in the analysis of embracing temptation which is found in Plato's dialogue *Protagoras*. Contemporary philosophers such as Herbert Fin-garette in *Heavy Drinking: The Myth Of Alcoholism As A Disease*, and recently, Piers Benn in 'Can Addicts Help It?' in *Philosophy Now Issue 80*, have also argued in support of such a model. I believe that understanding addiction requires appreciating elements of that model, as well as conceiving of addiction as a disorder involving a compulsive process which undermines the ability to regulate one's behavior.

### 3. Model Behavior

In the *Protagoras*, Socrates discusses the nature of, and challenges to, self-mastery (ie self-control). When faced with a choice, Socrates tells us, human nature means we want to do what we think

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is best. So, he argues, if we believe we know what the good (the best) thing to do is, and it is accessible to us, we will do the good. However, says Socrates, things which tempt us can have the power to alter our perception or understanding of their value, making them deceptively appear to be what is best. Consequently, we choose the temptation as the best thing to do. The experience of going along with temptation is not, Socrates argues, one in which the person protests or fights against its unreasonableness while being dragged along into gratifying it. For Socrates, 'yielding to temptation' is not being unwillingly overpowered, but is the experience of being a willing participant choosing what is at that moment wrongly thought to be best. This is also the essence of the willingness model of addictive behavior.

A good way to understand it is by looking at how Homer depicts Odysseus's mental state after hearing the Sirens. In Homer's *Odyssey*, the Sirens' singing was said to be so beautiful that it would enchant sailors, who would then pilot their ships towards the deadly rocks from which the Sirens sang. Odysseus orders his men to tie him to the ship's mast so that he can listen to their song while his men row past them with wax blocking their ears. Through the Sirens' enchantment, Odysseus becomes hooked and orders his men to sail toward them, in spite of having been told of the doom it will bring. Luckily, they ignore the order (probably because they can't hear it). In the Socratic/Platonic analysis of what we think of as 'yielding to temptation', temptation plays the same role as enchantment in the story, in the sense that temptation has a power to deceive someone into willingly choosing it as best thing to do.

Aristotle thought that by asserting that when we gratify our desires for what tempts we are still doing what we think best, Socrates was denying the existence of *akrasia* – 'weakness of will', or a failure of self-restraint. The denial of both compulsivity and of weakness of will in explaining addiction has resulted in a willingness model commonly referred to as the *moral model* of addiction. On this view, what the addict does can be explained in terms of Socrates' willingness model and an addict's immoral character: ie, they want to do it, and care more about satisfying their addiction than the consequences of doing so. The addict's moral deficits reside in their motivations, as illustrated in the accusation: "If you cared more about peoples' safety than drinking, you wouldn't drink and drive." Here, the individual is judged to be morally deficient for not prioritizing peoples' safety over their own desire to drink.

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garnered from the fact that some addicts have stopped or limited their drug use when they have had good enough reason for doing so – that is, when they regard doing so as important. For example, it is not unusual for women to stop smoking while pregnant in order to protect the fetus, but to resume smoking afterwards. Also, addicts will often limit when they engage in their addiction, for instance, not at work, or not around certain people. Addicts might also demonstrate an ability to limit their drug use, e.g., their drinking, just to prove that they can successfully control their habit. Some addicts may decide that their addiction no longer works for them, and stop using completely. Furthermore, it is often claimed, that even if there are genetic or biological factors causing an addict to have strong urges, control over them still depend on what the addict thinks it is worthwhile to do, even when the urges are intense. Urges “incline but do not necessitate,” to use an expression of Leibniz’s.

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In *From A Logical Point Of View* (1953), the philosopher W.V.O. Quine beautifully articulates the rationale involved when he states that “we adopt, at least insofar as we are reasonable, the simplest conceptual scheme into which the disordered fragments of raw experience can be fitted and arranged” (p.16). The simplicity of the willingness model, then, might appear to give it a big advantage over any analysis of addiction in terms of a compulsive condition or other disability (for example, as an illness or disease). But we are in danger of being seduced by a love of theoretical sparseness, misleading us into violating another important methodological maxim, attributed to Einstein, namely, that a theory should be ‘as simple as possible, but no simpler’. To avoid us being misled by over-simplification, then, I will show why we have good reason to make our explanation more complex, by viewing addiction as a condition arising from a compulsion which undermines the ability to self-regulate. To begin this explanation, let’s look more deeply into the Socratic understanding of self-mastery or self-control.

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### 5. Socrates on Self-Mastery

Although Socrates holds that when we know the good we will choose to do it, he attributes to temptation a power to distort what we think is good. He then informs us of a way to defeat this Siren's call: *knowledge* can provide a means of circumventing temptation's distorting influence. This special knowledge is a kind of know-how in discerning what is good, like an artistic skill, or practical expertise. Socrates describes this skill/knowledge somewhat vaguely, as being "some kind of measuring ability" (*Protagoras*, 357b). Such knowledge allows its possessor to avoid being deceived about what is really best, and so to succeed in pursuing the true good. In this way, Socrates maintains, knowing how to discern the good leads to doing the good, despite temptation's deceptions. It means having the right kind of ability to both *choose* and *do* what is best, and this is what having self-mastery means. In Xenophon's *Symposion* (2.10), a romantic strategy is reported by Xenophon which emphasizes Socrates' point about developing skills to improve self-mastery. Here Socrates tells us that for his wife he has chosen Xanthippe, a woman with 'spirit', so that he can develop the 'ease' he wants to have in conversing with everyone!

By linking the experience of willingly choosing what appears best with a description of how that choice can be the outcome of a process deceiving us about what is best, the Socratic analysis of temptation goes beyond a simple 'willingness' model of choice. In my interpretation, on the Socratic model, one fails to choose to do the good one previously preferred because one doesn't have the ability (the know-how) to see it as the better alternative (perhaps only momentarily). To do what is best one must therefore develop this ability/know-how. This model thus allows that someone might not have the ability to avoid being deceived about what is the best choice. For example, when Thad was at the airport, he became willing to drink because for some reason he thought it was the best option, in spite of his resolve to remain abstinent. His failure of ability/knowledge was manifested by his becoming willing to drink, and doing so. His preference was therefore ineffective in preventing the relapse.

### 6. The Devil's Gambit

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unresolved ambivalence or a resolution to stop at some later time (as seen in Augustine's prayer, "God grant me chastity and continence – but not yet"). If so, continued drug use (for example) might not be due to an inadequacy over self-regulation, but a result of choice. To appreciate how choices enacted willingly can mask an impaired control of compulsive processes, consider the following story.

One day in Hell the Devil approached a man who loved the drinking parties there. The Devil told the man that as long as he was willing to quit drinking he could immediately go to Heaven, where he would forever have a better time. The man replied that although Hell wasn't so bad, and the parties were great, he preferred Heaven, and was willing to go there right now. The Devil told him that if he wanted he could have a great send-off party now, and go to Heaven tomorrow. The man thought it seemed a good idea to have the best of both worlds, so he accepted the deal. The next day the man was reminiscing about how great the send-off party was when the Devil approached him and said he could have another terrific party right then, and go to Heaven the next day. Of course the man accepted. Each day the Devil made the same offer, and each day the man accepted the party, replying, "I'll quit drinking tomorrow." Well, the Devil knew that the man didn't have what it takes to ever refuse a great party.

In order for our well-being not to be undermined, we need to be able to be motivated by certain preferences. The protagonist of our story would prefer to get out of Hell, but he also needs the ability to be motivated by that preference – and he doesn't have what it takes to do that. His desire to drink trumps his preference to do what he would prefer to be able to do, thereby undermining the kind of self-regulation he would prefer to have. The willingness model fails to capture the presence, nature, and significance of these kinds of self-regulatory failures, but this kind of dynamic is what addiction is built upon. For instance, many smokers would prefer not to smoke. They believe that smoking is bad for them, and often express their preference not to smoke, perhaps just before lighting up. These addicts know that they are failing to enact their preference, and they do not intellectually sanction their akratic acts, even though they have intentionally engaged in them. This is called 'clear-eyed *akrasia*'.

We might exhibit *akrasia* by, for example, over-indulging on occasion, but that doesn't mean we're addicts. Addiction involves other features, such as serious consequences which the person, e.g. a smoker, prefers to avoid, but is unable to self-regulate well enough to avoid. As shown, this self-regulatory failure can work by disguising its

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presence behind a mask of choices made willingly or despite intentionally resolving against an addiction. Let's further expose the nature of the problem.

## 7. Addiction as a Disorder

Hal was a nurse who stole painkillers from patients to gratify his addiction. Hiding in hospital bathroom stalls, he would fill two syringes, one with painkillers mixed with toilet water, and the other with an antidote to stop him overdosing on the painkillers. The syringe with the painkiller was taped on and into one arm in such a manner that by flexing his arm the plunger would close to inject more of its contents. Hal created the same kind of arrangement with the antidote syringe taped on and inserted into the other arm. Having twisted his body around to position that forearm near the bathroom floor, if he collapsed due to an overdose, he would fall on that arm, thereby pushing the plunger in to inject the antidote.

Hal hated stealing his patients' medication, using toilet water in a fix, and living in a panic about being caught. He didn't want to continue with the nightmarish lifestyle he was engaged in. Yet although he had been treated at multiple rehabs, Hal couldn't stop. Eventually he again sought help to get drug-free and begin a new life.

Addiction is not just a condition made up of a bunch of weak-willed acts. Addiction undermines the person's self-regulation, true. But it also undermines their ability to accurately assess their problem's seriousness as it repetitively generates a willingness or motivation for acting in violation of their most important preferences, even knowingly. Moreover, those who follow addiction's callings do not simply act from their own sanctioned desires; they have become the enchanted followers of yearnings arising from a metastasized love. The ability to recover often has to develop as a result of experiencing addiction's deep hardships. Addicts often talk about how it took a lot of destructiveness, danger and 'craziness' before they could realize how 'insane' they had become. To paraphrase one self-diagnosed alcoholic's breakthrough allowing him to finally understand his problem: "I knew I was an alcoholic after my bike hit something and I went flying off, but had made sure that my hands and arms protected my bottle rather than my head." It is not just a simple question of misinformed choice.

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## 8. Addicts and Non-Addicts Alike

Is compassion warranted for our self-regulatory failures?

Suppose you fail in a conscious attempt to do something good. If so, you didn't have what you needed to succeed – the right urges, intentions, effort, plan, circumstances, or whatever else. Someone might argue that you could have done better, by for example forming the right intention: but they are being misleading if they are thereby suggesting that you did have, under those very circumstances, what sufficed for you to have done better, since it's impossible that your circumstances were adequate to the task while also being inadequate. In other words, to say that you could have done better overlooks the way the world was: the world didn't have what sufficed to have provided you the means to do better, otherwise it would have.

There *is* a way one might have had what was needed independent of how things were, *viz*, through luck. If the universe had just been slightly different in the right way, or if the right kind of difference (e.g. the right choice) spontaneously arose, then without you bringing about either, you could have had either in place, through luck. So we can see how luck comes into play by providing or depriving us of the chance to have different thoughts and actions occur. It might also be thought possible apart from luck to have had things turn out differently: if one chooses one's choices, for example. To be a *choice* means there must have been alternatives. But clearly one still didn't have what sufficed to have made the different choice; and so, just as before, luck comes into play. (Notice also that the series of choices either had no beginning, hence no choice was made which accounts for the series being in place, or if it did begin, the primary lack of choice still holds, since no chooser can create itself, which would be a necessary condition of choosing to bring the choice-making about.)

When thinking how misfortune has deprived someone of what is needed for doing better, we sometimes respond compassionately by communicating that the person would have done better at controlling their over-eating/smoking/alcoholism/other temptations if they could have. When we realize that luck is required to put into place what was needed in order to have what would have enabled us to have done better, more compassion might arise towards ourselves and others, as we see how the trouble we bring about is also what fortune sets up for us.

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**II. Make the summary of the text. Use the following phrase**

1. The article (text) is head-lined ...  
The head-line of the article (text) is ...
2. The author of the article (text) is ...  
The article is written by ...
3. It was published (printed) in ...
4. The main idea of the article (text) is ...  
The article is about ...  
The article is devoted to ...  
The article deals with ...  
The article touches upon ...
5. The purpose of the article is to give the reader some information on ...  
The aim of the article is to provide the reader with some material on ...
6. The author starts by telling the readers (about, that) ...  
The author writes (states, stresses, thinks, points out ) that ...  
The article describes ...  
According to the article (text) ...  
Further the author goes on to say that ...
7. The article is (can be) divided into 4(5-7) parts.  
The first part deals with (is about, touches upon) ...
8. In conclusion the article tells ...  
The author comes to the conclusion that ...
9. I found the article interesting (important, dull, of no value, easy, too hard to understand).

**III. Make the abstract of the text.**

**IV Write 10 key words of the text and translate them into Russian.**



**I. Translate 2,5, 7 paragraphs into Russian.**

**1. Addicts, Mythmakers and Philosophers**

**Alan Brody** explains Plato's/Socrates' understanding of habitually bad behavior.

Thad held up his right hand and asked "See this?" He showed me gnarled and maimed fingers. Thad told me that while he was flying his plane into Turkey, the Turkish air force forced him to land, having gotten wind that he was running drugs. They jailed him, and in an attempt to extract a confession, his jailers broke his fingers. He didn't confess.

Thad bribed his way out of jail. Eventually he came to the drug treatment center where I was working, to get help with his drinking problem. (Thad and other patient names are pseudonyms.) After discussing addiction as involving compulsive behavior, we concluded that Thad was suffering from alcoholism. Knowing he would be better off not drinking, Thad committed himself to abstinence. He told me that he didn't need to go to Alcoholics Anonymous for support, explaining that if he could resist caving in from torture he could certainly resist whatever discomfort he would experience from not drinking. Thad thought that being able to follow through with his resolve was simply a matter of having the ability to resist succumbing to how bad it would feel to not drink.

When Thad came in for his next appointment he looked pained, shocked and confused. He told me that in spite of his decision to remain abstinent, he drank. It happened at the airport while he was waiting for his friend to arrive. Thad couldn't understand how he would do such a thing, given his ability to handle pain when sticking to a resolution. I explained how a compulsive condition such as alcoholism can change how one evaluates what to do, so that someone who previously decided not to drink can come to temporarily think it's okay to do so. After I explained how this kind of change of thought could produce a motive for drinking, Thad saw how his ability to endure suffering couldn't be counted on to guarantee abstinence.

**2. Addicts as Willing Participants**

Addiction busts up what matters: the condition is capable of

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creating urges and motivations which bring about highly significant losses to a person's well-being in spite of the person's standing preference not to live like that. It's possible that an addict is able, at times, to control the urge to use; but the addict also might not be able to prevent an urge to use from spontaneously arising and motivating. Other conditions, for instance bipolar or obsessive-compulsive disorders, can also create self-regulatory failures, so that episodes of self-destructive behavior are willingly engaged in which contravene the person's general preference not to behave like that. Furthermore an appearance, at times, of control – intentionally cutting down, or temporarily stopping – can mislead the addict and others into believing that the addiction really is under control. The ability of the addict to believe that he/she is addicted also typically becomes compromised.

Well, why not just hold that addicts abandon their resolve to be abstinent simply because they change their minds, and not through some sort of compulsion? It's common to change one's mind when faced with temptation. Sometimes the choice to go ahead with the temptation is the result of a cost-benefit evaluation – in other words, it seems worthwhile to do it. At other times a person might gratify their desire or urge without entertaining any qualms or even thoughts about it. So although an addict's habitual behavior might be atypical, rather than seeing it as a result of a compulsion they're not strong enough to fight against, why not see their addictive behavior as something done in a willing manner, because the person feels like doing it, and/or they regard it as worth doing?

This *willingness model* (my terminology) has its roots in the analysis of embracing temptation which is found in Plato's dialogue *Protagoras*. Contemporary philosophers such as Herbert Fingarette in *Heavy Drinking: The Myth Of Alcoholism As A Disease*, and recently, Piers Benn in 'Can Addicts Help It?' in *Philosophy Now Issue 80*, have also argued in support of such a model. I believe that understanding addiction requires appreciating elements of that model, as well as conceiving of addiction as a disorder involving a compulsive process which undermines the ability to regulate one's behavior.

### 3. Model Behavior

In the *Protagoras*, Socrates discusses the nature of, and challenges to, self-mastery (ie self-control). When faced with a choice, Socrates tells us, human nature means we want to do what we think

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is best. So, he argues, if we believe we know what the good (the best) thing to do is, and it is accessible to us, we will do the good. However, says Socrates, things which tempt us can have the power to alter our perception or understanding of their value, making them deceptively appear to be what is best. Consequently, we choose the temptation as the best thing to do. The experience of going along with temptation is not, Socrates argues, one in which the person protests or fights against its unreasonableness while being dragged along into gratifying it. For Socrates, 'yielding to temptation' is not being unwillingly overpowered, but is the experience of being a willing participant choosing what is at that moment wrongly thought to be best. This is also the essence of the willingness model of addictive behavior.

A good way to understand it is by looking at how Homer depicts Odysseus's mental state after hearing the Sirens. In Homer's *Odyssey*, the Sirens' singing was said to be so beautiful that it would enchant sailors, who would then pilot their ships towards the deadly rocks from which the Sirens sang. Odysseus orders his men to tie him to the ship's mast so that he can listen to their song while his men row past them with wax blocking their ears. Through the Sirens' enchantment, Odysseus becomes hooked and orders his men to sail toward them, in spite of having been told of the doom it will bring. Luckily, they ignore the order (probably because they can't hear it). In the Socratic/Platonic analysis of what we think of as 'yielding to temptation', temptation plays the same role as enchantment in the story, in the sense that temptation has a power to deceive someone into willingly choosing it as best thing to do.

Aristotle thought that by asserting that when we gratify our desires for what tempts we are still doing what we think best, Socrates was denying the existence of *akrasia* – 'weakness of will', or a failure of self-restraint. The denial of both compulsivity and of weakness of will in explaining addiction has resulted in a willingness model commonly referred to as the *moral model* of addiction. On this view, what the addict does can be explained in terms of Socrates' willingness model and an addict's immoral character: ie, they want to do it, and care more about satisfying their addiction than the consequences of doing so. The addict's moral deficits reside in their motivations, as illustrated in the accusation: "If you cared more about peoples' safety than drinking, you wouldn't drink and drive." Here, the individual is judged to be morally deficient for not prioritizing peoples' safety over their own desire to drink.

Support for the moral and other willingness models has been

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garnered from the fact that some addicts have stopped or limited their drug use when they have had good enough reason for doing so – that is, when they regard doing so as important. For example, it is not unusual for women to stop smoking while pregnant in order to protect the fetus, but to resume smoking afterwards. Also, addicts will often limit when they engage in their addiction, for instance, not at work, or not around certain people. Addicts might also demonstrate an ability to limit their drug use, e.g., their drinking, just to prove that they can successfully control their habit. Some addicts may decide that their addiction no longer works for them, and stop using completely. Furthermore, it is often claimed, that even if there are genetic or biological factors causing an addict to have strong urges, control over them still depend on what the addict thinks it is worthwhile to do, even when the urges are intense. Urges “incline but do not necessitate,” to use an expression of Leibniz’s.

### 4. Simplicity Itself

The willingness model of addiction has been presented as a simple way to capture the nature of addiction, how it motivates, and how it manifests experientially and behaviorally. But is its simplicity a good reason to believe it?

In *From A Logical Point Of View* (1953), the philosopher W.V.O. Quine beautifully articulates the rationale involved when he states that “we adopt, at least insofar as we are reasonable, the simplest conceptual scheme into which the disordered fragments of raw experience can be fitted and arranged” (p.16). The simplicity of the willingness model, then, might appear to give it a big advantage over any analysis of addiction in terms of a compulsive condition or other disability (for example, as an illness or disease). But we are in danger of being seduced by a love of theoretical sparseness, misleading us into violating another important methodological maxim, attributed to Einstein, namely, that a theory should be ‘as simple as possible, but no simpler’. To avoid us being misled by over-simplification, then, I will show why we have good reason to make our explanation more complex, by viewing addiction as a condition arising from a compulsion which undermines the ability to self-regulate. To begin this explanation, let’s look more deeply into the Socratic understanding of self-mastery or self-control.

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## 5. Socrates on Self-Mastery

Although Socrates holds that when we know the good we will choose to do it, he attributes to temptation a power to distort what we think is good. He then informs us of a way to defeat this Siren's call: *knowledge* can provide a means of circumventing temptation's distorting influence. This special knowledge is a kind of know-how in discerning what is good, like an artistic skill, or practical expertise. Socrates describes this skill/knowledge somewhat vaguely, as being "some kind of measuring ability" (*Protagoras*, 357b). Such knowledge allows its possessor to avoid being deceived about what is really best, and so to succeed in pursuing the true good. In this way, Socrates maintains, knowing how to discern the good leads to doing the good, despite temptation's deceptions. It means having the right kind of ability to both *choose* and *do* what is best, and this is what having self-mastery means. In Xenophon's *Symposion* (2.10), a romantic strategy is reported by Xenophon which emphasizes Socrates' point about developing skills to improve self-mastery. Here Socrates tells us that for his wife he has chosen Xanthippe, a woman with 'spirit', so that he can develop the 'ease' he wants to have in conversing with everyone!

By linking the experience of willingly choosing what appears best with a description of how that choice can be the outcome of a process deceiving us about what is best, the Socratic analysis of temptation goes beyond a simple 'willingness' model of choice. In my interpretation, on the Socratic model, one fails to choose to do the good one previously preferred because one doesn't have the ability (the know-how) to see it as the better alternative (perhaps only momentarily). To do what is best one must therefore develop this ability/know-how. This model thus allows that someone might not have the ability to avoid being deceived about what is the best choice. For example, when Thad was at the airport, he became willing to drink because for some reason he thought it was the best option, in spite of his resolve to remain abstinent. His failure of ability/knowledge was manifested by his becoming willing to drink, and doing so. His preference was therefore ineffective in preventing the relapse.

## 6. The Devil's Gambit

It might be thought that when an addict expresses a commitment to stop an addiction, but doesn't, they're expressing either an unresolved ambivalence or a resolution to stop at some later time (as seen in Augustine's prayer, "God grant me chastity and continence –

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but not yet"). If so, continued drug use (for example) might not be due to an inadequacy over self-regulation, but a result of choice. To appreciate how choices enacted willingly can mask an impaired control of compulsive processes, consider the following story.

One day in Hell the Devil approached a man who loved the drinking parties there. The Devil told the man that as long as he was willing to quit drinking he could immediately go to Heaven, where he would forever have a better time. The man replied that although Hell wasn't so bad, and the parties were great, he preferred Heaven, and was willing to go there right now. The Devil told him that if he wanted he could have a great send-off party now, and go to Heaven tomorrow. The man thought it seemed a good idea to have the best of both worlds, so he accepted the deal. The next day the man was reminiscing about how great the send-off party was when the Devil approached him and said he could have another terrific party right then, and go to Heaven the next day. Of course the man accepted. Each day the Devil made the same offer, and each day the man accepted the party, replying, "I'll quit drinking tomorrow." Well, the Devil knew that the man didn't have what it takes to ever refuse a great party.

In order for our well-being not to be undermined, we need to be able to be motivated by certain preferences. The protagonist of our story would prefer to get out of Hell, but he also needs the ability to be motivated by that preference – and he doesn't have what it takes to do that. His desire to drink trumps his preference to do what he would prefer to be able to do, thereby undermining the kind of self-regulation he would prefer to have. The willingness model fails to capture the presence, nature, and significance of these kinds of self-regulatory failures, but this kind of dynamic is what addiction is built upon. For instance, many smokers would prefer not to smoke. They believe that smoking is bad for them, and often express their preference not to smoke, perhaps just before lighting up. These addicts know that they are failing to enact their preference, and they do not intellectually sanction their akratic acts, even though they have intentionally engaged in them. This is called 'clear-eyed *akrasia*'.

We might exhibit *akrasia* by, for example, over-indulging on occasion, but that doesn't mean we're addicts. Addiction involves other features, such as serious consequences which the person, e.g. a smoker, prefers to avoid, but is unable to self-regulate well enough to avoid. As shown, this self-regulatory failure can work by disguising its presence behind a mask of choices made willingly or despite intentionally resolving against an addiction. Let's further expose the nature

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of the problem.

### 7. Addiction as a Disorder

Hal was a nurse who stole painkillers from patients to gratify his addiction. Hiding in hospital bathroom stalls, he would fill two syringes, one with painkillers mixed with toilet water, and the other with an antidote to stop him overdosing on the painkillers. The syringe with the painkiller was taped on and into one arm in such a manner that by flexing his arm the plunger would close to inject more of its contents. Hal created the same kind of arrangement with the antidote syringe taped on and inserted into the other arm. Having twisted his body around to position that forearm near the bathroom floor, if he collapsed due to an overdose, he would fall on that arm, thereby pushing the plunger in to inject the antidote.

Hal hated stealing his patients' medication, using toilet water in a fix, and living in a panic about being caught. He didn't want to continue with the nightmarish lifestyle he was engaged in. Yet although he had been treated at multiple rehabs, Hal couldn't stop. Eventually he again sought help to get drug-free and begin a new life.

Addiction is not just a condition made up of a bunch of weak-willed acts. Addiction undermines the person's self-regulation, true. But it also undermines their ability to accurately assess their problem's seriousness as it repetitively generates a willingness or motivation for acting in violation of their most important preferences, even knowingly. Moreover, those who follow addiction's callings do not simply act from their own sanctioned desires; they have become the enchanted followers of yearnings arising from a metastasized love. The ability to recover often has to develop as a result of experiencing addiction's deep hardships. Addicts often talk about how it took a lot of destructiveness, danger and 'craziness' before they could realize how 'insane' they had become. To paraphrase one self-diagnosed alcoholic's breakthrough allowing him to finally understand his problem: "I knew I was an alcoholic after my bike hit something and I went flying off, but had made sure that my hands and arms protected my bottle rather than my head." It is not just a simple question of misinformed choice.

### 8. Addicts and Non-Addicts Alike

Is compassion warranted for our self-regulatory failures?

Suppose you fail in a conscious attempt to do something good. If so, you didn't have what you needed to succeed – the right urges, intentions, effort, plan, circumstances, or whatever else. Someone

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might argue that you could have done better, by for example forming the right intention: but they are being misleading if they are thereby suggesting that you did have, under those very circumstances, what sufficed for you to have done better, since it's impossible that your circumstances were adequate to the task while also being inadequate. In other words, to say that you could have done better overlooks the way the world was: the world didn't have what sufficed to have provided you the means to do better, otherwise it would have.

There *is* a way one might have had what was needed independent of how things were, *viz*, through luck. If the universe had just been slightly different in the right way, or if the right kind of difference (e.g. the right choice) spontaneously arose, then without you bringing about either, you could have had either in place, through luck. So we can see how luck comes into play by providing or depriving us of the chance to have different thoughts and actions occur. It might also be thought possible apart from luck to have had things turn out differently: if one chooses one's choices, for example. To be a *choice* means there must have been alternatives. But clearly one still didn't have what sufficed to have made the different choice; and so, just as before, luck comes into play. (Notice also that the series of choices either had no beginning, hence no choice was made which accounts for the series being in place, or if it did begin, the primary lack of choice still holds, since no chooser can create itself, which would be a necessary condition of choosing to bring the choice-making about.)

When thinking how misfortune has deprived someone of what is needed for doing better, we sometimes respond compassionately by communicating that the person would have done better at controlling their over-eating/smoking/alcoholism/other temptations if they could have. When we realize that luck is required to put into place what was needed in order to have what would have enabled us to have done better, more compassion might arise towards ourselves and others, as we see how the trouble we bring about is also what fortune sets up for us.

#### II. Make the summary of the text. Use the following phrase

1. The article (text) is head-lined ...  
The head-line of the article (text) is ...
2. The author of the article (text) is ...  
The article is written by ...
3. It was published (printed) in ...



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4. The main idea of the article (text) is ...  
The article is about ...  
The article is devoted to ...  
The article deals with ...  
The article touches upon ...
5. The purpose of the article is to give the reader some information on ...  
The aim of the article is to provide the reader with some material on ...
6. The author starts by telling the readers (about, that) ...  
The author writes (states, stresses, thinks, points out ) that ...  
The article describes ...  
According to the article (text) ...  
Further the author goes on to say that ...
7. The article is (can be) divided into 4(5-7) parts.  
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8. In conclusion the article tells ...  
The author comes to the conclusion that ...
9. I found the article interesting (important, dull, of no value, easy, too hard to understand).

**III. Make the abstract of the text.**

**IV Write 10 key words of the text and translate them into Russian.**