

**ENGLISH READING COMPREHENSION PRACTICE  
FOR STUDENTS MAJORING IN CLINICAL PSYCHOLOGY**

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ**  
**Харківський національний медичний університет**

**ENGLISH READING COMPREHENSION PRACTICE**  
**FOR STUDENTS MAJORING IN CLINICAL PSYCHOLOGY**

**ЗАВДАННЯ ДЛЯ ЧИТАННЯ АНГЛІЙСЬКОЮ МОВОЮ**  
**ДЛЯ СТУДЕНТІВ СПЕЦІАЛЬНОСТІ**  
**«КЛІНІЧНА ПСИХОЛОГІЯ»**

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## ПЕРЕДМОВА

У сучасних умовах англійська мова є засобом міжнародного спілкування в бізнесі, індустрії, науці, навчанні, культурі. Англійською мовою публікується більшість наукових журналів, а також це – мова наукових конференцій, семінарів, симпозіумів, стажувань, отже знання англійської мови є невід'ємною компетентністю будь-якого фахівця, який працює в галузі охорони здоров'я, у тому числі й клінічного психолога.

Читання, аудіювання, говоріння, письмо та інтеракція є взаємопов'язаними мовленнєвими навичками: вони формуються та існують разом, підтримуючи одна одну. Читання допомагає нам як відшукати необхідну інформацію, так і зрозуміти письмовий твір в цілому, відібрати джерела для подальшого ретельного опрацювання.

Це видання має на меті розвиток навичок різних видів читання у студентів спеціальності «Клінічна психологія».

Видання складається з одинадцяти розділів, кожен з яких містить наукові або науково-популярні тексти, а також вправи на розуміння прочитаного та засвоєння лексичного матеріалу.

Тексти охоплюють різні теми, пов'язані з психічними розладами, притаманними сучасному світу. Текстовий матеріал взято з автентичної довідкової літератури та скорочено з урахуванням вимог практики вивчення іноземної мови. Вправи для відпрацювання лексики мають як традиційну, так і ігрову форму (кресворди, ребуси, переплутані літери). Наведено посилання на джерела матеріалу.

Рівень володіння мовою, необхідний для роботи з цими завданнями, A2-B1 (за CEFR), що відповідає вимогам до знань випускників середньої школи. Видання може бути рекомендоване для студентів першого (бакалаврського) рівня освіти як для самостійної роботи (домашнє читання), так і для роботи в аудиторії, а також може бути використане для занять зі здобувачами ступеня магістра, доктор філософії та тими, хто бажає покращити свої навички читання англійською мовою.

Автори попереджають, що, хоча текстовий матеріал був запозичений з джерел, які заслуговують на довіру, він не може бути беззаперечно використаний як джерело фахової інформації з клінічної психології.

З метою при звичаїти студентів працювати з різними варіантами англійської мови у виданні збережено оригінальну орфографію.

# 1. DEPRESSION

1. Match the words (A) with the definitions (B):

**A:** pain, hopelessness, empty, sadness, irritable, illness, mood, anxiety, abandonment, self-esteem, pleasure, numb, grief

**B:**

- the feeling of being unhappy, especially because something bad has happened
- an unhealthy condition of body or mind
- becoming annoyed very easily
- the way you are feeling at a particular time
- having no expectation of good or success
- an act or instance of leaving a person or thing permanently and completely
- a feeling of happiness or enjoyment
- belief and confidence in your own ability and value
- without purpose or interest:
- unable to think, feel, or react normally because of something that shocks or upsets you
- very great sadness, especially at the death of someone:
- a localized or generalized unpleasant bodily sensation or complex of sensations that causes mild to severe physical discomfort and emotional distress
- an uncomfortable feeling of nervousness or worry about something that is happening or might happen in the future

2. Fill in the gaps with the words from Ex. 1:

Her ... at her grandfather's death was obvious.

Be careful what you say – he's rather ... today.

What's the boss' ... today?

His visits used to give us such ....

The compliments she received after the presentation boosted her ....

The ...she felt over Helen's death was almost unbearable.

He says his life has been completely ... since his wife died.

3. Read and find the answers to the questions:

What is depression?

What are the symptoms of depression?

How does the behavior change with depression?

Are the symptoms in children and adults similar?

What causes depression?

Can depression be prevented?

What is the treatment for depression?

Depression is a mental illness characterised mainly by a prolonged and severe feeling of sadness. This feeling is associated with other symptoms and alterations of thought and behaviour. Depression can affect people of all ages; either to adults, teenagers or even children. It can vary in severity and can last a lifetime, or be temporary. As such, there are different types of depression including: dysthymia, seasonal affective disorder (SAD), prenatal depression, postnatal depression.

The symptoms of depression are: irritable or low mood, feelings of hopelessness and abandonment, loss of pleasure in activities that generally make you happy, including sexual activity, thoughts of death or suicide, being retracted or isolated, low self-esteem, feeling empty and numb.

There are also certain behaviours that can be characteristic of someone struggling with depression: self-harming, difficulty falling asleep or excess sleep, feeling tired, loss or increase of appetite, avoiding social events, using more alcohol, drugs or tobacco than usual, difficulty focusing.

The symptoms of depression in children may be different from those of adults. It is important to monitor their school performance, sleep and behaviour of the child.

There is no one cause of depression, and there are many triggers. Depression can be caused by the following factors: childhood experiences, genetic inheritance, medications, drugs and alcohol use, sleep, diet and exercise, life events (e.g. traumatic experiences, grief, such as family deaths, divorce or unemployment), social isolation, other health conditions, such as struggling with chronic pain, other mental health problems (e.g. depression can be common in people who also suffer from anxiety, PTSD or eating disorders).

It is not possible to prevent depression, however, there are measures that can be taken to look after yourself and your mental well-being. These include: getting enough sleep, eating well, doing regular exercise, maintain personal hygiene, avoiding drugs and alcohol, practising self-care, doing things that make you happy, be kind to yourself and treat yourself. It is also important to connect with other people, with friends and family to ensure that you do not isolate yourself.

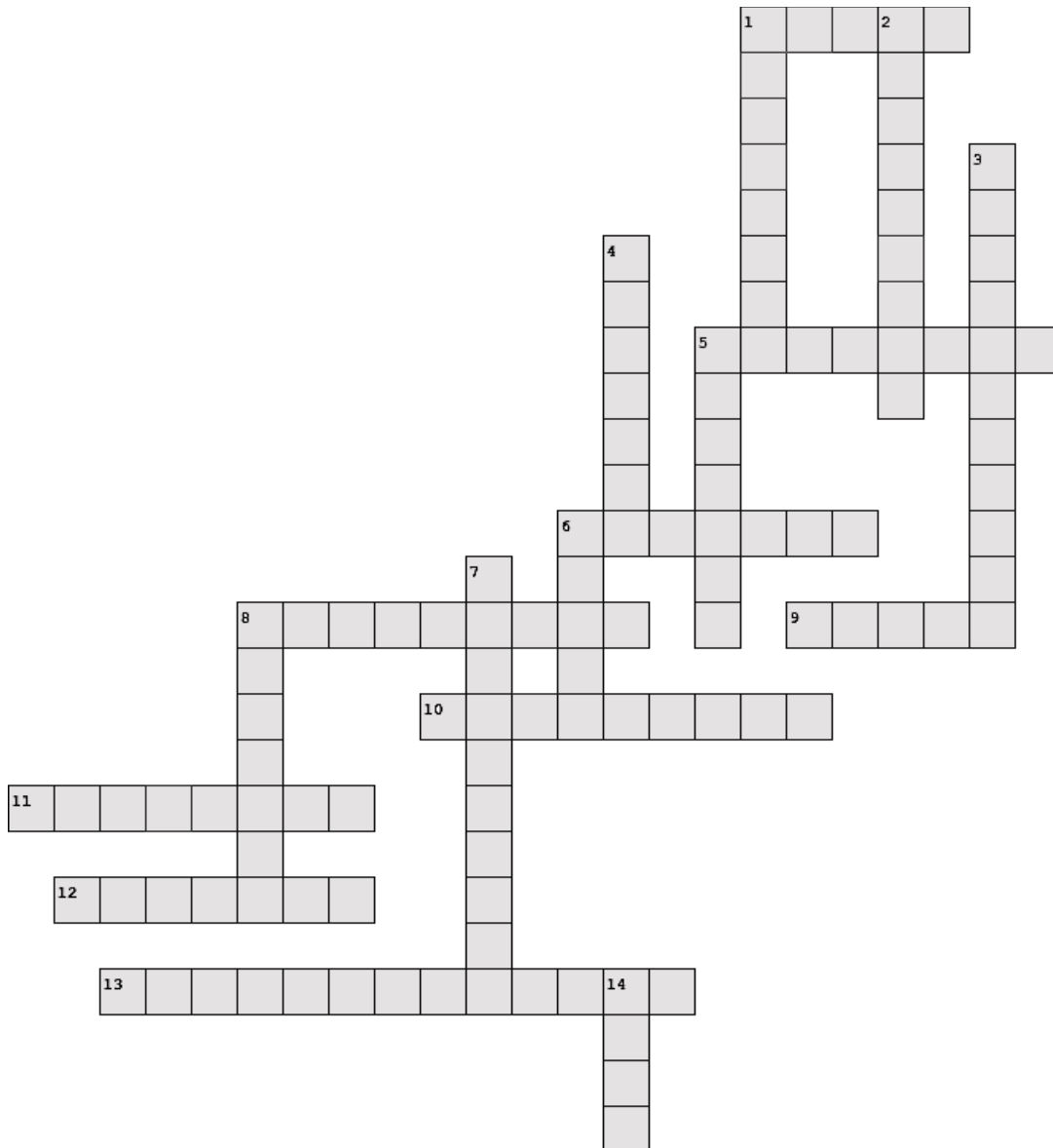
There are different treatment options for depression and they depend on the severity of the symptoms and the type of treatment you are receptive to. The most common treatments used for depression are talking treatments (e.g. CBT, group CBT and psychotherapy) and medication (e.g. SSRIs, SNRIs, tricyclics and other types of anti-depressants).

If you have had depression before, but you are not currently experiencing symptoms, it is important to adopt watchful waiting (i.e. being aware of your mood and any changes in your mood).

Alternative therapies for depression can include: mindfulness, peer support, arts therapies.

## 2. BIPOLAR DISORDER

1. Do the crossword:



### Across

1. a mental disorder characterized by great excitement and occasionally violent behaviour
5. the process of getting better after an illness, injury etc.
6. a physical feeling or problem that shows that you have a particular illness
8. possessing or exhibiting energy, especially in abundance
9. the improper use of something
10. the identification of diseases by the examination of symptoms and signs and by other investigations
11. physical desire for food
12. (especially of a disease or something bad) continuing or occurring again and again for a long time
13. a written list of questions which are answered by a lot of people in order to provide information for a report or a survey

## Down

1. to reduce something to the least possible level or amount
2. acting or done suddenly without any planning or consideration of the results:
3. unusually or abnormally active
4. the treatment of mental conditions by verbal communication and interaction
5. the return of an illness after a period of improvement;
6. change resembling moving to and from
7. a substance used in treating disease or relieving pain
8. a strong feeling such as love, fear, or anger
14. the possibility of something bad happening at some time in the future

### 2. Fill in the gaps with the words from Ex.1:

We must ... the risk of infection.

He experiences severe mood ... (= sudden changes from one extreme mood to another).

The inability to sleep is often a ... of some other illness.

She's an ... shopper and often buys things she doesn't need.

The walk gave me a good ....

She has since made a complete ....

### 3. Read about bipolar disorder and fill in the chart with the proper information:

Definition	First signs or symptoms	Causes	Diagnosis	Treatment	Changes with age	The role of family members

Bipolar disorder is a mental illness that is characterised by mood swings, ranging from either very low to very high mood. Unfortunately, these swings can be quite frequent, and affect the patient's quality of life.

Signs and symptoms depend on the type of bipolar the person has. There are two types of bipolar disorder, bipolar 1 and bipolar 2.

People with bipolar 1 are prone to more intense or severe periods of mania. People with bipolar 2 are more prone to depressive phases of the illness. So, the first sign or symptom depends on what type of bipolar disorder you have got.

People with bipolar 1 are often energetic, hyperactive, and impulsive. They have poor sleep patterns. In some cases, they have an abnormal feeling of being extremely important, called monopsychosis. Some think that they can fly, or spend lots of money that they can't afford to spend.

People with bipolar 2 usually have a very low mood, a low appetite, low energy level, and oftentimes they suffer from suicidal thoughts.

There are many risk factors that can lead to bipolar disorder. The most important is a family history of the condition. There are a number of other risk factors, including: substance abuse, stressful triggers, very poor sleep patterns over a number of years.

We diagnose bipolar by doing a comprehensive assessment of the patient's timeline of difficulties right from the first time they had a problem up until they come for the assessment. This is done to try and find out if they fit the criteria for diagnosis. We look at their behaviour, their emotions, and their thinking to see if they fit into the bipolar diagnosis criteria.

We also use psychometric questionnaires. Once we have combined both the questionnaire and the assessment, that will give us a better idea of whether or not the patient has bipolar disorder.

Bipolar can be treated with medications and talking therapy. The type of medication depends on the type of bipolar the patient has. If the patient is suffering from bipolar 1, we give them what we call anti-manic medications. If the patient is suffering from bipolar 2, we use antidepressants and mood stabilizers.

Ideally, patients would combine the medications with what we call “talking therapy”. We frequently use a type of therapy called cognitive behavioural therapy or CBT. This technique basically makes the patients aware of their illness and gives them the tools to manage it or live with it. It makes them aware of their thinking pattern and how that affects their illness, and how to use this to lessen the severity of the symptoms.

There is no clear evidence that bipolar worsens with age. However, there is some evidence that shows that if the illness is well managed, and it was managed on time, they tend to get better. This means that the relapses become less frequent and shorter.

However, bipolar is what we call a chronic illness. So, it comes and goes, we're just trying to make sure that it doesn't come back frequently and that the symptoms are less severe.

There are a number of support groups out there for family members of people living with bipolar. These groups can give the family members what we call psycho-education. This helps them understand bipolar disorder and how they can support their loved ones in terms of understanding and giving them the emotional support they need. They also try to minimise the stigmatisation attached to the illness. With this knowledge, family members can be a valuable tool towards the recovery of a person with bipolar disorder.

### 3. ANXIETY

*1. Match the words and the definitions (some words are the odd ones):*

blood pressure, challenge, fear, hallucination, heartbeat, nightmare, palpitation, panic, perspiration, pulse, respiration, threat, uneasiness, worry
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- the force of blood pushing against the walls of the arteries as the heart pumps blood around the body;
- something that needs great mental or physical effort in order to be done successfully and therefore tests a person's ability;

- an unpleasant emotion or thought that you have when you are frightened or worried by something dangerous, painful, or bad that is happening or might happen;
  - the regular movement or sound that the heart makes as it sends blood around your body;
  - an abnormally rapid or irregular beating of the heart (such as that caused by panic, arrhythmia, or strenuous physical exercise);
  - a sudden, strong feeling of anxiety or fear that prevents reasonable thought and action and may spread to influence many people;
  - the liquid which comes out on the surface of your skin when you are hot or frightened;
  - a danger that something unpleasant might happen to somebody;
  - feelings of anxiety that make somebody tense and irritable;
  - to make someone feel anxious because of problems or unpleasant things that might happen;
- blood pressure – the force of blood pushing against the walls of the arteries as the heart pumps blood around the body;

*2. Fill in the gaps with the words from Ex. 1:*

Don't ... We have plenty of time.

Space exploration offers a ... to humankind.

Her eyes showed no ....

His hands were wet with ....

The volcano was a ... to the village.

His ... quickened as Rose approached.

Too much caffeine can cause heart ....

Exercise causes ... and a speeded-up heartbeat.

Stress and ... frequently negatively affect sleep quality.

Try not to ... – there's nothing you can do.

*3. Read and find the answers:*

How is anxiety defined?

How does it show in the body? What does it feel like?

Are there different causes of anxiety?

What are the best ways to treat anxiety?

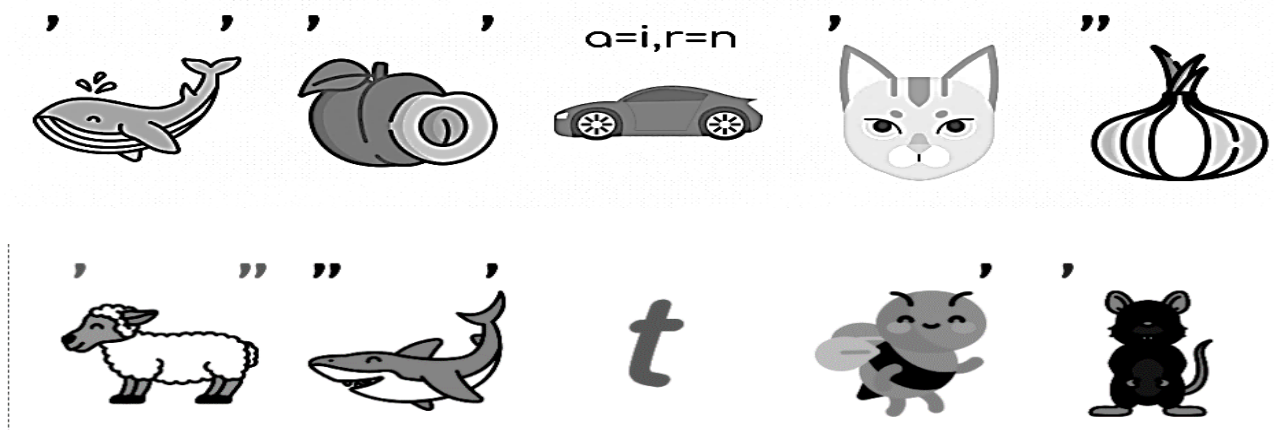
Anxiety is a general uneasiness and worry about events, whether they occurred in the past or the future. This emotional state is often linked to the apprehension that we might struggle to handle the challenges or threats before us.

Anxiety presents itself through the activation of the sympathetic nervous system, resulting in an accelerated heart rate, increased adrenaline levels in the bloodstream, palpitations, perspiration, and a heightened tendency to blush.

The basis of anxiety lies in its evolutionary purpose to safeguard us in situations with potential threats. The physiological responses, such as elevated blood pressure and a faster heartbeat, are designed to prepare us for the fight-or-flight response—whether to confront a real danger or address fears that may or may not be real. It is natural and beneficial to experience fear in the face of actual dangers, but the connection between fear and genuine danger is often weak. In many cases, especially in Western societies, people tend to fear things that are unlikely to pose a genuine threat, yet anxiety levels persist at elevated levels.

Isaac Marx, a renowned psychiatrist, emphasised that any effective treatment for anxiety disorders must involve exposure to the feared stimuli. This principle applies to a range of anxiety disorders, including generalised anxiety disorder, panic disorder, and prevalent social anxiety. Graded exposure is the essential and enduring method for addressing these conditions. In this therapeutic process, individuals assume control of their situations while gradually exposing themselves to feared stimuli under the guidance of a psychologist. Social anxiety, particularly common among young people, presents unique challenges due to its dynamic and variable nature in social interactions. Despite this complexity, exposure remains a pivotal element, leading to a gradual reduction in social anxiety and other anxiety-related concerns over time.

4. *Rebus puzzle:*



**4. OCD**

1. *Use the definitions to make the words of the letters:*

**ERSRDROID** – an illness of the mind or body

**ELFE** – to experience something physical or emotional

**PMERREOF** – to carry out or do (an action)

**RSWENO** – to become worse or to make something become worse

**TDINOMAE** – to control or have a lot of influence over somebody/something

**ITRALU** – a set of actions or words performed in a regular way

**ANRAREG** – put into a proper or systematic order

**LEUFNCIEN** – to affect or change how someone or something develops, behaves, or thinks

**EPVENTR** – to keep from happening, esp. by taking precautionary action

**EEDCUR** – make smaller or less in amount, degree, or size

**AAMENG** – to do something or deal with something successfully

**PMOLCE** – to force someone to do something

*2. Read and define if the statement is true or false. Make the false statements true:*

OCD means obsessive-compulsive disease.

OCD belongs to the group of anxiety disorders.

OCD influence the life and health of an individual.

Fear of disease-causing microorganisms is one of the symptoms of OCD.

The specialists do not have a clear idea about the courses of OCD.

OCD can run in families.

There is no treatment for OCD.

Obsessive-compulsive disorder, commonly known as OCD, is a form of anxiety disorder, characterised by obsessions and compulsions. Obsessions can be defined as being reoccurring and uncontrollable thoughts, whilst compulsions can be defined as behaviours that the patient feels compelled to do. Compulsions are usually performed to deal with the anxiety caused by the obsession. OCD may worsen during times of stress, but can seem a lot more manageable at other times. Obsessions and compulsions in OCD have a huge impact on the individual's life, causing disruption, severed relationships, isolation and they can even impact physical health.

Whilst obsessions dominate their thoughts, obsessions do not reflect their personality as people with OCD do not usually act out their thoughts because they usually find them so distressing.

The symptoms are classified as obsessions and compulsions.

Obsessions include fear of contamination and germs, having aggressive thoughts towards yourself or others, fear of causing others harm, need for symmetry (fearing that something bad will happen if everything is asymmetrical), intrusive thoughts and images (e.g. violent, sexual, religious or blasphemous)

Compulsions are rituals (e.g. washing continuously, arranging objects in a specific way or touching things in a particular order or at a certain time), correcting thoughts (e.g. counting to a certain number or repeating a word or phrase aloud or in your head), checking (e.g. doors are locked and lights are switched off), reassurance (constantly asking others to tell you that everything is alright)

The exact cause of OCD is unknown, however, there are certain factors that can influence it such as brain structure and functioning (i.e. having dysfunctional beliefs),

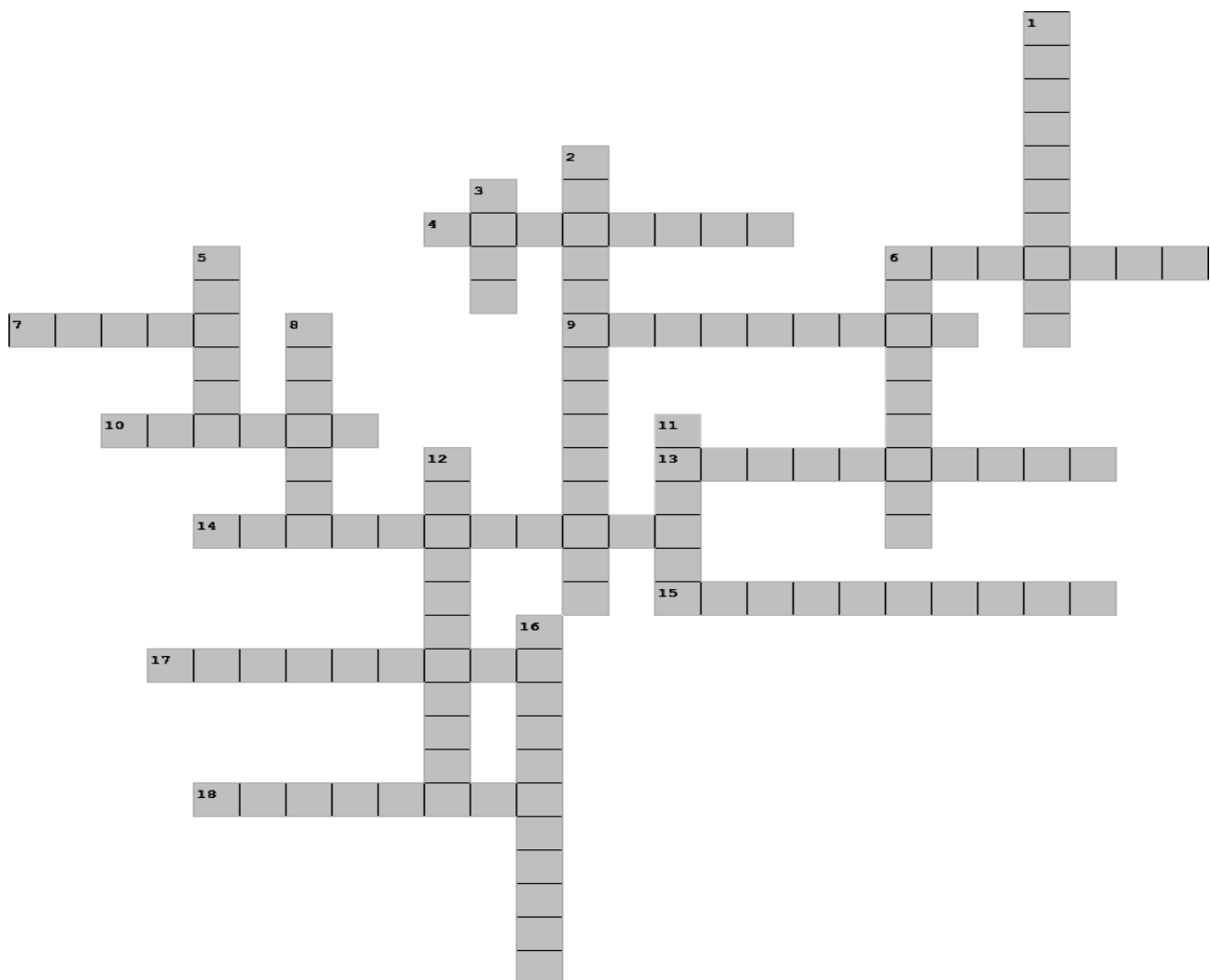
genetics, family history and environment. Although we are not fully sure about the causes of OCD, treatment can still be successful.

It is not possible to prevent obsessive-compulsive disorder, however, early diagnosis reduces the time a person suffers from this disorder.

The treatment for obsessive-compulsive disorder is a combination of pharmacological treatments and cognitive behavioural therapy (CBT). The pharmacological treatments used include antidepressants, tranquilisers and sometimes beta-blockers to manage physical symptoms caused by anxiety. It has been shown that with ongoing treatment, which usually combines medication and CBT, long-term relief from symptoms can be attained.

## 5. ACUTE STRESS DISORDER

1. Do the crossword:



### Across

- 4. a continuous pain in the head
- 6. a state of uneasiness or tension caused by apprehension of possible future misfortune, danger, etc.; worry
- 7. a strong feeling of wanting to hurt or criticize someone because they have done something bad to you or been unkind to you

9. becoming annoyed very easily:.
10. the process of taking air in and out of your lungs
13. a substance produced in the body when you are excited, afraid or angry; it makes the heart beat faster and increases your energy and ability to move quickly.
14. the practice of being aware of your body, mind, and feelings in the present moment, thought to create a feeling of calm
15. characterized by or tending toward unprovoked offensives, attacks, invasions, or the like
17. shy and quiet and preferring to be alone rather than with other people:
18. a reaction to a question, experience, or some other type of stimulus

### **Down**

1. a mental state of low mood and aversion to activity
2. the condition or quality of being unable to decide, conclude, or resolve something
3. an unpleasant emotion or thought that you have when you are frightened or worried by something dangerous, painful, or bad
5. a sudden change in the blood supply to a part of the brain, which can result in a loss of some mental or physical abilities, or death
6. to make something bad such as pain or problems less severe
8. a feeling such as happiness, love, fear, anger, or hatred, which can be caused by the situation that you are in or the people you are with.
11. a stomach distress with distaste for food and an urge to vomit
12. the feeling of being annoyed or less confident because you cannot achieve what you want
16. inability to digest or difficulty in digesting something

### *2. Fill in the gaps with the suitable words:*

Red wine gives me a ... .

She was hit by a sudden wave of ... .

His ... grew with each failed attempt

She was trembling with ... as the gunman approached.

Following her son's death, she became quiet and ... and rarely went out.

Be careful what you say - he's rather ... today

The drugs did nothing to ... her pain/suffering.

Sure, why not?' was his ... to all of Billie's suggestions.

### *3. Read and find the answers:*

What is stress?

What can cause stress?

Is stress harmful or beneficial?

What are the symptoms of stress?

How can stress be treated?

Stress is often defined as the way you feel when you are under a great deal of pressure. This can be work pressure, pressure within the family, money problems, or relationship stress, or it can be a cumulation of more than one of these things.

Stress is normal, and is the body's reaction to a situation, especially one that requires a physical, mental or emotional response. Stress is the natural response the body creates when it feels under attack, and can be known as 'fight or flight mode'. It can be a positive thing as it heightens reactions, boosts energy, and increases cognitive function. However, too much stress can cause negative effects.

On a physical level, stress can cause an adrenaline release which, as previously mentioned, can be useful in a fight or flight situation, but is not so much use in a work environment. The build-up of unused adrenaline can cause headaches, nausea, indigestion, weight gain.

It can also lead to heart attack and stroke in the long term, as the cardiovascular system is put under more pressure.

Alongside the physical effects, stress or the causes of stress can have many emotional effects, including anxiety, depression, frustration, anger, fear.

These negative emotions only serve to exacerbate the stress, like a cycle. Stress can then cause you to behave differently, such as affecting your sleep patterns, leaving you more tired, causing indecisiveness, causing you to become withdrawn or irritable, affecting your sex drive, even causing you to be aggressive when you wouldn't usually be.

One severe type of stress, known as post-traumatic stress disorder (PTSD), develops following a traumatic event.

Stress can't always be treated, but there are a number of ways that you can try and manage it.

If your stress is related to being overwhelmed by work, there are a number of time management techniques you can use to manage your time more effectively, giving you more time for the things that are important. The same applies for issues with prioritising your work.

Mindfulness is a technique of you can learn to be more aware of your own cues that you are beginning to feel overstressed, and what to do to alleviate the stress at that moment. Identify the causes of stress, and work out ways of finding a solution to the source of the stress.

Deep breathing when you are beginning to feel overwhelmed is a good way of helping to reduce your blood pressure. You can begin with a deep breath, and concentrate on slowing your breathing. If you begin to feel more relaxed, you can return to the task at hand.

Taking a five minute time out can also help if you begin to feel angry in a situation.

## 6. POST-TRAUMATIC STRESS DISORDER

1. Match the words from the box to the definitions below:

Sadness, anxiety, guilty, nightmare, overcome, irritable, depressed, shame, symptom, anxious, avoidance, distress, susceptible, angry, fear, flashback,

- having the feeling people get when something unfair, painful, or bad happens;
- worried and nervous;
- the practice of keeping away from particular situations, things, or people because you think they will cause you harm or pain;
- very sad and without hope;
- a feeling of great worry or unhappiness; great mental pain;
- an unpleasant often strong emotion caused by anticipation or awareness of danger;
- a past incident recurring vividly in the mind;
- feeling unhappy because you think that you have done something wrong or have failed to do something which you should have done;
- annoyed easily;
- a terrifying or deeply distressing dream;
- successfully deal with a problem or a feeling and control it;
- emotional state of feeling unhappy or sorrowful;
- a painful emotion caused by consciousness of guilt, shortcoming, or impropriety;
- easily influenced or harmed by something;
- a change in the body or mind that shows that a person is not healthy.

2. Fill in the gaps with the words from 1:

He had been waiting for over an hour and was beginning to feel ....

She was obviously in ... after the attack.

If ... persist, consult your doctor.

He's highly ... to flattery.

They feel ... that their complaints were ignored.

How could you be so rude? Have you no ...?

It's frustrating to know the ... you're feeling and not be able to help you.

He's really ... with me for upsetting Sophie.

My mother always gets a bit ... if we don't arrive when we say we will.

She's been very ... and upset about this whole situation.

He's having ... of his days in the war.

There's no need to feel ... about it.

He was really ... at the thought of going into the office.

3. *Read and find the paragraphs which answer the question:*

- a) What does PTSD feel like?
- b) How is post-traumatic stress treated?
- c) Who suffers from PTSD?
- d) What are the causes of post-traumatic stress?
- f) What is post-traumatic stress disorder?
- g) How can I cope with PTSD?
- h) What is complex PTSD?

1. Post-traumatic stress disorder (PTSD) describes a set of symptoms that appear after experiencing a traumatic or catastrophic event. Those who experience PTSD have difficulty overcoming an unpleasant experience. These symptoms lead to an alteration of physical life to such an extent that leading a normal life becomes very difficult.

2. Symptoms of PTSD are normal in those who have suffered or witnessed a traumatic experience, but if they persist for approximately more than a month and the individual is unable to progress in handling their emotions and processing the experience, this is considered to be post-traumatic stress disorder.

3. Post-traumatic stress disorder prevents sufferers from leading a normal everyday life. Those who suffer with PTSD feel depressed, anxious, guilty and angry or more irritable and susceptible. In addition, symptoms may include nightmares or flashbacks, avoidance of situations that bring back the trauma, heightened reactivity to stimuli, anxiety, or feeling incredibly low.

4. Survivors of traumatic events can often experience nightmares and flashbacks which are so realistic, they feel as if they are experiencing the traumatic situation all over again. They may also experience the same emotions they felt at the time of the event such as shame, fear or distress.

5. Furthermore, in many cases, the patient often takes an avoidance attitude to the trauma, as well as a lack of interest in maintaining social relationships, becoming withdrawn from family and friends.

6. The cause of post-traumatic stress is a traumatic experience, which causes intense sadness or anxiety. PTSD can occur after any type of traumatic event, as it depends on the individual and their reaction to the event. PTSD could occur after a road accident, or violent assault, for example, but it could also occur as a result of a particularly traumatic birth experience or medical experience. PTSD can present shortly after the experience, or it can present weeks or months later.

7. Some people may continue to suffer from PTSD several years after the triggering event has occurred. Events which may trigger long term PTSD include war, terrorist attacks, bullying or natural disasters.

8. Complex post-traumatic stress disorder (complex PTSD) is a condition where people experience symptoms of PTSD alongside other symptoms, such as: difficulty controlling emotions, feeling empty or hopeless, feeling angry towards the world, feeling damaged beyond repair, feeling different to others/feeling as if others cannot relate to you, suicidal thoughts, dissociative symptoms e.g. depersonalisation or derealisation.

9. Complex PTSD can also result in physical symptoms, such as headaches, dizziness, chest pains, stomach aches.

10. While it's impossible to predict who will develop PTSD in response to trauma, there are certain risk factors that increase your vulnerability. Many risk factors revolve around the nature of the traumatic event itself. Traumatic events are more likely to cause PTSD when they involve a severe threat to your life or personal safety: the more extreme and prolonged the threat, the greater the risk of developing PTSD in response. Intentional, human-inflicted harm—such as rape, assault, and torture – also tends to be more traumatic than “acts of God,” or more impersonal accidents and disasters. The extent to which the traumatic event was unexpected, uncontrollable, and inescapable also plays a role.

11. In terms of complex PTSD, due to certain experiences and circumstances, some people are more likely to develop complex PTSD than others. This includes people who: have undergone previous traumatic experiences, especially in early life; have experienced long lasting trauma; have family history of PTSD or depression; have a history of physical or sexual abuse; have a history of substance abuse; have a history of depression, anxiety, or another mental illness; have experienced harm or abuse from a close family member or friend, someone that should've been trustworthy.

12. There are some day to day things that you can do which can help you to cope with PTSD. These include joining a PTSD support group, taking time to learn about trauma and PTSD – this will help you greatly to understand your trauma more, talk about your trauma with a close, trustworthy person, not using alcohol or drugs – this will only make you feel worse, practising relaxation techniques, such as deep breathing.

13. Although there are some small, positive ways to cope with PTSD, it is probable that sufferers will want to pursue treatment in order to deal with trauma that they possess. Treatment of post-traumatic stress varies depending on the case, but it may include psychotherapy to overcome the trauma, and medication (e.g. antidepressants).

14. The most common therapies to treat post-traumatic stress are exposure therapy and cognitive therapy as well as techniques to manage anxiety.

15. Medication should always be prescribed under the supervision and therapy of a psychiatrist so that the patient's progression can be controlled and observed, thus avoiding possible side effects of the drugs.

## 7. SOMATISATION (PHYSICAL SYMPTOMS BROUGHT ON BY ANXIETY)

1. *Unscramble the words Use the definitions to help:*

**ANMTEL** – relating to the mind, or involving the process of thinking;

**DUIINOPTSR** – an interruption in the usual way that a system, process, or event works;

**IPAN** – a feeling of physical suffering caused by injury or illness;

**GUIFTAE** – extreme tiredness;

**DSGBINALI** – (of an illness, injury, or condition) making it difficult for someone to do the things that other people do;

**HUTTOGH** – the product of mental activity;

**YRWOR** – to be anxious or unhappy about someone or something, so that you think about them a lot;

**EVSNENIURPSO** – not reacting to something or not affected by it;

**MTINNVEENRO** – the people and things that are around you in your life, for example the buildings you use, the people you live or work with, and the general situation you are in;

**OOLOTUK** – your general attitude to life and the world;

**EENVT** – something that happens, especially something important, interesting or unusual;

**AYHECPORPSYHT** – the treatment of mental illness by discussing someone's problems with them, instead of using drugs or operations;

**COEDIMTNAI** – any drug or preparation that is used to treat and cure illness;

**EVMIPOR** – to get better, or to make something better.

2. *Fill in the gaps with the words from 1:*

Her health has ... dramatically since she started on this new diet.

She still has an optimistic ... for the future.

He suffered a serious, permanent and ... head injury.

The doctor said he was suffering from ... and work-related stress.

The ... that I might not have a job next year is a bit troubling.

The company had failed to provide a safe ... for its workers.

I thought the best way to ... my French was to live in France.

These tablets should help to ease the ....

The disease is totally ... to conventional treatment.

She ... that she wasn't doing enough to help.

### *3. Read and answer the questions:*

What is somatic symptom disorder (SSD)?

What are the symptoms of somatic symptom disorder?

What causes somatic symptom disorder?

Can somatic symptom disorder be prevented?

What's the treatment for somatic symptom disorder?

Somatic symptom disorder, which was previously known as somatization disorder or somatoform disorder, is a mental disorder that has an extreme focus on physical symptoms, such as pain or fatigue that causes the individual severe emotion distress and anxiety. This causes disruption to their daily life, affecting their overall ability to function. The physical symptoms causing the individual distress are real – they are not being faked or made up. However, there may not be a medical reason for their physical symptoms. However, a diagnosis of SSD is not given on this basis (i.e. if a medical cause cannot be found for their pain or fatigue), but is made based on the extent to which their symptoms affect their emotions, behaviours and thoughts.

Common symptoms of somatic symptom disorder can include pain; fatigue; gastrointestinal problems; sexual symptoms.

Alongside the above physical symptoms, SSD also includes excessive and disabling thoughts, behaviours and feelings. These may display as the following: anxiety and worry about illness; fearing the worst for their physical symptoms, even if there is no evidence; feeling as though a medical assessment is not adequate to explain their symptoms; repeatedly checking the body for problems; being unresponsive to medical treatment; being impaired more than usual by a medical problem or physical symptom.

The exact cause of somatic symptoms disorder is not known, however, the roles of the following factors play a role: family environment; genetic factors; learned behaviour (e.g. attention gained from being ill); being more sensitive to pain and other sensations than is normal; having a negative outlook; upbringing and having experienced stressful or traumatic events; suffering from anxiety or depression.

Not much is currently known about preventing somatic symptoms disorder, however, the following steps are recommended: seeking professional help for feelings of anxiety or depression; get SSD treatment early on if you suspect something is not right; following your treatment plan; learning how to better recognise and handle stress.

Treatment for somatic symptom disorder uses a combination of psychotherapy, such as cognitive behavioural therapy (CBT) and medications. Medications can help to reduce any symptoms of depression or pain.

CBT can help patients to cope better with stress; change their beliefs and expectations about their physical symptoms; show them how to be less preoccupied with their physical symptoms; improve their daily functioning and ability to have social relationships; address feelings of anxiety and depression.

## 8. EMOTIONAL DEPENDENCE

1. Match the words to the definitions:

<b>relationship</b>	the state of needing the help and support of somebody/something in order to survive or be successful
<b>character</b>	to leave someone, especially someone you are responsible for
<b>dependence</b>	the way two or more people are connected, or the way they behave toward each other
<b>need</b>	the ability to behave calmly and sensibly even when you feel very excited, angry etc.
<b>upset</b>	a feeling of embarrassment, shame, or worry
<b>discomfort</b>	something that happens as a result of a particular action or set of conditions
<b>abandon</b>	the particular combination of qualities that makes someone a particular type of person
<b>inferior</b>	control or power over someone or something
<b>self-esteem</b>	unhappy and worried because something unpleasant or disappointing has happened
<b>self-confidence</b>	not good, or not as good as someone or something else
<b>self-control</b>	to treat a person or an animal in a cruel, unkind or unfair way
<b>mistreat</b>	a strong feeling that you want something, want to do something, or that you must have something
<b>consequence</b>	the feeling of being satisfied with your own abilities, and that you deserve to be liked or respected
<b>domination</b>	the belief that you can do things well and that other people respect you

2. Fill in the gaps:

When I started seeing my therapist, I was suffering from very low ... .

You're welcome to come back and talk any time, if ever you feel the ....

I felt very ... among all those academics.

Debbie was ... that he didn't spend more time with her.

I had no ... at all. I didn't like the way I looked.

All her life she had a childlike ... on the people around her.

The two men have a good working ....

How could she ... her own child?

He has a cheerful but quiet ....

He looked calm and cold, full of ....

3. *Read and distribute the subheadings between the paragraphs:*

**Causes of emotional dependence**

**Diagnosis of emotional dependence**

**Prevention of emotional dependence**

**Prognosis**

**Symptoms of emotional dependence**

**Therapy for emotional dependence**

**What is emotional dependence?**

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Emotional dependence is a psychological state that takes place in personal relationships, be it with a family member, a romantic partner or a friend. It affects many people, although many are not aware of it. Emotionally dependent people have a great lack of self-control and feel great discomfort when they are not near the person they are dependent on. They feel the insatiable need to be with that person and are unable to sever the ties that bind them.

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Although there can be cases of temporary emotional dependence, usually the person experiencing it repeats the pattern of emotional dependence throughout their life with their romantic partner but also with family or friends.

The psychological consequences of emotional dependence are diverse and the effect varies depending on the degree of dependency and the characteristics of an individual. In many cases, these emotionally dependent people seek out people with a dominant, possessive, and authoritarian character, consequently nurturing a toxic relationship of domination. Sometimes, people with emotional dependence are not able to leave a relationship even if they are being belittled, used or mistreated. As a result, emotional health is affected by these toxic relationships.

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Emotionally dependent people cannot bear to be alone and the physical or emotional distance with their partner represents symptoms of stress and anxiety. Out of fear of being alone, they do not abandon the relationship even if it doesn't make them happy. They are submissive to their partner, not capable of expressing their opinions and avoid arguing – all to not upset their partner. They often feel inferior to others and feel that they are not good enough for their partner. They become obsessed with the idea of being cheated on.

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Most people with emotional dependence don't know that they have it and might even refuse to accept it when someone close to them notices it. Emotional dependence is like any other mental health disorder – they are invisible illnesses that are difficult to detect due to the absence of physical symptoms.

Normally, people with emotional dependence who seek out psychology help do so to overcome the symptoms of depression, anxiety or stress, without knowing that the cause of these is in their dependence. The psychological examination of a specialist is what will determine the diagnosis.

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Those with emotional dependency are usually people with low self-esteem, many insecurities and little self-confidence. Also, there are contributing elements from their experiences of relationships and the references that they've had throughout life.

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Maintaining good emotional health is a method to prevent this emotional dependency. It is important in childhood and adolescence (when there is a great deal of emotional and personality development) to nurture self-esteem, personal growth and confidence, as well as to overcome complexes and insecurities.

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Currently, there are various techniques to treat emotional dependence, which will be chosen or combined depending on each case. Potential therapies are: EMDR (Eye Movement Desensitization and Reprocessing) therapy, clinical hypnosis, EFT (emotion-focused therapy), couples therapy, personal growth therapies.

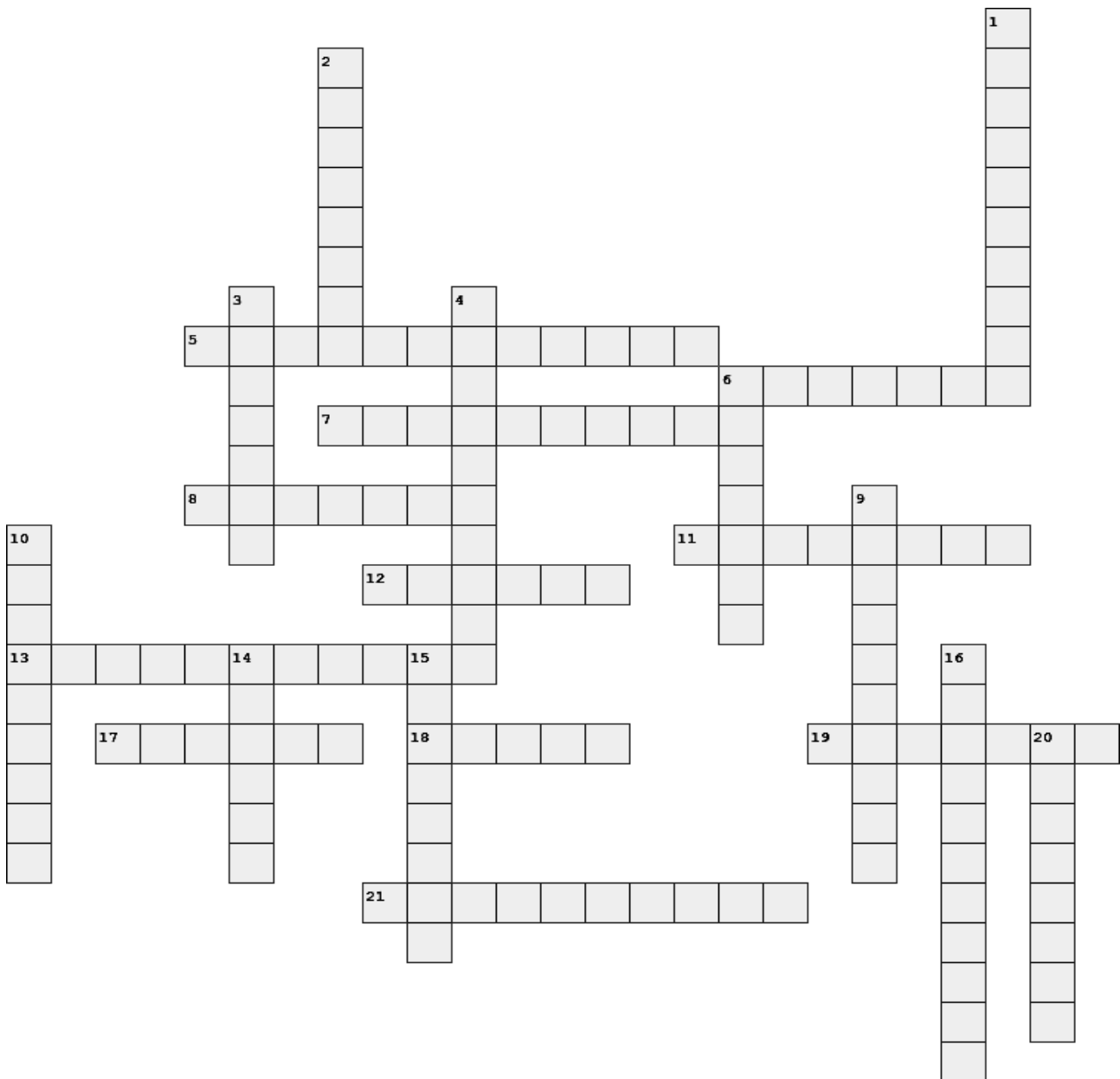
In general, the objective of therapy will be focused on helping the person to recognize the problem, abandon any toxic relationship(s) that they have, detect the causes of this emotional dependence and treat it to avoid repeating the same pattern.

#### 4. *Rebus puzzle:*



## 9. INSOMNIA AND SLEEP DISORDERS

1. Do the crossword:



### Across

5. a state in which the person gets up and acts semi-consciously during sleep, without realising what they are doing, or remembering what they did whilst sleepwalking
6. a medical condition in which you become ill or in which your skin becomes red and painful because you have eaten or touched a particular substance
7. the state of being extremely tired
8. the dried brown leaves that are smoked in cigarettes, pipes etc.
11. unwilling or unable to stay still or to be quiet and calm, because you are worried or bored
12. a medical condition that makes someone stop breathing for a short time, especially when they are sleeping
13. excessive daytime sleepiness

- 17. extreme fear
- 18. the natural state of resting your mind and body, usually at night
- 19. noisy breathing while sleeping
- 21. the fact of not being easy to do or understand

**Down**

- 1. a neurological disorder that affects the control of sleep and wakefulness
- 2. a stimulant chemical that is found in food and drink made from some plants, including coffee, tea and chocolate
- 3. the chemical substance in hard drinks that can make you drunk, which is also used in other types of products
- 4. sleep disorder that cause arousals from REM sleep, e.g. nightmares and sleepwalking nocturia (the frequent urge to urinate)
- 6. an uncomfortable feeling of nervousness or worry about something that is happening or might happen in the future
- 9. the feeling of being tired and wanting to sleep
- 10. unpleasant and frightening dreams that provoke a sudden awakening, both in children and adults
- 14. great worry caused by a difficult situation, or something that causes this condition:
- 15. difficulty falling asleep and staying asleep
- 16. how well or badly a person, company etc. does a particular job or activity
- 20. the frequent urge to urinate

*2. Read and find the answers:*

What are sleep disorders?

What are the symptoms of sleep disorders?

What causes sleep disorders?

What is the treatment for sleep disorders?

Sleep disorders are problems related to sleep. They are a set of alterations that occur in the different phases of sleep, preventing you from enjoying a proper, continuous and restful sleep. There are many different types of sleep disorders and these can be grouped into four main categories: problems falling asleep and staying asleep, problems staying awake, problems maintaining a regular sleep schedule, unusual behaviour during sleep,

Some of the general symptoms of sleep disorders are: physical exhaustion, low performance, daytime sleepiness, difficulty complying with professional, family or social obligations. On the other hand, there are specific symptoms that can occur, depending on the type of sleep disorder. Some are: sleepwalking, night terrors, nightmares, snoring.

Common sleep disorders include: insomnia, narcolepsy, sleep apnoea, restless legs syndrome, hypersomnia, parasomnias.

The causes of sleep disorders vary and can be due to several causes, such as: allergies and breathing problems, chronic pain, stress, anxiety and other psychiatric disorders, nocturia, underlying health conditions, environmental factors (e.g. light, noise or extreme temperatures), night shift work, medications, ageing (older age is associated with the development of certain sleep disorders).

The treatment for sleep disorders depends on the type of disorder the patient has. In general, specialists recommend avoiding taking medications that may cause insomnia or avoid consuming caffeine, sugary drinks, alcohol and tobacco. Also, it is advisable to shorten the time you are in bed to only when you go to sleep. That is, it is important not to watch television, read, or eat whilst in bed.

Here are some specific treatments for common sleep disorders:

Insomnia – improving 'sleep hygiene', such as avoiding caffeine, exercising regularly, keeping your bedroom dark and quiet.

Snoring – sleeping on your side, quitting smoking, treating any underlying allergies.

Sleep apnoea – you may require a CPAP machine whilst you sleep, which keeps your airways open.

Narcolepsy – having scheduled naps and medication to keep you awake during the day.

*3. Search the literature and find more examples of treatments for sleep disorders.*

## 10. PERSONALITY DISORDERS

*1. Match the words in the box to the definitions (some words are the odd ones):*

<b>abuse, adulthood, avoid, character, childhood, client, cognitive, deviate, disconnection, disorder, distortion, emptiness, feature, interpersonal, mental, motivation, patient, pattern, person, personality, provocation, self-harm, teen years, temper, trait, trouble</b>
---

- the special combination of qualities in a person that makes that person different from others, as shown by the way the person behaves, feels, and thinks;
- to do something that is different from the usual or common way of behaving;
- a situation in which you experience problems, usually because of something you have done wrong or badly;
- the time when someone is a child;
- the part of someone's life when they are an adult;

- the period of life between the ages of 13 and 19;
- regularities or consistencies that are observed in behavior, thought, or emotion;
- a feeling of being sad because nothing seems to have any value;
- a sense of detachment, isolation, or estrangement, either from oneself or from others;
- connected with relationships between people;
- the use of something in a way that is wrong or harmful;
- the practice of deliberately injuring yourself, for example by cutting yourself, as a way to express or try to deal with feeling very unhappy or worried;
- to keep away from somebody/something;
- a particular quality in the personality;
- a person seeking psychological treatment;
- the act of doing or saying something deliberately in order to make somebody angry or upset; something that is done or said to cause this;
- the reason why somebody does something or behaves in a particular way;
- connected with thinking or conscious mental processes;
- error in thinking that causes individuals to perceive, interpret, or remember information in a way that deviates from objective reality.

*2. Fill in the gaps with the words from 1:*

... is formed at a very early age.

You need a lot of ... to succeed.

She ... looking at me.

He never ... from his strict vegetarian diet.

There was an aching ... in her heart.

They are studying the links between ... and linguistic development in young children.

I hope you won't get into ... because of what I said to your dad.

She had an unhappy ....

So far the police have refused to respond to ....

What is the ... behind this sudden change?

*3. Read and distribute the subheadings between the paragraphs:*

**Approach to treatment**

**If they're left untreated**

**Personality disorder explained**

**Signs of a personality disorder**

**When personality disorders are diagnosed**

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Personality disorder means that a person's way of thinking, feeling and behaving deviates from what we expect. It means that the patterns of their personality are causing them distress and troubles in daily functioning. There are numerous types of personality disorder but they all share one aspect: a long-term pattern of significantly different behaviour than what's expected.

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Personality disorders can begin during childhood, though they are more frequently noticed by the late teen years or in early adulthood. This is when distress and problems in functioning become more obvious.

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Untreated personality disorders generally result in long-lasting and irregular behavioural and relational patterns. We see these patterns in at least two of four areas: how they think about themselves and others, the way they emotionally respond, how they relate to other people, how they control their own behaviour, how people with personality disorder feel.

The chief complaints include: chronic depression, anxiety, feelings of emptiness or disconnection. They might come to therapy also seeking help for: low self-esteem, interpersonal difficulties (their ability to communicate in their relationships), drug abuse and/or alcohol abuse, self-harm.

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The general signs of personality disorder are a client (or a friend or relative) reporting: "I/he/she has always been this way". They might accept their personality patterns as an acceptable, core part of who they are, and say things like: "I can't imagine being any other way". When a client insistently avoids their psychological treatment. This can signal that we need to evaluate their personality traits further. When someone abruptly stops coming to therapy without an apparent reason. When a client isn't aware of their behaviour's impact on others. They may report how others behaved, but fail to address any provocation or dysfunctional behaviour on their part. The client wants to change but they don't follow through on an agreed management plan, therefore taking no action despite having the initial motivation.

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We can conceptualise the treatment of personality disorder as a multi-modal approach. The psychologist and the client aim to address cognitive distortions, dysfunctional behaviours, emotional dysregulation, personal and interpersonal difficulties and to do this, we use three components in treatment: cognitive, expressive and relational.

## 11. BURNOUT SYNDROMES

addiction	having reduced individual's capacity for self-control and decision-making
alienation	extremely tired weak
blame	having lost confidence or enthusiasm for something
depleted	the state of being alone or lonely
discouraged	a feeling of being extremely tired, usually because of hard work or exercise
enthusiasm	the feeling that you do not belong in a particular group
fatigue	the act of trying to persuade or to force somebody to do something
inadequacy	a feeling of being happy with your own character and abilities
inefficiency	the state of not being good enough
isolation	the fact of not having the necessary qualities to deserve something, especially
isolation	admiration felt or shown for someone or something that you believe has good ideas or qualities
paranoia	a lack of organization or skill that wastes time, energy, money, etc., or methods or actions that waste time, etc. in this way
pessimism	a feeling of energetic interest in a particular subject or activity and an eagerness to be involved in it:
pressure	the ability to do as much work as possible in a particular period
problem- evading	worried and unhappy because you have too much work or too many problems to deal with
productivity	feeling tired or worn out despite having slept
respect	a feeling that bad things will happen and that something will not be successful
self-esteem	the belief that other people dislike or want to harm you, when there is no evidence or reason for this
stressed	to think or say that somebody/something is responsible for something bad
unrefreshed	active sidestepping or ignoring stressors, difficult emotions, or challenging situations rather than confronting them
unworthiness	the condition of being alone, especially when this makes you feel unhappy
worn-out	an inability to stop doing or using something, especially something harmful

## 2. Read and answer the questions:

What is burnout syndrome?

What causes burnout syndromes?

What are the symptoms and warning signs of burnout syndromes?

What are the complications of burnout syndromes?

How many stages of burnout symptoms?

How to treat and prevent burnout syndromes?

Burnout syndrome, or job burnout, is a condition in which a person suffers from ongoing accumulated emotional exhaustion from work-related stress and pressure that is out of control and cannot sidestep. As a result, a person may feel depleted of energy, worn-out, weak, discouraged, have a negative attitude toward the job, or be unhappy at work, affecting the ability to work effectively. In addition, long-term burnout also has mental and physical effects, including stressful illnesses, insomnia, depression, or other illnesses, as well as feelings of isolation and other antisocial behavioral issues.

Burnout syndrome is caused by the accumulation of work stress over some time until a person becomes exhausted, which affects mental and physical health. The World Health Organization (WHO) has registered and approved burnout as a new disease that occurs among people in the modern day.

The primary causes of burnout syndromes are excessive work pressure and negative interpersonal interactions that have accumulated over time, leaving people unable to handle their tasks well and resulting in chronic emotional stress, which could be due to a stressful work environment, a heavy burden of responsibility, or long working hours that lead to burnout.

There are three symptoms and warning sign domains of those with burnout syndromes, including:

- emotional symptoms such as feeling stressed, exhausted, weak, unrefreshed, lacking enthusiasm, sad, discouraged, hopeless, depressed, easily irritated, easily angry, neglected, dissatisfied with work, feeling unhappy at work, having no goals at the job, not wanting to come to work, and wanting to quit the job;

- negative attitude, such as pessimism, paranoia, a negative attitude toward colleagues, blaming a co-worker, anxiety, problem-evading, and seeing themselves as incompetent, inefficient, and incapable of dealing with work-related issues;

- behavioral manifestations, such as isolation behavior, acting distant or withdrawing, preferring solitude, paranoid of others, mood swings, or acting impulsively, lacking concentration at work, lacking enthusiasm for work, being unable to manage work, arriving at work late, feeling exhausted.

The complications of burnout syndrome include irregular sleep patterns, insomnia, and trouble falling asleep; marked weight gain or loss; muscle pain; decreased immunity; excessive stress; risk of alcohol and drug addiction; depression; heart disease; high blood pressure; type 2 diabetes; risk of illnesses.

According to Miller & Smith (1993), there are five phases of symptomatic burnout, in which work burnout gradually develops over time as follows:

The honeymoon phase is the first few months of most people's employment, during which they have the energy to work hard and try to fit in with the company and work environment. It is a phase where a person can handle pressure from work.

The awakening phase is when the persons start to feel the expectation of work and may be disappointed when they discover they cannot handle the work in the organization. The imbalance in the workplace between workload, compensation, and recognition leads to employees feeling guilty about their work assignments and being unable to manage.

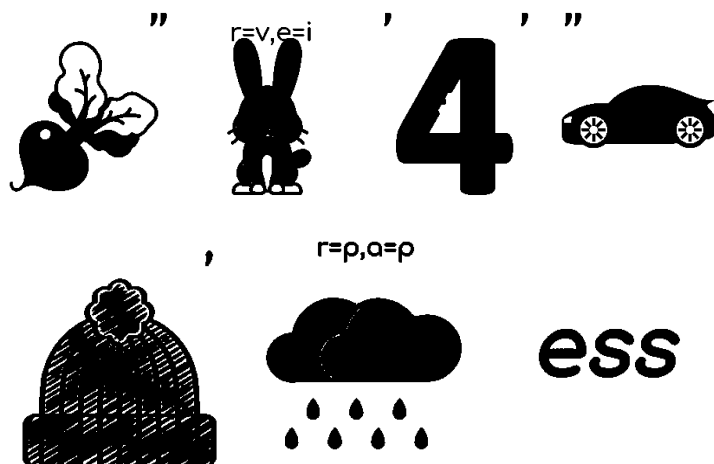
The brownout phase is the first stage of burnout, characterized by irritability, withdrawal from colleagues, grievances, negative workplace criticism, and the possibility of developing an alcohol addiction.

Full-scale burnout is characterized by extreme exhaustion from work, feelings of discouragement, hopelessness, loss of confidence, the sense of failure to manage tasks, performing poorly at work, or lack of enthusiasm for your job.

The Phoenix phenomenon: If individuals suffering from burnout syndromes have access to rest, stress management, or medical therapy to help them find a solution to the problem, they will be able to return to work and life with renewed energy.

The best possible remedies for burnout syndromes are controlling stress, letting go of negative thoughts, calming the mind, asking for help in finding solutions, learning to think positively, enhancing management skills, finding inspiration, setting goals at work, considering the pros and cons of quitting the job, and discovering the true purpose in life. They can help extinguish burn out and live in the present with happiness.

### 3. Rebus puzzles:



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**ЗАВДАННЯ ДЛЯ ЧИТАННЯ АНГЛІЙСЬКОЮ МОВОЮ  
ДЛЯ СТУДЕНТІВ СПЕЦІАЛЬНОСТІ  
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