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2013 年

考研英语

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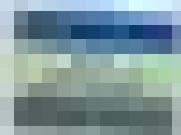
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前言

目前，图书市场上考研英语辅导用书版本很多，分类也比较细，从语言知识运用到阅读理解，从翻译到写作，从词汇到新题型再到应用文写作，每一部分都有相应的考点知识讲解和实践练习的专项辅导书，尤其是阅读部分考试分类辅导用书划分更细，有考研英语阅读真题详解用书，也有考研英语阅读专项练习书，还有阅读长难句讲解用书等。目前市面上的考研英语阅读辅导书有 220 篇、200 篇、150 篇、120 篇和 100 篇等等。这么多不同版本的考研英语阅读辅导书对考生而言不是一件轻松的事情，为什么呢？因为考生要自己作出判断和选择，自己决定买哪个版本的书比较值，但是考生没有明确的判断标准，因此就变得很艰难甚至痛苦。

判断一本好的考研英语辅导书的标准是什么呢？

首先，编书的作者必须是在考研辅导界有多年辅导经验的老师。这样的老师知道考生的需求在哪里，更知道考生的问题在哪里，这样，老师在编书的时候就能够根据大多数考研学生的需要而设置辅导书的框架和内容，从而书中的内容对考生的辅导更有针对性。对于考研英语阅读辅导用书，有经验的编者选择的文章有较强的权威性。

其次，编书的作者最好是有过阅卷经历的老师。这样的老师能把握考题答案的设置和选材的难易度，阅卷的经历可以给老师一个判断主观题答案好与坏的衡量标准。考研英语辅导用书既包括练习题也包括配套的参考答案。如果一本辅导用书的作者没有阅卷经历，在考题和答案设置时就难免不够专业，这样对学生辅导的针对性就不够强。

再次，要买的书一定要属于由多本辅导书所构成的同一个版本系列。如果一个版本系列只有一两本书构成，有的辅导书一个版本甚至只有一本书，这样的书给人的感觉就不专业。如果你喜欢一本词汇书，还想买同系列的阅读它没有，想买同系列的写作也没有，只能再去挑选别的版本系列，这样对考生来讲可能是时间的浪费。中国人民大学出版社同一个系列的考研辅导用书由多本构成，同时，又有多个系列同时出版，这为考生选择合适的考研书提供了方便。

最后，买考研英语辅导书要看其出版社。出版社的实力决定了其出书的质量和力度，不同的出版社也有图书出版的不同侧重点。有些出版社在考研书方面出版较多，也集聚了大批高水平的作者，这对书质量的保证至关重要。

有了这些基本的考研英语图书购买知识，你就可以大胆选择自己要买的考研英语辅导书了。我现在很负责任地把我所编的这本考研英语150篇阅读辅导用书给你做一个介绍，供你作出理性的选择：

这本书是由我多年来在考研辅导一线讲课时所用的阅读材料积累而成的一本书。这本书的材料均选自《经济学人》和《新闻周刊》两本杂志，多年来我和我的研究生一直在翻译这些文章，文章翻译完之后就是设计考题，考题的设计花去了较长的时间，经过多年的积累和编写，我才把多年积累的阅读文章汇编成书，交予出版。如果考生需要有一本书可以伴你整个考研英语阅读的备考过程，相信这本书就是《考研英语经典专项阅读150篇》。这本书把 150 篇英语文章集

于一本，共 30 个单元，每篇文章除了英语文章本身、试题和参考答案，还包括难句解析和全文译文。各位考研学子，当你觉得考研英语词汇背得差不多时，你就可以买下这本书，从第一个单元开始每天一篇阅读训练，同时自测，每篇阅读连同做题时间不能超过 15 分钟，在 15 分钟之内读完并做完考题，一直这样要求自己，直到把 30 个单元的文章做完。当你把这本书中的所有考题做完之后，你就会发现：你的阅读速度和阅读准确度接近并达到了考研英语阅读的基本能力要求，甚至水平更高。按照这个规划来用这本书的话，这本书的价值就发挥到了极致。

编者

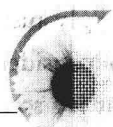
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Unit 1

Text 1

Allan Metcalf's new book claims that the word "OK" is America's greatest invention. This offers a pair of provocations. How can "OK" be an invention? On a certain day, a certain guy just dreamed up the expression that has become the most frequently spoken word on the planet? And even if it is an invention, can one little word really be greater than jazz, baseball, and the telephone? Is it better than *The Simpsons*?

The answer to the first question, *implausible* as it sounds, is yes. In *OK: The Improbable Story of America's Greatest Word*, Metcalf locates the first use of OK in an obscure corner of a Boston newspaper on March 23, 1839. As for the reputed greatness of the word, Metcalf's slim volume doesn't entirely persuade you that OK is a more valuable invention than, say, electric light. But the fact that he even raises the question is intriguing. If it does nothing else, Metcalf makes you acutely aware of how ubiquitous and vital the word has become. Once you start noticing OK, you risk becoming like the knights in *Monty Python and the Holy Grail* who erupt every time somebody says the word "it."

True story: the world's most popular word began as a joke. In the late 1830s, America's newspapers had a mania for abbreviations—also, to judge by Metcalf's account, a sorry sense of humor. He devotes a chapter to trying to explain why readers of the *Boston Morning Post* might have been amused to see "o. k." used as a jokey abbreviation for "oll korrekt," an intentional misspelling of "all correct." Apparently you had to be there. But the word soon got an enormous boost from Andrew Jackson—or his enemies, anyway. They circulated the rumor that the man of the people was barely literate and approved papers with the initials "O. K." for "oll korrekt." It was a hoax, Metcalf concludes, "but without it there'd be no OK."

The word didn't remain a joke for long. Telegraph operators began using it as a way to say "all clear." It became ubiquitous, turning up in all corners of the world, and beyond. Metcalf points out that OK was technically the first word spoken on the surface of the moon; it also immediately preceded Todd Beamer's heroic charge on 9 • 11 ("OK, let's roll."). To stand out in conversation now, it needs some frippery, like Ned Flanders's "okely dokely."

What gives this little word its immense and polymorphous appeal? Metcalf offers a couple of explanations, like its aesthetic contrasts: "A circle with an asterisk. Smooth oval, cluster of sticks. Feminine O, masculine K." It also consists of a series of sounds that can be uttered in almost every

language. Meanwhile technology continues to urge it along. Early Apple programmers let users click on two buttons: “Do It” or “Cancel.” When a tester pointed to “Do It” and asked why the computer was calling him a dolt, the “OK” button was born. Now, in the world of the ubiquitous text message, it’s increasingly just “k.”

When you pause to consider what a weird and wonderful little word OK is, the most remarkable thing isn’t that it’s so great or that it was invented but that it’s American. To foreigners in the 20th century, Metcalf writes, the word embodied “American simplicity, pragmatism, and optimism.” To us today, the word encapsulates “a whole two-letter American philosophy of tolerance, even admiration for difference.” Metcalf’s book could use more along these lines. In a time as fractious as this, it’s encouraging to think that two little syllables can help us bridge our differences. Are there worse sayings to rally behind? You betcha.

1. The word “implausible” in the second paragraph might mean _____.
A. dubious B. convincing C. contingent D. justified
2. According to the author, what is the most remarkable thing about “OK”?
A. It is ubiquitously used. B. It is invented.
C. It embodies American characters. D. It makes life easier.
3. The last sentence in the second paragraph infers that _____.
A. once you start to pay attention to OK, you will become crazy
B. the use of OK is as frequent as the use of “it”
C. when you pay close attention to OK, you will find it being used all the time
D. like the word “it”, OK is also a magic word
4. Which of the following statements is NOT true about the origin of OK?
A. It is an abbreviation for “oll korrekt.”
B. It first appears in *Boston Post*.
C. The word gets popular due to political reason.
D. The word is first used by American president Andrew Jackson.
5. The passage mainly tells about _____.
A. the new book of Allan Metcalf
B. the origin of the word OK
C. the popularity of the word OK
D. how the word OK changes people’s life

Text 2

In 2009, the U. S. Commission on Civil Rights announced an investigation college admissions to find out if admissions departments are discriminating in favor of boys to achieve gender balance. They’re unlikely to find any overt discriminatory policies; the question is, will they be able to find a pattern that is itself evidence of discrimination against female applicants.

It's quite clear that in the current educational system, girls are outpacing boys when it comes to higher education. Boys are now only 46% of the total college enrollment, and it gets worse the higher the level of attainment—female students now earn 60% of bachelor's degrees. (Interestingly, this gender split is not there yet for Hispanics, where the boys in college still outnumber the girls. The imbalance is worst among Blacks, and it's almost as bad for Asians.) Also, one shouldn't misunderstand the data. It's not clear that boys are doing worse than in the past (as is commonly misreported), it's just that girls are doing so much better. As Ashley wrote last week, overall college enrollment is higher today than it's ever been in history.

What will make it more complicated for the Commission on Civil Rights is the tie-breaker phenomenon. As yet, I doubt any colleges need to admit under-qualified boys to achieve gender balance. Rather, because there is such an oversupply of applicants, there are more than enough girls and boys who meet most college's SAT and GPA standards (there's just a lot more girls). Admissions officers can basically let gender be the tie-breaker. Their incoming freshman boys won't be noticeably behind the girls, just that more girls on the bubble end up rejected. Why do colleges want balanced gender, other than it's traditional? Well, what some colleges are finding is that when they tick up to 60% girls, high school boys stop applying there. Why they're doing so is unclear, but the consequence is: some schools will suddenly have very few boys at all. That tipping point isn't very far off for a lot of colleges.

Now, to be clear, it is currently illegal under Title IX to discriminate against girls. And also, this is not the same as past affirmative action admission preferences for Blacks and Hispanics. But just for the purposes of argument, let's say—entirely hypothetically—that the law was changed. What if colleges decided preserving some gender balance was so important to their mission that they started having slightly lower standards for boys than girls. Either because they wanted to prevent becoming female-only campuses, or they just wanted to make sure boys got the benefit of higher education.

My question to our readers is, how would you feel? The following questions all come to mind: How bad would the imbalance have to get before you felt such policies had any merit? As a man, how would you feel if you were unsure you really got in on your qualifications? As a woman, would you have any sympathy towards boys, or would such policies only create antipathy? What would happen to gender-relations on campus (and in their lives thereafter)? How imbalanced towards women would some campuses have to get before many girls started reacting like boys, and stopped applying there? How imbalanced towards women would some campuses have to get before many girls started reacting like boys, and stopped applying there? I know many of you will say that the current educational system has discriminated against boys, especially in this era of budget cuts. School districts that have cut gym, sports, voc-tech, recess, music and art are **lopping off** the few things that actually keep many boys emotionally involved in school. Girls need all those activities too, but they may not lose interest in school to the same extent (we really don't know). But maybe a change in college admissions policies would finally highlight this problem, so dramatically, that some pioneering high school districts would finally do something about it?

1. What is the author's attitude towards the admission policy in many colleges?

- A. Indifferent. B. Anxious. C. Radical. D. Appreciate.

2. The phrase “lop off” in the last paragraph might mean _____.
 A. cut away B. turn off C. put away D. drop out
3. Which of the following statements is not the reason why colleges want to admit more boys?
 A. Currently girls outnumber boys in higher education system.
 B. Boys have more academic potential than girls.
 C. If most of the students in the college are girls, boys will stop applying.
 D. Colleges want boys to get benefit in the education system.
4. From the current enrollment we can see _____.
 A. boys are doing worse than the past
 B. fewer boys are enrolled than the past
 C. girls have better performance than boys
 D. there are more Hispanic girls in the college than Hispanic boys
5. According to the author, if the colleges have lower standards for boys than girls, _____.
 A. girls will have sympathy towards boys
 B. there will be more boys in the campus than girls
 C. it is a blow to the boys' pride
 D. girls will work harder to get admitted

Text 3

Few disagreed with Christina Romer, who chairs America's Council of Economic Advisers (CEA), when she wrote recently that the early 1960s were the CEA's “glory days.” Take 1961, for instance. James Tobin was a member, Robert Solow was a staff economist, and consultant economists included Kenneth Arrow and Paul Samuelson. All four went on to win Nobel prizes. But fewer economists agreed with Ms Romer's assertion that the CEA's staff in 2009 was of a calibre not seen since those star-studded days.

Greg Mankiw, a Harvard economist who chaired the CEA in 2003—2005, points out that the council packed considerable intellectual firepower under Martin Feldstein in 1982. Three of its members or staff—Larry Summers (now Barack Obama's chief economic adviser), Mr Feldstein himself and Paul Krugman—have won the Clark medal, a prize for the best American economist under the age of 40. Mr Krugman went on to win the Nobel prize. Mr Mankiw does not think the present lot match up to the class of 1982. He suggests measuring the academic influence of CEAs by how often their economists have been cited by their peers.

The Economist decided to see how different councils fared, through a widely-used index that ranks the top 5% of academic economists worldwide by citations to date. This is an imperfect measure, favouring members of older CEAs, who have both been active researchers for longer and whose influence was presumably boosted by their time on the council. Still, of the present CEA's three members, both Ms Romer and Austan Goolsbee **make the cut**. In comparison, all three members of Mr Mankiw's CEA, and the one chaired by Janet Yellen during Bill Clinton's later

years in office, are on the list. More impressive is the fact that two of the seven senior economists attached to the present CEA are also among the top 5% of economists by citations, a rare distinction.

Measured by citation scores per team member, though, the present CEA does not stand out as much. The average score for 2009 works out at 291, much higher than 2008's 185 (despite multiple citations for the then chairman, Edward Lazear) but well below the average for Mr Mankiw's team of 2003, when the average was 641. The count for 1982's "dream team" is an impressive 755. For 1993, when Joseph Stiglitz and Alan Blinder were members of the CEA, and the senior economists included the eventually much-cited David Cutler and Matthew Shapiro, the average score is 736.5. Ms Romer's team is handicapped by our use of lifetime citation counts, but the difference is still striking.

Citations, of course, are an even more flawed measure of quality for staff economists, who tend to be younger. So we ranked the past ten years' CEAs by the average quality of the economics departments where their senior economists got their PhDs. This too is imperfect, as the rankings do change, albeit slowly. But by this measure, the present cohort of senior staff economists is the second-best-qualified in academic terms of any of the past ten CEAs. It is beaten—but only barely—by the staff assembled by Glenn Hubbard for George Bush junior in 2001. It does even better than Mr Feldstein's 1982 team. If part of any CEA's influence comes from the academic prestige of its members and staff, the present council has little to worry about. But it is not yet the most brilliant since the 1960s. Sorry, Ms Romer.

1. Which of the following person have not won the Clark medal before?
 - A. Larry Summers.
 - B. Greg Mankiw.
 - C. Martin Feldstein.
 - D. Paul Krugman.
2. The underlined sentence in the first paragraph suggests that _____.
 - A. Christina Romer considers the CEA's staff in 2009 to be the most extraordinary since 1960s
 - B. economists often compare the CEA's staff in 2009 with that of the golden age
 - C. the glory day of the CEA has left for good
 - D. CEA in 2009 is full of preeminent economists
3. Which of the following statements is not an evidence to prove Ms Romer's assertion to be wrong?
 - A. Measured by citation scores per team member, the average score for 2009 works out at 291.
 - B. When ranked the past ten years' CEAs by the average quality of the economics department, the 2009 team is beaten by the 2001 team.
 - C. Mr Mankiw does not think the present lot match up to the class of 1982.
 - D. Two of the seven senior economists attached to the present CEA are also among the top 5% of economists by citations, a rare distinction.
4. The phrase "make the cut" in the third paragraph might mean _____.
 - A. deal with
 - B. take a short cut
 - C. up to the standard
 - D. unsatisfactory
5. What is the main idea of the passage?

- A. To select the best CEA team in the history.
- B. Measure the performance of the CEA teams over the decades.
- C. Introduce citation as a measurement to evaluate the performance of CEA.
- D. To refute Ms Romer's assertion that the 2009 CEA is the best since the glory days.

Text 4

The American Heart Association today issued new guidelines on how to perform CPR. The recommendations say rescuers should focus first and foremost on chest compressions, not breathing into the victim's mouth—what most call mouth-to-mouth resuscitation—and they come after the efficacy of the previous standard was called into question. A training aide used under previous guidelines was “ABC,” or “airway, breathing, chest compression”: check the airway for lodged objects, perform mouth-to-mouth, then start on chest compressions. The new 2010 directions are “CAB,” or “chest compressions, airway, breathing”—and the AHA notes that the mouth-to-mouth can be skipped by those *leery* of “breathing for a stranger” or without formal training.

“We certainly recognize the challenge of getting bystanders to act,” says Michael Sayre, coauthor of the new AHA guidelines and associate professor of emergency medicine at Ohio State University. Making CPR easier for nonprofessionals to practice has been a leading goal of the AHA, he says, noting that chest compressions need to be administered even before 911 is called. The previous set of guidelines from the AHA did not include separate instructions for trained versus untrained rescuers, and Sayre says there is a perception among untrained individuals that they might hurt someone and shouldn't try to help.

In addition to these new recommendations, he cites an AHA public-awareness campaign called Hands-Only CPR, which has an instructional Web site encouraging people not to be afraid to help. “The message definitely is that, even if you've never been trained, you can help save a life by calling 911 and initiating hands-only CPR,” he said, instead of traditional chest compressions and assisted breathing. This change in guidelines supports the findings of two studies published this summer in *The New England Journal of Medicine*, which focused on this new technique of compression-only CPR. Traditional CPR—or cardiopulmonary resuscitation—has the performer alternate between chest compressions and breathing into the mouth of the victim.

One study, out of Sweden, focused on whether the use of compression-only CPR, compared with chest compressions and assisted breathing, would have an impact on the number of patients who survived at least 30 days after their medical incident. The results showed that there was no significant difference in the survival rate between techniques. Meanwhile, the second study, out of the University of Washington, suggested, as the new AHA guidelines do, that when CPR is being administered by a “layperson”—not a doctor—911 operators should emphasize compression-only CPR.

Additionally, the AP reports that people are more likely to attempt lifesaving measures if an emergency operator is giving them explicit and firm directions, and that 80 percent of people will

attempt lifesaving actions when instructed to use compression-only CPR, compared with 70 percent who would willingly begin both compressions and assisted breathing for the victim. The new guidelines also emphasize that rescuers need to focus on delivering at least 100 chest compressions per minute, and should press down the victim's chest by at least two inches.

1. Which of the following statements is NOT the advantage of the new set of CPR?
 - A. The new CPR has lower requirement on the professional knowledge of the rescuer.
 - B. The new CPR can be performed without professional training.
 - C. People are more willing to take the lifesaving measures under the new CPR.
 - D. The new CPR makes compression much easier.
2. The new guidelines of CPR issued by AHA _____.
 - A. provide that mouth-to-mouth resuscitation must be skipped
 - B. highlight the importance of chest compression
 - C. change the procedure into CBA
 - D. emphasize that the rescuers need to deliver at least 70 chest compression every minute
3. Which of the following statements is not true?
 - A. Chest compressions should be administered with the guidance of 911 operators.
 - B. The new CPR can also be called hand-only CPR.
 - C. Traditional CPR is the alternative operation between chest compression and mouth-to-mouth breath.
 - D. The new set of guideline separates instructions for trained versus untrained rescuers.
4. The word "leery" in the first paragraph might mean _____.
 - A. cautious
 - B. afraid
 - C. nervous
 - D. frisky
5. The author's attitude towards the new guideline of CPR is _____.
 - A. dubious
 - B. negative
 - C. approving
 - D. indifferent

Text 5

Anorexic teens have a better chance at long-term recovery in family-based treatment programs, rather than individual therapy, according to a new study. In fact, doctors at Stanford University and the University of Chicago found that including the family of an adolescent anorexic patient leads to a faster, more complete, recovery. The results contradict long-held beliefs that parents may be an obstacle to treatment. "There is no evidence that parents cause anorexia nervosa," said James Lock, one of the study's authors. "They have been blamed with circumstantial data." The study compared family-based treatment (FBT) with individual therapy and is the first head-to-head comparison.

Researchers found that recovery rates were nearly twice as high for the patients in the family-based treatment groups, and that patients in FBT also gained weight faster and showed great improvement in attitudes and behaviors surrounding food. Harriet Brown, a journalism professor at

Syracuse University's S. I. Newhouse School of Public Communications, wrote about her experiences with FBT in a new book, *Brave Girl Eating*, about her daughter's fight against anorexia. In 2005, when her daughter was diagnosed, Brown could not find therapists in her area familiar with family-based treatment. But after researching the available treatment options, she created her own hybrid of therapy using what she knew of FBT and combining it with the knowledge her daughter's pediatrician and therapist had about her eating disorder to create a treatment.

Like many families, when her daughter was first diagnosed, they were told she would have to go away to a treatment facility, where she would be treated individually and kept from her family, an idea both Brown and her daughter were uncomfortable with. After deciding that an inpatient facility was not the right choice, the family undertook treating her at home. Her daughter's food anxiety was intense, Brown said, but whether they had to watch a movie to distract her as she ate, or sit and rub her back with every bite, they did it together and they did it at home.

For the FBT study, Lock and other researchers randomly assigned participants between the ages of 12 and 18 into one of two research groups. In one group patients received FBT, and in another they received more traditional, adolescent-based individual therapy. At the end of treatment, 42 percent of patients in the family-based therapy had recovered, compared with 23 percent of patients in the individual therapy.

At six-month and one-year post-treatment checkups, the FBT research group had retained a higher number of patients in full remission than did the control group, with 22 patients and 11 patients respectively in full remission after one year. The percent of relapse for the FBT group was only 10 percent, compared to 40 percent in individual treatment.

These results hold promise for both treating the disease and some of the family stigma that surrounds it, which has made Brown very optimistic. "I would love parents to know that nobody chooses to get anorexia," Brown said. "And you can't un-choose it yourself either." If a 14-year-old was diagnosed with another life-threatening illness, she said, a parent would not step back and remain uninvolved in the child's treatment, and nor should they with eating disorders. "You don't have to be a perfect, special family to make this work," she said. "There is no such thing."

- The main idea of the article is _____.
A. how to treat anorexic teens
B. family based treatment is more effective than individual treatment for anorexic teens
C. the relationship between family and anorexia
D. a new discovery of doctors at Stanford University
- The word "stigma" in the last paragraph might mean _____.
A. exhaustion B. anxious C. shame D. despair
- The remarks of Brown in the last paragraph suggest _____.
A. parents and society should not have prejudice towards anorexia
B. if the family work together, the illness is sure to be cured
C. anorexia is not a kind of serious disease
D. positive attitude will help the patient to recover
- According to the study of Locker, _____.