筑波大学人間総合科学学術院
人間総合科学研究群
カウンセリング科学学位プログラム

令和８年度入学試験

外国語試験問題

【注意】

○ 試験問題は、問題１、問題２、問題３の計３問です。

○ 答案用紙は３枚、下書き用紙は１枚あります。
- 問題１、問題２、問題３、それぞれの答案用紙に解答を記入してください。
- 下書き用紙は、自由にお使いください。

○ 答案用紙には、受験番号を必ず記入してください。

○ 答案は、各問題番号を必ず確認したうえで、それぞれ指定された字数で作成し、答案用紙の裏面は使用しないでください。

○ 試験終了後、この問題冊子と下書き用紙も回収しますので、持ち帰らないでください。

問題１　次の英文を読んで、以下の（１）（２）に答えなさい。

Self-compassion refers to how we relate to ourselves in instances of perceived failure, inadequacy, or personal suffering. My initial operationalization of the construct was based on compassion for others as broadly conceptualized in Buddhist philosophy. ① From a Buddhist perspective, compassion is omni-directional and includes oneself as well as others. In order to understand what self-compassion is, therefore, it helps to consider what occurs in the experience of compassion more generally. Goetz et al. (2010) define compassion as "the feeling that arises when witnessing another's suffering and that motivates a subsequent desire to help." This feeling is warm and caring rather than cold and judgmental, wanting to help rather than harm. In order to experience compassion, we must be willing to turn toward suffering, as uncomfortable as it might be. This requires mindfulness so that we can be present with discomfort rather than avoiding or resisting it. Also central to compassion is a feeling of connection with others who are suffering rather than a sense of isolation from them. In fact, this is what differentiates compassion from pity, or feeling sorry for someone separate from ourselves.

The experience of compassion is similar when applied to our own suffering, whether it stems from failure, feelings of personal inadequacy, or life challenges more generally. It involves being present with our own pain, feeling connected to others who are also suffering, and understanding and supporting ourselves through difficult moments. Self-compassion can take a tender, nurturing form, especially when it is aimed at self-acceptance or soothing distressing emotions. However, it can also take a fierce, powerful, agentic form, especially when it is aimed at self-protection, meeting our important needs or motivating change.

② I have operationalized self-compassion as a multifaceted construct comprised of overlapping but conceptually distinct elements that can be loosely organized into three broad domains: how people emotionally respond to suffering (with kindness or judgment), how they cognitively understand their predicament (as part of the human experience or as isolating), and how they pay attention to suffering (in a mindful or overly identified manner). The elements of self-compassion are separable and do not covary in a lockstep manner, but they do mutually impact one another. Put another way, self-compassion represents a dynamic system in which the various elements of self-compassion work together to alleviate suffering.

[出典：Neff, K. D. (2022). Self-compassion: Theory, method, research, and intervention. *Annual Reviews of Psychology*, *74*(1), 193-218.より一部を抜粋および改変]

（１） 下線部①を日本語に訳しなさい（150 字以内）。

（２） 下線部②を日本語に訳しなさい（250 字以内）。

（３） 著者は compassion と pity との違いをどのようなものだととらえているか日本語で説明しなさい（200 字以内）。

問題２　次の英文を読んで、以下の（１）（２）に答えなさい。

著作物にあたるため、この部分は公開できません。

［出典：Flores, L. Y. (2013). Race and Working. *The Oxford Handbook of the Psychology of Working*, 71-84. より一部を抜粋および改変］

（１）下線部①を日本語に訳しなさい(200 字以内)。

（２）下線部②について、本文で述べられている２つの観点から日本語で説明しなさい(200 字以内)。

問題３　次の英文を読んで、以下の（１）（２）に答えなさい。

Intelligent applications (e.g., therapeutic apps and social robots) promise significant benefits for the field of mental health, satisfying many aspects of the ethical principle of beneficence. From a clinical point of view, the use of embodied artificial intelligence (AI) applications holds the potential to open new avenues for intervention in places where there are still significant unmet health needs. AI interventions might be particularly well placed for detecting mental health concerns early on, for reaching high-risk groups such as veterans, or for those who are concerned about the social stigma associated with psychotherapy. In some cases, patients may respond positively and productively to the fact that the counterpart is *not* a human therapist. In one study, subjects overwhelmingly preferred the virtual agent over the human counterpart when being discharged from the hospital because they could self-direct the pace of information—something that is especially important for low-literacy patients. Thus, in mental health services, nonhuman virtual or robotic applications might be preferable for some patients, reducing embarrassment when asking for specific information or services or feelings of shame when admitting noncompliance with a treatment plan. Embodied AI in mental health could also help to empower particular patient groups (such as those who are less familiar with the medical system), thereby helping to improve trust and openness between patients and the medical system. Another important advantage of AI applications is that many of them are low-threshold and self-administered, such that people who do not have an acute condition can elect services without going through the time-consuming process of being screened and admitted into the health care system.

（中略）

The implementation of embodied AI into mental health services also raises a number of broader questions regarding long-term impacts on patients, the mental health community, and society more widely. For instance, it has been noted that long-term use of AI interventions could lead to some patients or patient groups becoming overly attached to these applications. A study by Cresswell et al. noted that robots that aim to alleviate loneliness or provide emotional comfort carry the risk that the patients they work with could become dependent on them. More broadly, others have raised questions about ways that robots could contribute to changing social values surrounding care or situations in which caregiving is increasingly 'outsourced' to robotic aids. The impact of intelligent robots on relationships, both human-robot and human-human relationships, is an area that requires further probing, as do potential effects on identity, agency, and self-consciousness in individual patients. Specifically, research into the effectiveness of

these applications needs to cover not only if the social skills of children with autism spectrum disorders (ASDs) are improved by working with robots but also their ability to apply these skills to relationships with other humans. Similarly, if a sex robot is provided therapeutically to an individual with paraphilia, the effects of this on the targeted behaviors with other humans also needs to be evaluated. The risk exists that if robotic interventions are not translatable to improving human interaction, that they merely remain a way of improving human relations with machines, or worse, an outlet that further limits human-to-human relationships. Similarly, engagement with embodied intelligent devices could also have important effects on the individual, such as on personal sense of identity or agency.

［出典：Fiske, A. et al. (2019). Your robot therapist will see you now: Ethical implications of embodied artificial intelligence in psychiatry, psychology, and psychotherapy. *Journal of Medical Internet Research*, *21*(5), e13216. より一部を抜粋および改変］

（１）AI をメンタルヘルス分野の治療やカウンセリングに活用する利点について、本文の内容をもとに日本語で説明しなさい（200 字以内）。

（２）AI をメンタルヘルス分野の治療やカウンセリングに活用する懸念について、本文の内容をもとに日本語で説明しなさい（200 字以内）。