

Read each of the following three articles carefully and answer the questions. For each question, choose ONE BEST answer. On your answer sheet, find the number of the question and fill in the space that corresponds to the number of the answer you have chosen.

[I] (Based on Michael de Podesta. 2013. *Absolute Zero in 'nothing'*, edited by Jeremy Webb.)

① Absolute zero is an ideal and unattainably perfect state of coldness — the ultimate in cool. Since the concept first emerged in the mid-19th century, people have been driven to get ever closer to it. Along the way they have uncovered states of unparalleled beauty and order, developed engineering marvels and enhanced scientific insight, not least about notions of temperature and matter itself.

② The idea of temperature is something we become familiar with at an early age. It is a parental rite to ensure a baby's room is stifflingly warm, its bathwater is 'just right', and that it learns that some things are 'Hot! Don't touch'. Later on we associate numbers with different temperature sensations, and learn that 20°C describes a warm day and 37°C is a biochemical Mecca.

③ This familiarity makes it difficult to appreciate what an astonishing concept temperature embodies. Yet if you approach it with the naivete of early natural philosophers such as Galileo, Newton and Robert Boyle, you will no longer laugh at early notions of heat. Some thought it a kind of fluid, called caloric, and we still speak of heat 'flowing'. Others thought that cold was caused by the presence of coldness, sometimes envisaged as 'frigorific atoms'. To the untutored eye, are these ideas any more absurd than the notion that light is a wave?

④ One experiment performed back in 1791 by Swiss physicist Marc-Auguste Pictet illustrates how baffling even simple things must have seemed. Pictet used two parabolic mirrors facing each other 21 metres apart. Each mirror reflects the light that hits it towards a focal point. He placed a thermometer at the focus of one mirror and a hot object at the focus of the other. The thermometer showed a rise in temperature indicating that 'calorific rays' of some kind were being transmitted — an impressive experiment. More amazing, when snow was placed at the first focus, the thermometer reading fell several degrees. Witnesses at the time were reluctant to conclude that snow emitted cooling frigorific rays, but given knowledge at the time it would have been hard to conclude anything else!

⑤ Early efforts at measuring temperature were purely empirical. There existed a standardised method — within each laboratory at least — for determining 'degrees of heat'

in a reproducible manner. The most useful thermometers exploited the thermal expansion of liquids constrained in glass bulbs and narrow tubes. The level of the liquid was marked at two 'fixed temperatures'. Then, unknown temperatures were measured as 'degrees of heat' that were etched as a scale between the two fixed points.

⑥ The biggest problem for early workers was a 'thermal catch-22'. The scale-marking process assumes that the liquid expands an equal amount for every unit rise in temperature. But this assumption cannot be verified unless one measures the thermal expansion of the liquid, and to do that one requires ... a thermometer.

⑦ By the early 19th century, no solution to this circularity was in sight. Instead, different workers simply asserted that one thermometer or another was better than the others. Early thermometers used 'spirit' — essentially brandy — and this was generally inferior to mercury. However, exhaustive comparisons in the 1840s by French scientist Henri Victor Regnault showed that an 'air thermometer' — which measures changes in pressure of dry air in a sealed container — was superior to both in its reproducibility and inter-comparability.

⑧ Different designs of air thermometer calibrated at the freezing and boiling points of water gave consistent estimates of temperatures. In contrast, liquid-in-glass thermometers varied in their performance depending on the properties of glass, and the type of liquid. Slowly the air thermometer, which was difficult to use, began to be viewed as definitive and was used to calibrate other, more practical thermometers.

⑨ Crude as early measurements were, they brought some order to the thermal world. Reproducible readings aided everything from cooking to industrial processes. But still no one really knew what it was they were measuring!

⑩ As practical confusion lessened, theorists could turn their attention to this problem. And William Thomson, later to become Lord Kelvin, focused on the possibility of constructing a temperature scale that did not depend on the materials from which thermometers were made — an absolute scale of temperature. Kelvin's recipe for an absolute temperature scale was obscure, resting on the operation of an ideal heat engine, first imagined by the French scientist Nicolas Leonard Sadi Carnot. But a more powerful and ultimately successful 'meme' was emerging: the explanation of the physical properties of matter in terms of atoms.

⑪ It is hard to imagine a time when even the greatest scientific pioneers did not understand that everyday objects are made of atoms, that heat is the kinetic energy of moving atoms, and that temperature is a measure of the speed with which atoms move — specifically the square of the average molecular speed. Although ideas of this kind were

advanced by the likes of John Herapath in 1820 and John James Waterson in 1845, they were roundly rejected by London's Royal Society. Yet by the time the book *Heat: A mode of motion* was published by John Tyndall in 1865 the idea was taught as fact.

⑫ To put this advance into a modern context, consider recent discussions about the existence of the Higgs particle. This particle is supposed to give rise to the property of matter we call 'mass' — a property so familiar that most people barely think it needs explanation. Similarly the idea that the motion of hypothetical atoms was the source of heat was posited but unconfirmed for many years. The idea that heat needed a microscopic explanation was not obvious, but once established it offered astonishing insight into the role of atoms in everyday life: when we feel the temperature of a substance we are literally sensing the 'buzzing' of matter.

⑬ And once the idea of molecules jiggling within a substance is accepted, the concept of absolute zero becomes inevitable: it is the temperature at which atoms become completely still.

Q 1 . Which of the following best expresses the essential information in the underlined sentence in paragraph ① ?

- 1 . We have been obliged to develop this idea.
- 2 . People have been eager to empirically confirm it.
- 3 . Scientists have been working hard to manufacture it.
- 4 . Human beings have been making strenuous efforts to get accustomed to it.
- 5 . People have embarked on a long journey as if they had driven on a long road.

Q 2 . In paragraph ② , the word rite is closest in meaning to –

- 1 . anticipation
- 2 . observation
- 3 . reservation
- 4 . right
- 5 . role

Q 3 . In paragraph ③ , the word embodies is closest in meaning to –

- 1 . combines
- 2 . enlarges
- 3 . purifies
- 4 . represents
- 5 . sustains

Q 4 . In paragraph ③ , the word absurd is closest in meaning to –

- 1 . lucrative
- 2 . preferable
- 3 . ridiculous
- 4 . solacing
- 5 . understandable

Q 5 . In paragraph ④ , the word baffling is closest in meaning to –

- 1 . ascertaining
- 2 . bewildering
- 3 . comfortable
- 4 . enclosing
- 5 . reasonable

Q 6 . According to paragraph ⑤ , on what physical property of liquids did early scholars accept as a basis for useful thermometers?

- 1 . changing its weight by heat
- 2 . changing its volume by heat
- 3 . changing its fluidity by heat
- 4 . changing its mobility by heat
- 5 . changing its reactivity by heat

Q 7 . In paragraph ⑤ , the word etched is closest in meaning to -

- 1 . agreed
- 2 . designated
- 3 . developed
- 4 . revealed
- 5 . viewed

Q 8 . Considering the author's description in paragraph ⑥ , which of the following represents the most complete analogy to the usage of the concept of circularity in paragraph ⑦ ?

- 1 . Everything that I say is a lie.
- 2 . A circular argument is a logical argument.
- 3 . Because it rained yesterday, it will also rain today.
- 4 . I don't like this classical music, although classical music is my favorite genre.
- 5 . We need to preserve those books written by Ms. Smith because they are valuable, and the reason that they are valuable is they were written by her.

Q 9 . In paragraph ⑧ , the word definitive is closest in meaning to -

- 1 . convenient
- 2 . exhaustive
- 3 . interim
- 4 . reliable
- 5 . virtuous

Q10 . In paragraph ⑩ , the word obscure is closest in meaning to -

- 1 . conspicuous
- 2 . irrelevant
- 3 . perceptible
- 4 . unclear
- 5 . useful

Q11 . What can be inferred from the underlined sentence in paragraph ⑪ ?

- 1 . The author assumes that the idea that objects are made of atoms is familiar only to great scientific pioneers.
- 2 . The author assumes that people tend to take for granted what is commonly accepted at the present time had been so in the past, too.
- 3 . The author assumes that it is the lack of scientists' interest in things such as the atom that made the progress of thermometer development slow.
- 4 . The author assumes that because our current knowledge is more sophisticated than previous eras, it is of little importance to study the ideas of scientific pioneers.
- 5 . The author assumes that big figures in the scientific community had theoretically discussed the concept of atoms, but did not have a means for empirical investigation.

Q12. Which of the following is NOT mentioned in the author's description in this article?

1. Various air thermometers, albeit not perfect, produced consistent results.
2. With exhaustive investigations, a French scientist in the 1840s demonstrated that an air thermometer excelled the alternatives.
3. Had scientists in early days known about the existence of the Higgs particle, they could have resolved the issue of measurement with a thermometer much earlier.
4. Although sophisticated thermometers were not available in the early days, there existed a common approach among scientists for measuring heat in a consistent manner.
5. Liquid-in-glass thermometers were less reliable than air thermometers, because their measurement was affected by factors such as the properties of glass and the type of liquid.

Q13. Which of the following can be inferred from this article?

1. It is the mathematical concept of zero that had fascinated early scientists in their research on thermal scaling.
2. The disorganization of scientific research in the early stages of thermometer development is a primary cause of the confusion over Celsius and Fahrenheit.
3. Practical application, even for such useful things as thermometers, is unfortunately less valuable, compared to the theoretical advancement of concepts such as absolute zero.
4. The advancement of scientific endeavors is in no way straightforward, because theoretical advancement could be preceded by empirical and practical development and new ideas may not necessarily be immediately accepted in the community.
5. The historical account of thermometer development leads us to suspect that our offspring could not care less about the names of the scientists and researchers who made remarkable contributions to the developments of our modern technology.

[II] (Based on Jerome Groopman and Pamela Hartzband. 2011. *Your Medical Mind: How to Decide What is Right for You.*)

① How do recommendations for “best practice” come about? Committees of specialists are convened to draw up guidelines that aim to identify “best practice” for a certain medical condition. The principle is that guidelines should be drawn from the “best” evidence and crafted by the “best” scientific experts in the field. These guidelines are a key component of so-called evidence-based medicine, the idea that clinical practice should be based solely on the results of scientific studies. The recommendations are presented not only to physicians, but directly to patients, in informational brochures, on the Internet, and in the media. Guidelines therefore have become one of the most powerful forces on patient decisions, since the very language used to describe their content is “best” practice. Advocates of guidelines assert that both doctors and patients should accept their recommendations as the default option. Some physicians and health policy planners conclude that patients who deviate from expert recommendations aren’t adequately informed or are “irrational.”

② Doctors and patients certainly should consult guidelines since they provide considerable background information about disorders and treatment options. But, it’s important to recognize that guidelines aren’t strictly “scientific.” They incorporate biases and subjective judgments. Experts select which clinical studies to use and which to discard when they formulate their recommendations. Further, all studies have limitations. They provide results from statistical averages of selected groups of study subjects. These averages may not be applicable to a particular patient. Even the most rigorous, inclusive studies cannot address all the variables of age, gender, genetics, lifestyle, diet, and concurrent medical conditions that make us individuals and often influence how effective a particular treatment will be or what sorts of side effects we might experience. Many studies exclude the elderly or those who have coexisting common medical problems. When making their final recommendations about the need for treatment, experts also apply their subjective judgment about how much risk is worth taking in order to obtain a certain benefit. Concerns have also been raised by the Institute of Medicine about potential conflicts of interest, since some experts who write guidelines are consultants to drug and device companies or private insurers. Finally, guideline committees have an imperative for consensus and present their recommendations with one voice. As a result, their conclusions usually fail to mention dissenting opinions that may have arisen among committee members.

③ It's also important for patients to realize that guidelines aren't engraved in stone; they can change quickly. A survey of one hundred recommendations from expert committees found that within a year 14 percent were reversed, within two years 23 percent were changed, and fully half were overturned at five and a half years. The American College of Physicians, representing internists in the United States, stated in 2010 that all of its guidelines, if not rewritten, should be automatically suspended after five years. This isn't only because new and better data become available, but also because the composition of expert committees may change, and with this change, subjective judgments of "utility" or value may shift. Consider the guidelines that recommended the use of estrogen in virtually all postmenopausal women to prevent heart disease and dementia. These guidelines were overturned by new information from the Women's Health Initiative trial. Yet some experts remain critical of this study and still endorse parts of the earlier guidelines, believing that for some women the "value" of hormone replacement may be enough to risk the downsides.

④ Clearly, more than assessments of scientific evidence, more than extracting numbers from clinical research, goes into guidelines and their recommendations. The conclusions drawn about what is "best" necessarily incorporate the "value" or impact of a treatment on quality of life. For every individual, this impact is always subjective and cannot be distilled from objective data.

⑤ We believe that all patients should be fully informed about their condition and then asked about their preferences. Such "informed patient preference" is placed by the Institute of Medicine of the National Academy of Sciences at the pinnacle of "quality care." To be truly informed, patients should be aware of the gray zones in medicine. They must keep in mind that guidelines are not purely scientific and have a significant subjective component.

⑥ In 2010, researchers at the University of Michigan published the results of one of the first national surveys of medical decisions. The researchers contacted at random by telephone 3,100 adults age forty and older. Participants were asked a series of questions about common medical conditions they might have discussed with their doctors. A disturbing finding was that only half the patients stated they had been asked their preferences about starting medications for elevated blood pressure or a high cholesterol level. Although guidelines usually have fine print at the bottom asserting that the recommendations need to be molded to the preferences, values, and goals of the individual patient, we believe that this statement should be in large print, because patient preference is often not sought.

⑦ There is a creeping paternalism on the part of health care policy makers and insurance

companies to standardize care based on guidelines. To be sure, standardization is appropriate, even essential, in some areas of medicine, like safety measures and emergency care. But where patient preferences are involved, standardization is misconceived. Yet, there are powerful incentives, often financial, to reward doctors when their patients receive treatment according to guidelines and penalize them when their patients deviate from the recommendations. Report cards that rate physicians according to compliance with guidelines are issued by insurers and often made public. We readily see how a physician might feel caught by these incentives and press patients to make choices that may not reflect either physician or patient preferences. As a patient, you want to know that your doctor is on your side, helping you to figure out an individual choice.

⑧ What if you and your physician don't agree about what is the "best" choice? In such settings, as Dr. Jacques Carter put it, physicians "negotiate" with their patient. But the ultimate choice is always the patient's, because it is the patient who either enjoys the benefit of a treatment or suffers its side effects, experiencing each within the context of his or her values and goals in life.

Q14. In paragraph ①, the word convened is closest in meaning to –

1. adjourned
2. assembled
3. commenced
4. declared
5. discussed

Q15. In paragraph ①, the word advocates is closest in meaning to –

1. explorers
2. leaders
3. optimists
4. proponents
5. publishers

Q16. Which of the following is NOT mentioned of the authors' description in paragraph ①?

1. Guidelines have become influential in patients' decision making.
2. One would be able to find guidelines available in various forms such as leaflets and the Internet.
3. The goal of guidelines for clinical practice is to identify "best practice" for some medical conditions.
4. Some people believe that not only doctors but also patients should follow the recommendations from the guidelines.
5. The guidelines are grounded upon the idea that clinical practice should not exclusively rely on the findings of scientific research.

Q17. In paragraph ②, the word inclusive is closest in meaning to –

1. attractive
2. comprehensive
3. expensive
4. preventive
5. representative

Q18. Which of the following best expresses the essential information in the underlined sentence in paragraph ② ?

1. Human beings differ in their characteristics as well as health statuses.
2. One assumption of clinical guidelines is the universality of human beings.
3. Given the diversity in society, all people should equally receive sufficient medical treatment.
4. Medical guidelines that are based on things such as age, gender, and lifestyle are invaluable assets.
5. Differences in lifestyles and dietary habits do not depend on people's demographic characteristics such as age and gender.

Q19. In paragraph ②, the word dissenting is closest in meaning to –

1. disagreeing
2. disappointing
3. disclosing
4. discriminating
5. disposing

Q20. Which of the following is NOT mentioned in paragraph ② ?

1. Clinical research is not free from limitations.
2. Guidelines are reliable because they are purely scientific.
3. Experts may rely on their subjective judgments for their medical treatment.
4. Some experts hold multiple positions of which interests may conflict each other.
5. Guideline committees prioritize consensus prior to putting forward their recommendations.

Q21. In paragraph ③, the word engraved is closest in meaning to –

1. ascribed
2. inscribed
3. prescribed
4. proscribed
5. subscribed

Q22. In paragraph ③, the word endorse is closest in meaning to –

1. affirm
2. commend
3. ignore
4. invoke
5. refuse

Q23. In paragraph ④, the phrase goes into is closest in meaning to –

1. attaches
2. brings about
3. comprises
4. moves into
5. qualifies

Q24. In paragraph ⑤, the word pinnacle is closest in meaning to –

1. average
2. base
3. module
4. omen
5. top

Q25. In paragraph ⑥, the word molded is closest in meaning to –

1. adjusted
2. announced
3. applied
4. attached
5. attributed

Q26. In paragraph ⑦ , the word compliance is closest in meaning to –

1. criteria
2. instruction
3. interpretation
4. observance
5. permission

Q27. In paragraph ⑧ (line 1) , quotation marks (“ ”) are added to the word *best*. Why do the authors put quotation marks on this word?

1. Because the authors are aware that patients normally seek for good rather than poor medical care.
2. Because the authors believe that there is only a good option, but not a best option in medical treatment.
3. Because the authors want the reader to understand the secondary importance of the concept of best choice.
4. Because the authors believe that choosing the best option for a patient is a critical component of a physician's duty.
5. Because the authors want the reader to understand what is meant by best can vary among different individuals.

Q28. Which of the following is NOT mentioned in this article?

1. Standardization of care can be indispensable in some areas of medicine.
2. The impact of medical treatment on our lives is subject to our own sense of values.
3. The authors believe that all patients should be well informed about their conditions.
4. Medical doctors should not rely on their subjective judgments, because even doctors as human beings can make mistakes.
5. According to one nationwide study, only half the patients reported that they had been asked about their preferences about starting medications for elevated blood pressure or high cholesterol levels.

Q29. Which of the following can be inferred from this article?

1. Patients should learn negotiation skills, as those are necessary to receive quality care.
2. A physician should hold an important role to help, but not force, patients to make decisions for their treatment.
3. Being both a health care practitioner and a scientist, a physician should pursue objectivity rather than subjectivity.
4. To overcome the shortcomings of current guidelines, not only medical professionals, but also patients, should be included in the committee.
5. The patient, a key player in the decision making process, should pay more attention to guidelines so that he or she can consistently follow them.

[III] (Based on Steven Pinker. 2007. *The Stuff of Thought: Language as a Window into Human Nature.*)

① The games people play as they use language are anything but frivolous. They come from the fact that conversation is a quintessentially social activity. People do things with words—they offer, they command, they threaten, they proposition—and the things they do necessarily affect the relationships they have. We choose our words carefully because they have to accomplish two tasks at once: convey our intentions, and maintain or renegotiate our ties with our fellows.

② Is the avoidance of plain speaking a bug in our mind design, or might it have a deeper rationale—a rationale that would predict that any social communicator would engage in indirect speech? At first glance, a rationale might seem unlikely. The whole reason to have a language is to convey information, and since knowledge is power, it [Q33] to reason that the more information it conveys, the better. One might naively think that it's always better to know something than not to know it for the same reason that it's better to be rich than to be poor: if you're rich, you can always give your money away and be poor. And if you know something, you can always decide to ignore it.

③ Of course, it is a cliché of our times that we suffer from information overload because of the ubiquity of electronic media. And for fifty years, cognitive scientists have been harping on the limitations of the brain in processing information. Some have argued that maximizing the rate of transmission of usable knowledge is a way to manage the flow of information in a conversation.

④ But the ultimate reason our speech is so indirect may lie in a different danger of information—not that we might be overwhelmed by how much there is, but that we might be poisoned by what it says. The paradox of rational ignorance is that even if we could accommodate as much information as we wanted, and could always separate the wheat from the chaff, there are certain messages a rational mind may not want to receive.

⑤ Sometimes we choose not to know things because we can anticipate that they would have an uncontrollable effect on our emotions. Some psychologists list some examples. People who haven't seen a movie or read a book will shun a review that gives away the ending. A basketball fan who videotapes a game will sequester himself from media outlets so as not to learn the outcome before he watches it. Many expectant parents choose not to learn the sex of their unborn child, and in countries ravaged by the selective abortion of girls, divulging the information can be a crime. And most of us would rather not know the day on which we will die.

⑥ Another reason a rational system might choose to be ignorant is that if it is designed to come to an unbiased decision, the slightest bit of extraneous information can tip it one way or another. So juries are prevented from knowing the criminal record of the accused,

or information that the police obtained by illegal means. Scientists test drugs in double-blind studies, where they keep themselves from knowing who got the drug and who got the placebo. And government contracts are awarded through sealed bids.

⑦ But the kind of rational ignorance that can best explain why we veil our speech comes from a type of dilemma in which our own rationality can be turned against us and a unilateral disarmament of knowledge is the only countermeasure. People are better off if they can't receive a threat. Hence misbehaving children avoid their parents' glances, state's witnesses may be held incommunicado, and I know a colleague who kept a nice jacket and perhaps his life because he couldn't understand some muggers who were threatening him in a heavy accent. Being in possession of a secret makes one vulnerable to extortion by those who want to know it and to silencing by those who don't want it known. Hence kidnap victims are better off if they don't see the kidnapper's face, envoys are kept ignorant of sensitive information for their own safety, and we have the spy-movie cliché, "I could tell you, but then I would have to kill you." A person with the least information can be in the better position: if two friends are negotiating over where to have dinner, the one who suggests a restaurant convenient to her just before her cell phone goes dead will have the shorter walk.

⑧ Merely being asked certain questions can put a person at a disadvantage, since one answer might be damaging, the other would be a lie, and a refusal to answer would be a de facto confession that those are the respondent's two options. Witnesses who exercise their Fifth Amendment right against self-incrimination by refusing to answer a question often do incriminate themselves in the court of public opinion. When a prestigious position is open and the headhunting begins, candidates can't admit to wanting it, because if it goes to someone else they would be humbled; nor can they say they don't want it, because that might take them out of the running. They can't even say "No comment," for why would they have to if they had no interest in the position? During the recent search for a Harvard dean, the newspapers found that the plausible candidates mysteriously (and incredibly) could not be reached by their assistants. And of course we have seen many examples in which mutual knowledge can transform negative information into a damaging loss of face. Many authors refuse to read their unfavorable reviews so they can honestly say they have no reply to them. Some authors won't read any of their reviews, [Q41] acquaintances conclude the worst about the ones they avoided.

⑨ Knowledge, then, can be dangerous because a rational mind may be compelled to use it in rational ways, allowing malevolent or careless speakers to commandeer our faculties against us. This makes the expressive power of language a mixed blessing: it lets us learn what we want to know, but it also lets us learn what we don't want to know. Language is not just a window into human nature but a fistula: an open wound through which our innards are exposed to an infectious world. It's not surprising that we expect people to sheathe their words in politeness and innuendo and other forms of doublespeak.

Q30. In paragraph ①, the word frivolous is closest in meaning to –

1. astonishing
2. fabulous
3. frugal
4. petty
5. violent

Q31. According to paragraph ①, we deliberately choose our words –

1. mainly because we want to be viewed nicely by others.
2. mostly because there is no better thing than being silent.
3. in part because the game we play is nothing but tiresome.
4. primarily because we need to challenge others' rational minds.
5. partly because we want to maintain our connection with others.

Q32. In paragraph ②, the word bug is closest in meaning to –

1. defect
2. fortune
3. motor
4. reward
5. swarm

Q33. In paragraph ②, which of the following could be best added in [Q33] ?

1. expects
2. explains
3. opposes
4. stands
5. tames

Q34. In paragraph ②, the word naively is closest in meaning to –

1. conceivably
2. deeply
3. emotionally
4. ingenuously
5. nervously

Q35. Which of the following is NOT mentioned from paragraphs ① to ③ ?

1. Our conversation is fundamentally social in nature.
2. Conveyance of information is the primary reason why we have a language.
3. Some people may believe that knowing something is always better than not knowing.
4. Those who have an extensive vocabulary are less likely to be susceptible to information fraud.
5. How to handle excessive information has been discussed by some scholars for several decades.

Q36. Which of the following is true of the author's description in paragraph ④ ?

1. We normally avoid anticipated threats.
2. We have a right to rationalize our ignorance.
3. We can be both a conveyer and a receiver of information.
4. We are incapable of making our speech either direct or indirect.
5. We sometimes receive unfavorable information that we do not want.

Q37. In paragraph ⑤, the word shun is closest in meaning to –

1. edit
2. encounter
3. evade
4. prefer
5. terminate

Q38. In paragraph ⑤, the word divulging is closest in meaning to –

1. deducing
2. hiding
3. reconciling
4. uncovering
5. withholding

Q39. Which of the following best expresses the essential information in the underlined sentence in paragraph ⑥ ?

1. After all, we would consider even a little bit of erroneous information.
2. Even a small amount of secondary information could affect our decision.
3. A person with a rational mind could even be interested in inessential information.
4. We would appreciate any additional information, whether or not we make a decision.
5. Irrelevant information, even if its amount is limited, could be additionally included whether you would hope it to or not.

Q40. Which of the following best expresses the essential information in the underlined sentence in paragraph ⑦ ?

1. We cannot fight against our competitors in communication.
2. Our efforts to be constantly irrational may not be successful.
3. We may be in harmony with our sense of rationality and irrationality.
4. Our constant intention to gain knowledge may negatively influence our well-being.
5. As we sometimes choose an irrational path, we may not be able to engage in effective communication.

Q41. In paragraph ⑧, which of the following could be best added in [Q41] ?

1. although
2. and
3. lest
4. whereas
5. which

Q42. In paragraph ⑧, the author explicitly mentions that –

1. some people would not admit that their speech may be harmful to others.
2. because knowledge can be dangerous, we should not adopt abusive language.
3. one could be placed in a vulnerable position just by being asked certain questions.
4. there is plenty of psychological evidence that the style of indirect speech differs by culture.
5. with the advancement of information technology, understanding the complexities of our rational minds has become less of an issue.

Q43. Which of the following would best serve as the title of this article?

1. Choosing Not To Know: The Paradox of Rational Ignorance
2. Human Relationships: An Ironic Legacy of Irrational Minds
3. Language: Opening a Window to Our Social World
4. Passive Voice: Invisible Communication in Modern Society
5. To Speak or Not To Speak: Tips in Active Communication