50 SIGNS OF MENTAL ILLNESS: TRANSLATION

AND COMMENTARY

by

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# Approval Signatures

We, the undersigned, approve the Master’s Thesis of [Hebah Sh. Fare’].

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Dedication

For my mother and father
Abstract

This thesis deals with the translation and investigation of the most appropriate translation strategies and approaches to use when translating texts of psychological nature. Three chapters of the book entitled *50 Signs of Mental Illness* by James Whitney Hicks (2005) are translated into Arabic. The translation is followed by a step-by-step commentary that addresses relevant issues arising as a result, such as technical terms, idioms, figurative language and collocations, etc. The decisions made in this regard are also considered within a framework of various theoretical approaches. This thesis also sheds light on the most common translation problems encountered during the process of translating the selected book. The translation and commentary are but an attempt to furnish translators with ways and means of how to effectively deal with problematic issues encountered when embarking on the translation of texts of this nature or belonging to the same text type.

**Search Terms:** Target Language, Source Language, Cultural Problems, Lexical Problem, textual Problems,
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The following table provides a list of key abbreviations used in this thesis:

SL – Source Language
ST – Source Text
TL – Target Language
TT – Target Text
Chapter 1: Introduction

Background

Translation can be generally defined as the process of transferring a text from a source language into a target language. Theorists of translation (Nida and Taber, 1982; Newmark, 1988; Venuti, 2004; Baker, 2005; Munday, 2009) define translation as the process of rendering the meaning of a text and producing an equivalent text that communicates the same message in another language. Nida and Taber (2003), for example, hold that translation is “the reproduction in the receptor language in the closest natural equivalent of the source language message, first in terms of meaning, and second in terms of style” (p. 12). Similarly, Newmark (2003) defines translation as the process of “rendering the meaning of a text into another language in the way that the author intended the text” (p. 5).

A definition provided by Nida (1984), Hatim and Mason (1997) and Brislin (1976) emphasize that translation is a process which involves communicating a message expressed in the Source Language using the Target Language. Hatim & Munday (2009) hold that translation is a broad notion that can be understood in many different ways. This indicates that it is relatively difficult to provide a thorough definition of translation that includes all aspects involved in this complex process.

Despite these different views regarding the definition of translation, most translation theorists agree that translation is a process of establishing equivalences between a source text (ST) and a target text (TT) at the different linguistic levels (Dickens, Hervey, & Higgins, 2005; Bassnett, 2008; Hatim & Munday, 2009; Baker, 2009). This general definition raises another controversial issue pertaining to the concept of equivalence that is the core of the translation process and that has been investigated from different perspectives. For example, Nida (1964) proposes two types of equivalence: formal equivalence which "focuses attention on the message itself, in both form and content ... with such correspondences as poetry to poetry, sentence to sentence, and concept to concept," and dynamic equivalence which "aims at complete naturalness of expression and tries to relate the receptor to modes of behaviour relevant within the context of his own culture …" (as cited in Venuti 2004, 156).
Furthermore, Baker (2009) examined the concept of equivalence at different levels starting from the word level up to level of the whole text. She lists a number of common problems of non-equivalence at the word level. Examples of common problems are: (1) cultural-specific concepts; (2) non-lexicalized concepts; (3) semantically complex concepts; (4) different distinctions in meaning; (5) the lack of a superordinate; (6) the lack of specific items; (7) differences in physical perspective; (8) difference in expressive meaning; (9) differences in forms; and (10) the use of loan words in the source text (pp. 20-25). Moreover, Baker investigated the translation problems that may arise when we translate collocations, idioms, and fixed expressions. She claims that words often tend to appear with other words and that this occurrence is often restricted to certain forms. She explains that the meaning of some individual words might be different than when they collocate/appear with other words.

It might be expedient at point to cast a look at important issue that relates to the competence of translators. Nida and Taber (2003) discuss the issue of correctness in translation that has to do with the competence of translators. That is to say, who is qualified to translate? In this respect, Neubert (2000), states that a translator should possess a number of competences: language competence, textual competence, subject competence, cultural competence, and transfer competence (pp. 3-18).

In order to produce an acceptable translation as far as the concept of equivalence is concerned, a translator has to be well-prepared and highly qualified for such a job. A translator has to be equipped with a number of skills and competences before he can practice translating. Furthermore, translators need to be aware of the theories and strategies of translation that they will inevitably need to handle the various difficulties they encounter in rendering a SL text into a TL text at the various linguistic levels. There seems to be an agreement among theoreticians and translation trainers that a successful translator has to have a number of skills and competences in order to be able to function properly in his field. In his book *A Textbook of Translation* (2001), Newmark distinguishes a number of essential characteristics that any good translator must have:

- Reading comprehension ability in a foreign language.
- Knowledge of the subject.
• Sensitivity to the language (both mother tongue and foreign language)
• Competence to write the target language dexterously, clearly, economically and resourcefully.

Throughout history, translation has been used to facilitate the transfer of information and knowledge across nations and cultures. Translation was also the only means for scientific exchange and communication across borders and thus it contributes to bridging cultural gaps worldwide. It is an effective tool for exchanging knowledge across nations. Translation has proved to be a major tool for cross-cultural communication in the various disciplines of human knowledge including the field of mental disorders, psychology and special education. The findings of several studies in these fields are being translated and published everywhere in order to help specialists, educators as well as many concerned people deal and cope with the challenges caused by such mental and psychological issues that are very pervasive in our societies. Educators, especially those concerned with special education problems nowadays are very keen to learn more about certain psychological disorders such as grief, depression and grandiosity that negatively affect students' behaviour in the classroom and that of people in general. Addressing such issues is gaining more attention worldwide. The translation of this book fits nicely in this context. To an average person, the problems selected for translation in this thesis are vague, and very little is known about their causes, symptoms and methods of treatment.

In the process of translating from a language into another, translators often encounter different types of difficulties at various linguistic and cultural levels. Translation problems at all levels have been thoroughly investigated by researchers in the field of translation studies. Strategies for handling such problems have also been proposed in order to facilitate the task of translation.

One of the major issues a translator needs to deal with before even embarking on the process of translation is deciding upon the type of equivalence to be established in his translation. Determining the equivalence effect may differ according to the text type in question and the readership because lack of equivalence at the lexical, grammatical, or stylistic level may lead to a certain degree of translation loss.

At the syntactic level, translators quite often experience many problems while rendering English texts into Arabic and vice versa. This happens as a result of the
differences between the two languages in terms of word order and its function (Ghazala, 1995; Holes, 1995; Khalil, 1996; Baker, 2009). Baker (2009) and Holes (1995) agree that English word order is relatively more flexible than in Arabic. Baker adds to that the fact that Arabic stylistic features of wording apparently compound the message delivered through content. This feature is crucially important to bear in mind when translating Arabic texts.

Baker (2009) introduces five grammatical categories that vary across languages: gender, number, time and aspect, person, and voice. In his book *Translation Problems, and Solutions*, Ghazala (1995) discusses grammatical problems, though his overall focus is quite wider. He explains that because English and Arabic come from different language families, it is quite natural then for both languages to function differently at the grammatical level.

In addition, Baker (2009) introduces the concept of idioms and fixed expressions and examines the difficulties that might arise from translating them. The first problem she suggests is the lack of a corresponding idiom or a fixed expression in the target language, or that the idiom or the fixed expression is cultural specific. She explains that differences might occur in idiomatic connotations. Abu-Ssaydeh (2004) also discusses the issue of translating idioms from English into Arabic and vice versa. He notes that a lot of English expressions and idioms are associated with hunting, army sports, and gambling. These activities are the main features of western lifestyle, but they are not necessarily found in other societies (p. 117).

Baker (2009) suggests a number of strategies such as: 1) translating by an idiom of similar meaning and form; or 2) by an idiom of similar meaning but dissimilar form; 3) translation by paraphrase; and 4) translation by omission (pp. 72-77).

One of the fields where translation has proven to be of great importance is the field of psychological and mental disorders. Case studies, everyday discoveries, research findings are being translated and published everywhere in order to help educators deal with everyday challenges. Many worldwide institutions have started to pay close attention to certain psychological disorders and mental illness signs affecting employees’ behaviour at work, such as self-esteem problems, learning difficulties, grandiosity, grief problems and many others. Such disorders or signs may be vague to an average person. However, it is getting more and more important to
concentrate on these disorders as the number of people with such disorders has been in the increase. If unattended to, they may develop to serious mental illnesses.

The book of title 50 Signs of Mental Illness serves academic purposes and is aimed to help people deal with their mental illnesses in an organized manner. It is organized alphabetically by symptom so that one can look up the specific symptoms he is interested in easily. It teaches people what they need to know about mental illness in an easy way and addresses the symptoms of psychiatric illnesses and methods of treatment. It sheds light on the most important characteristics of each mental illness, and describes the steps that the patient goes through. Formal specialized language is expected to be seen cover-to-cover.

Literature Review

Translation is generally defined as the process of establishing equivalence between a ST and a TT. No doubt that translation is a challenging task that demands careful consideration of selected equivalents. One mistake in the lexical, grammatical and/or textual choices may lead to loss in the meaning and eventually crucial consequences but even correct choices lead to translation loss. There are many difficulties that arise while translating; thus, it is the translator’s job to make decisions and choose the most appropriate methods and strategies to produce a text that is almost equivalent to the original at least in terms of message content. Prior to embarking on a translation, a translator may also wish to take certain factors into consideration such as the TL readership, the purpose of the translation, and the type of text. The importance of these factors may be clear in a situation where, for instance, one may use an elevated language when the ST addresses the average person. This suggests that, without taking the purpose of the translation into consideration, the intended meaning may lead be lost to those the text is meant to address. The type of text can also be important because translators cannot, for example, use the diction of a literary genre while translating a technical text, or use slang terms when translating a scholarly work as such use would seem to be out of place. English and Arabic have many text types, each with special language techniques and different characteristics to be closely examined and analyzed before the actual translation takes place, since text type plays the role of a “conceptual framework which enables us to classify texts
in terms of communicative intentions serving an overall rhetorical purpose” (Hatim & Mason, 1990, p. 140).

According to Culler (1975, pp. 21-22) “If languages were simply a nomenclature for a set of a universal concepts, it would be easy to translate from one language to another.” This clearly shows that translation is not an easy task. This may be due to what Baker (1992, p. 10) refers to as “lack of equivalence” between the S.L and the T.L This suggests that it is impossible to find two languages that map one another or that are completely identical because each language has its own unique set of concepts and linguistic features. This creates a problem for translators because such linguistic, let alone cultural, differences do not limit themselves to a particular linguistic level, but rather branch themselves out to include almost all other linguistic levels.

The following part sheds light on some of the: cultural, lexical, textual and grammatical problems encountered in translation.

**Cultural problems.** According to the Cambridge Dictionary the word 'culture' refers to “the way of life, especially the general customs and beliefs, of a particular group of people at a particular time.” The term 'culture' is also defined by many scholars such as: Newmark (1988), Vermeer (1989), Lotman (1978), and Bassnett (1980), differently. For example, to Newmark (1988, p. 95) culture is "way of life and its manifestations that are peculiar to a community that uses a particular language as its means of expression.” Newmark (1988, p. 94) also states that language is not a component or feature of culture; whereas Vermeer states that language is part of culture (1989, p. 222).

Bassnett (1980, pp. 13-14) sees language as "the heart within the body of culture.” Regardless of whether language is part of culture or not, cultural differences certainly represent serious problems for translators. According to Nida "differences between cultures may cause more severe complications for the translator than do differences in language structure" (1964, p. 130). It is not an easy task for a translator to decide which cultural aspects of the (SL) s/he may translate for the (TL) readership (i.e. is what can be considered a taboo, religiously accepted or unaccepted, embarrassing and/or inappropriate in the target language culture). Newmark suggests two methods to deal with such problem: (1) transference (2) componential analysis. According to Newmark (1988, p. 96), transference gives the translated text a "local
colour” and results in keeping the cultural concepts. Vermes (2003, p. 93) states that transference may occur “when we decide to incorporate the SL proper name unchanged into the TL text; either because it only contributes its referent to the meaning of the utterance or because any change would make the processing of the utterance too costly.” However, Newmark states that this method may result in producing texts, which may be incomprehensible of certain aspects for the target readership. As a result, he suggests the componential analysis method, which he describes as “the most accurate translation procedure, which excludes the culture and highlights the message.” Nida (1964, p. 129) suggests a “gloss translation” where translators should be as faithful as possible to the original content to the extent where the (TL) reader is able to “understand as much as he can of the customs, manner of thought, and means of expression”.

**Lexical problems.** One of the problems on the lexical level is having a word in one language that does not exist in another language. For instance, the Arabic word ‘ربا’ pronounced as ribā, is usually translated in English as (interest) or (usury). However, there is a difference between the concept of riba and interest from a religious point of view.

Translators usually find themselves facing collocational patterns that require special attention. In his paper, Abu-Ssaydeh (2003, p. 172) gives an illustrative example pertaining to collocational problems "A visiting dignitary to the Arab World, for example, may receive a warm, lukewarm or cool reception استقبال حار، فاتر أو بارد" whereas "the English words icy, freezing and cool do not have any metaphorical equivalents in Arabic". Deceptive cognates (also known as false friends) are considered lexical problems. Deceptive cognates or false friends may be defined as "pairs of words in two languages that look and/or sound the same but have different meanings". "An example of a false cognate is the English library and the Spanish la librería. The English word means ‘a building where books may be read or borrowed,’ while the Spanish one means “a bookstore.” (http://grammar.about.com/od/fh/g/falsefriendterm.htm entered 25/02/2013).

**Textual problems.** According to Baker, this level is mainly concerned with the concepts of cohesion and coherence. That is, this level tends to focus on how sentences are linked to one another, and how these sentences, when joined together, correctly produce what may be called ‘text’. In this respect, Fareh (2006) and
Shunnaq (1998) investigate some of the major textual problems that translators often encounter while translating from Arabic into English. Such problems include lexical and grammatical ambiguity, redundancy, cultural problems, run on sentences, and text types.

Unlike Fareh (2006) and Shunnaq (1998), who examined general textual problems Hamdan and Fareh (1999), and Saeed and Fareh (2006) adopted a more detailed approach as they focused on problems arising from translating connectives like 'wa' and 'fa' into English.

Awareness of such problems seems to constitute an important component of a translator’s competence. The notion of competence in translation has been addressed by many scholars including Bell (1991), Nord (1991), Hewson (1995), Hatim and Mason (1997) as being multicomponential. For example, Bell (1991) states that a translator's competence consists of knowledge of the T.L, knowledge of the S.L, contrastive knowledge, knowledge of the subject matter, knowledge of the text type and communicative competence in the form of decoding and encoding a message. Nord (1991), however, views competence as related to the profession of translation and the translator him/herself. Hewson (1995, p. 108) adds further elements to the formula of competence namely “cultural and professional elements.” Jahnke (1997, p. 178) names three components of competence which are mother tongue knowledge, foreign tongue knowledge and “socio-cultural background.”

Hatim and Mason (1997, pp. 204-206) view competence as a linguistic feature that consists of three components: S.T processing, T.T processing and transfer. Hurtado (1995), however, breaks down the components of translation competence into linguistic, extra-linguistic, general “professional skills” and “transfer competence.”

Accordingly, being bilingually and culturally competent seems to be crucial to any translator as such knowledge would provide a proper framework for the translator in making sense of the sometimes ‘non-sense’ which is according to Fareh, “the translator's responsibility” (2006, p. 114).

**Thesis Organization**

This thesis is divided into five parts: (1) An introduction, (2) Review of the Literature, (3) Source Text, (4) The translation of seven thousand words from the
book titled *50 Signs of Mental Illness*, and a footnote commentary, (5) The Conclusion. The commentary is on the problems the translator encountered throughout the translation process, in addition to the strategies and methods adopted by the translator to handle these problems. The commentary is followed by a brief summary of the problems with illustrative examples will be provided.

**Objectives of the Study**

This study aims at the following:

1. Translating selected chapters from the book titled *50 Signs of Mental Illness* from English into Arabic.
2. Identifying and discussing the problems encountered in the process of translation.
3. Proposing appropriate strategies and solutions to the problems encountered in translating the book whether at the word, sentence, or text levels.

**Significance of the Book**

The importance of translating the selected ST stems from a number of points:

1. Mental illness and other psychological disorders have become the focus of several academic research projects addressing the different types of disorders.
2. The book not only deals with the theoretical part related to mental illness signs as a psychological disorder (e.g. its symptoms, associated disorders…etc.), but it also offers practical solutions and guidance to face the challenges with mental illness patients as well as those involved in helping people with such disorders.
3. The book is written by an Associate Director of clinical services who is also an Assistant Clinical Professor of psychiatry at New York University., that’s why it combines theory with practice. It includes current research and findings and presents an overview of how to deal with people with mental disorders.
4. This book was “Selected as a Best Non-Fiction Book of 2005 by the National Alliance on Mental Illness and a recipient of the a 2006 “Ken” Award by Kenneth Johnsin Memorial Research Library of the National Alliance for the Mentally Ill’s New York City chapter.”
5. The number of Arabic books dedicated to such mental problems targeting teachers, parents and educators is few compared to hundreds of books published in English that offer enormous practical activities and guidance.

6. Translating the current book can serve the needs of anyone struggling with the question of mental illness, or seeking to understand their own symptoms or those of their beloved ones.

7. Being aware of these symptoms and disorders may help teachers at schools to handle such cases among their students.

8. The book can be of benefit to educators who work in the field of special education with people having some of these mental disorders, as it identifies the problems, causes, results and propose appropriate methods and activities to overcome them.

9. Having personally been through a very hard experience of grief through losing a beloved person was in itself a strong motivation to choose grief as one of the selected topics for translation.

10. The book contains many psychological terms whose definitions are useful for translators.

11. Translating such a book contributes significantly to the field of translation studies since it aims at identifying the problems encountered in translating books of this nature, type and genre from English into Arabic. The translation is also an attempt to establish equivalence between the ST and TT as much as possible at the textual and syntactic levels.

   This last point is in line with Lefevere’s (1992) definition of the discipline of translation studies as the field that is concerned with “the problems raised by the production and description of translation”. He also added that this field involves rendering of SL text into TL text, so as to ensure that:

   - The surface meaning of TL/SL texts will be approximately similar;
   - The structures of SL text will be preserved as closely as possible but not so closely that the TL structures are seriously distorted.
Chapter 2: Source Text

Description of the Source Text

*50 Signs of Mental Illness* was published in 2005 (Yale University Press health & awareness). The author is Dr. James W. Hicks, Associate Director of clinical services at the Kirby Forensic Psychiatric Center in New York City, and he is an Assistant Clinical Professor of Psychiatry at New York University.

Each topic in the book begins with a short description of a person with signs of mental illness to illustrate the symptoms, and then it goes on to describe the signs from a medical point of view. Each chapter concludes with an outline of the treatment and strategies for coping with each symptom. *50 Signs of Mental Illness* is written for the average person who is concerned with his or her own mental health or with symptoms observed in family members, close friends or other people. The signs are arranged alphabetically, starting with Anger and ending with Trauma. As George Mott, Washington Post, put it, it is “A smart, alphabetically arranged layperson’s guide to common symptoms.”

The text type of this book is both informative and descriptive. Although the book belongs to the field of psychiatry and includes many technical terms, the author in many instances, uses informal language when addressing to the reader. Sometimes some slang words are even used. In order not to alienate the reader, the author uses second person pronoun to break the barrier between himself and his readership.

The book mainly addresses American audience. When translating the selected text, every effort has been made to de-localize the text in order to appeal to the targeted audience.

Translating this book is not only important because it clarifies the significance of such psychiatric signs and symptoms, but it also guides its readers toward appropriate treatment choices. It is a priceless resource for a more informed perspective on mental illness.

The following are some of the reviews about this book:

- “An exceptionally practical guide for anyone struggling with the questions of mental illness.” –Anand Pandya, M.D., NYU School of Medicine, Bellevue Hospital Center, and NAMI Board of Directors
“Each of us has experienced one or several of the various forms of emotional distress described in the enormously helpful book- and who has not been worried about their meaning and sometimes wondered whether, or how, to seek treatment. Finally, here is the book that answers every question lucidly, directly and authoritatively.” —Sherwin B. Nuland, M.D., author of *Lost In America: A journey With My Father and How We Die.*

**The Source Text**

**Grandiosity.** You are shocked; the promotion went to that lousy sycophant, when you really deserved it. You even came in on time one day last week so that you could be on hand during the new boss’s visit. You also pitched in with the others to buy her a welcome bouquet, though you figured out a way to slip in a card with just your name on it. You're sure your coworkers would have done the same, if they'd been smart enough to think of it.

Well, who wants to work for such an unappreciative anyway? You decide to call in sick and stay away from the office for a few days. Let her think you're going to leave. Then she'll regret passing over you.

Grandiosity is an exaggerated conviction that you are a special and important person. As a uniquely special person, you feel that you deserve special treatment. You expect to be recognized by others as important and talented, even if your accomplishments are unremarkable. You expect others to do as you say and to follow your lead. You ignore rules, which you assume were made for others. You imagine that people consider you to be funny, attractive, and someone who is worth spending time with, even though the truth is that they find you to be a bore and full of yourself. You view others as objects to be manipulated. If someone makes an effort to be friendly to you, you quickly calculate whether he is important and, if not, you ignore him. You are constantly thinking of ways to become more powerful, and you imagine that others envy your skills and accomplishments. You feel that you deserve only the best, and you are insulted when others fail to appreciate as much.

Psychiatrists refer to this collection of traits as a narcissistic personality disorder, after Narcissus, a character from Greek mythology who became entranced by his own reflection in a pool. If you have a narcissistic personality you have a grandiose sense of your own importance, and you manipulate and alienate others. All
personality traits exist along a spectrum, and some of these narcissistic personality traits are fairly common in milder form. In fact, it may be healthy to have a slightly exaggerated sense of self-esteem; Psychiatrists estimate that less than one present of the population suffer from the full-blown personality disorder, in which these grandiose traits are a persistent and pervasive part of the sense of self and of the interactions with others.

Psychiatrists believe that the grandiose feelings in narcissistic personality disorder actually mask profound self-esteem problems. If you are narcissistic you are very easily hurt. You build up an image of yourself as powerful, talented, and desirable because you genuinely fear that you are worthless. Any slight or rejection, even unintentional, unsettles your self-image, throwing you into a fit of anger or depression. Any failure or loss calls into question whether you are really so special after all. You predictably have troubles at work and in romantic relationships, because others fail to appreciate you sufficiently and because you tend to behave in an arrogant and manipulative fashion.

Grandiose traits are common in some other personality disorders as well. If you have a histrionic personality disorder, you like to be the center of attention, and you behave in a dramatic or seductive fashion in order to keep everyone's attention. You treat others like objects to be manipulated in your own personal drama. You speak of casual acquaintances as close friends, and of friends as if they were intimate partners. If you are rejected or slighted you may throw a temper tantrum or make threats.

If you have an antisocial personality disorder you simply do not care about others, except to the extent that you can exploit them for your own ends. You believe that rules are made to be broken, and you break them whenever you think you can get away with it. You believe that everyone puts themself first in this world, and anyone who pretends otherwise is a liar or a fool.

**Grandiose Delusions Occur in Psychosis and Mania.** The grandiosity that occurs in the personality disorders reflects a pervasive and lifelong failure to empathize with others and to cope with underlying feelings of inadequacy. Grandiosity of a different sort is seen in other major mental illnesses, like bipolar disorder and schizophrenia. In these illnesses, grandiosity emerges as you lose touch with reality, regardless of your usual level of self-esteem and empathy for others. You
may not be grandiose or narcissistic in the least in between episodes of mania or psychosis.

When you become manic, you predictably develop grandiose beliefs. You feel like you are on top of the world, and everyone should pay attention to you. You believe that you are the most interesting, exciting, and talented person around. You feel powerful, like you can do anything. People seem to want to be near you to share in your glory. Everything that you say, write, or do is remarkable. If others do not give you your proper due, you may become irritated, or you may feel that your talents are wasted on them. You talk about celebrities whom you consider to be your colleagues or supporters. You consider yourself famous, or on the verge of fame, and assume others have heard of you. You believe that you have unusual skills, such as being fluent in multiple languages. You may insist on speaking in these languages to show off your skill.

Religion and sex are common grandiose themes in mania. You may become preoccupied with religious salvation. You feel as if you are in a state of glory and enlightenment. The words of religious books seem to speak clearly and directly to you. You may feel compelled to spread the message of God. You may begin to prophesy.

On the other hand, you may become sexually preoccupied. You feel sexually inexhaustible. You become convinced that you are unusually virile and desirable. Your speech is full of sexual references. You flirt and pursue sexual contact in an arbitrary or risky manner, for example in public places with strangers. You dress in a flashy manner or put on too much make-up. You no longer feel shame, and you make sexual comments and gestures that you would never make in public if you were not manic. Religious and sexual preoccupations often occur at the same time. I recall one patient who showered me with Biblical verse before demanding that I kiss her.

Eventually your grandiose thinking becomes more extreme and delusional. Instead of believing that you should be famous, you become convinced that you are famous. You might begin to believe that you are someone else: the president, a pop star, or the Messiah. You may begin to experience hallucinations, which you attribute to the voice of God or to your name being announced over the radio. You become paranoid, thinking that others are jealous and trying to steal your money and
reputation. At this point you are experiencing psychosis as well as mania, because you have lost touch with reality.

The content of grandiose delusions is partly a reflection of the times. In the nineteenth century a person with mental illness might wear a French general's hat and stick one hand into his shirt in imitation of Napoleon. Now it is more common to believe that you are a famous rap star, that you are married to the president, or that you have developed a cure for AIDS.

Grandiose delusions are also seen in schizophrenia (see "Psychosis"), in which it is common to have both paranoid and grandiose beliefs, but without other manic symptoms like rapid speech and euphoria.

**How to cope with grandiosity.** The personality disorders are difficult to treat. The treatment of choice appears to be psychotherapy, in which you try to come to terms with underlying feelings of vulnerability. If you have a narcissistic personality, you will find it hard to trust your therapist or tolerate any critical feedback. But if you can cope with the challenges of therapy, you will begin to develop a more realistic view of yourself that is less grandiose and less vulnerable to injury. You might benefit from antidepressant medications (see "Depression") at times when you are particularly upset by seemingly insurmountable failures or rejections.

If someone you care about has narcissistic traits, you want to avoid fulfilling his self-defeating expectations. You should neither shower him with undeserved praise nor accuse him of being a self-cantered monster. Instead, try to share your more balanced views with him. For example, you might tell him that the new car he bought is very nice, but do not reinforce his desire to have the most expensive car in the neighbourhood. Let him know that you appreciate him for other reasons, not just because he drives a flashy car.

Grandiose delusions that occur during psychosis or mania are generally treated with antipsychotic medications and mood-stabilizing medications, respectively, or in combination. If you care for someone who has grandiose delusions, you will play a valuable role in supporting him during his treatment. You should generally avoid trying to argue with him about his beliefs, since no amount of talking will change them. You can respectfully share your view of reality and remind him that it is the nature of his illness for him to have some unusual beliefs. It may be tempting to try to counter grandiosity by putting your loved one down, but that accomplishes nothing.
except perhaps to make your loved one feel that you are frustrated and that you no longer love him. You want to communicate without loved one in a caring way, without becoming too emotional about the odd beliefs that he expresses, which are largely out of his control.

**Self-esteem problems.** What an angel! She is your very best friend ever. You met your new boss just yesterday, but you can tell she is the greatest! It’s your second day at a new job, and she brought you coffee and muffins. She's so thoughtful and sensitive! You can tell that she’s the sort of person who would never hurt you.

Not like that ass you worked for at your last job. You stayed at work for long hours working on that report, and he never even noticed. He asked you to change one of the charts; he said it was inaccurate. Well, it wasn't your fault! He gave you the data. If he wanted you to double-check his sources, he should have said so. And you told him as much.

You told him that if he had the least bit of decency, he would have stayed up late with you to help you finish. Why did he have to race home? As if his wife couldn't spare him for one evening. He must think that you don't have a life, that you have nothing better to do than work late. Well, you’ve had plenty of boyfriends. You could have a different one every night if you wanted.

You should have said that. Maybe you'll call him up tonight and give him an earful. But for now, you’ll just have one of those muffins.

Self-esteem is one aspect of personal identity. It reflects the extent to which you feel good about yourself. Healthy self-esteem strikes a balance. You must be able to realistically acknowledge personal weaknesses and accept mistakes you have made in the past. At the same time you need to feel that you are basically a good person and that your life is worthwhile. Most of us grow up with a feeling that we are valuable, perhaps even special. Presumably we first learn to feel that way from our parents, who seemed to love us unconditionally, even when they scolded or criticized us.

Several mental illnesses are characterized, in part, by a disturbance in normal self-esteem. Depression causes you to see everything in a more negative light. You may feel that you are a worthless failure. You may dwell on past mistakes. For example, you might feel guilty for making a sarcastic comment to a friend years earlier, even though she has forgotten about the incident altogether. Poor self-esteem can become so exaggerated that you come: to feel that you are responsible for many
of the problems in the world. You feel that you have ruined your own life and the lives of those you love. You may begin to feel that you would be better off dead and contemplate suicide. If you have an *avoidant* personality disorder you are shy and afraid that others think poorly of you.

At the other extreme, mania can inflate self-esteem. You may feel that you are the greatest person in the world. You surprise yourself with your brilliance, sense of humor, and accomplishments. You feel that at you can do anything. As mania progresses you may develop grandiose delusions of being famous. You may even come to think of yourself as an omnipotent God in human form. This exaggerated self-esteem disappears quickly once mania is treated, or when your mood swings back into depression.

Self-esteem is also artificially elevated in narcissistic personality disorder (see "Grandiosity"). If you have narcissistic traits you may portray yourself as a uniquely competent and accomplished individual with impeccable tastes and remarkable interests. You condescend to most people while seeking out the company of the glamorous and powerful. This veneer of self-importance conceals the underlying feeling that you are unimportant and vulnerable. You fear that even the most pedestrian people are happier and better adjusted than you. You worry that no one will like you unless you make yourself out to be something better. Expressed self-esteem is similarly inflated in histrionic personality disorder, again to cover up underlying feelings of inadequacy.

Some people have an overdeveloped conscience and set unrealistically high standards for their own behaviour. They criticize themselves when they fail to be as perfect as they think they should be. Therapists have traditionally referred to this as a *neurotic* character style. (The term “neurotic” has been used more broadly to refer to a wide range of psychiatric difficulties, usually in contrast to "psychotic" conditions. Psychiatrists rarely use the term now because it is so imprecise.) If you have a neurotic style you are probably articulate, competent, reliable, persistent, precise, accomplished, and moral. You may be somewhat controlling and emotionally inhibited, but you view these as positive traits, seeing yourself as someone who follows the rules and always behaves rationally rather than impulsively. Psychiatrists do not label neurotic style as a mental illness, since it is neither disabling nor particularly distressing. However, if you have neurotic traits, you may seek therapy in
your quest to more fully understand yourself and your perceived inadequacies or cope with mild feelings of anxiety or failure. In therapy you explore the roots of your high expectations, and you receive reassurance for being only human.

In some cases mental illness leads to poor self-esteem indirectly, as a result of shame and stigma. For example, if you suffer from learning difficulties as child, you may feel incompetent and stupid compared to your classmates. If you have panic attacks in public, you may feel ashamed. If you are addicted to drugs, alcohol, or sex, you may be embarrassed by your inability to control your cravings. In anorexia, bulimia, and other disorders of body image, you are certain that everyone is appalled by your appearance. Even though mental illness is better understood today than ever before, many people still view the mentally ill as odd, deficient, or dangerous. You may share some of those prejudices yourself and fear that your symptoms are a sign of some weakness in your character. As with other disabilities you need to understand your illness, approach it realistically, and not let it define your life. Educate yourself, your family, and your friends about the illness, and attend self-help groups to meet others who have learned to cope with illness.

**Self-Esteem Is Exceedingly Fragile in Borderline Personality Disorder.** In the middle of the past century early psychoanalyses began to describe a personality type that they found particularly challenging to treat. These patients initially appeared to be neurotic, functioning well in society but having difficulties with self-esteem. However, in therapy they demonstrated intense rage and desperation and often abandoned treatment. Psychiatrists observed that these patients sometimes seemed to lose touch with reality when overwhelmed by their emotions. Their condition, though poorly understood, was labeled as being on the borderline between neurosis and psychosis. The name has been retained, even though many psychiatrists no longer think of borderline personality disorder as an in-between condition.

Borderline personality disorder refers to a constellation of traits that tend to be enduring over time and that deeply disturb your ability to form relationships with others. At the core of the problem is a disturbance in self-esteem. If you have a borderline personality, you feel deeply inadequate. You feel as if you were born into a world with personal deficiencies that keep you from being able to relate to others on an equal footing. You constantly compare yourself with everyone else, and you always find yourself lacking. You feel that you are a reject and a loner, and that you
are deeply unlikable. You feel different. You may feel ugly, not just in appearance but at the core. At times you may tell yourself that you are just a piece of shit. The feeling is visceral and painful. You would like to be admired, loved, and accomplished, but you feel that you can never meet anyone's standards.

Family, colleagues, and therapists may be surprised at the depth of your sense of inadequacy. By many measures you may appear to be successful. You may be talented and accomplished at work. You may excel in self-employment or in job situations where you are able to direct others. You may be financially secure. You may seek out volunteer work, where you feel that you are selfless and immune to criticism. You may be physically attractive by most objective measures, and you may go to great lengths to keep up your appearance. You seem to have many acquaintances, and you spend lime socializing, at least in groups in which you are not expected to be the corner of attention.

**Emotions and behavior are poorly regulated in borderline personality.** If you have a borderline personality disorder you not only feel different and inadequate, but also emotionally desperate. Every day you feel unhappy and miserable. This chronic feeling is different from the heavy, drowning sadness experienced in clinical depression, though you are prone to developing depression as well. The miserable feeling experienced in borderline personality disorder is often described as a chronic feeling of emptiness. You feel that your life is without meaning. You feel that something is missing. You feel constantly anxious, irritable, bored, and listless. You can enjoy activities when you are caught up in them, but the pleasure does not last. Whenever you start to feel good you immediately start to worry that something will go wrong.

In addition to these constant anxious and empty feelings, you are prone to sudden mood swings. A profound feeling of worthlessness can sweep over you in a moment, reducing you to tears. Then the phone rings and you become euphoric that a friend has called just to say hello. Then you fly into an angry rage when the call is interrupted by the delivery of the pizza you had ordered earlier. Within minutes of these mood swings you may recover and dismiss your outburst as if nothing had happened. You wonder why anyone would care that you lost your temper, since you feel fine now. You do not view yourself as a moody person. Rather, you feel that you
are doing the best you can to respond to circumstances that are completely out of your control.

Your behavior is also *impulsive*. You act without thinking, responding quickly and in an exaggerated fashion to the tidal changes in your emotions. If your boyfriend breaks up with you, you may pick up your chair and throw it at him. If you score poorly on an exam you may go home and scratch yourself with a razor (see "Self-Mutilation"). If your therapist takes a vacation you may go out in anger, get drunk, and drive into a fire hydrant. You have difficulty thinking of less dramatic ways to soothe yourself when you are feeling bad; you tend to use drugs, drink alcohol, or sleep around. These things make you feel better, but only for a little while. You fail to think about the consequences of your actions. When the situation seems unbearable, you feel you have no choice but to act. Sometimes you genuinely want to die, and you may attempt suicide.

**Borderline personalities desperately distrust and depend on others.** Desperation characterizes your interactions with others. If someone expresses any interest in you, you get swept away with unrealistic expectations that he will be the one to rescue you from your life of misery. You ignore early warning signs and skip over the tedious initial steps in negotiating a new relationship. Your new interest will either commit him to you entirely, or he is a rotten, inadequate, withholding and betraying jerk, just like others you have dated and worked with. If you begin to detect hesitancy on his part, you panic and take desperate and manipulative actions to keep him interested and involved. I have worked with several young women who lied to their boyfriends about being pregnant to continue the relationship. You may threaten to harm yourself if he leaves. Both men and Women may stalk their partners after a breakup, harassing them at home or over the phone. If your attempts at reunion fail, you may be embarrassed by the extent to which you feel you have demeaned yourself. You feel that you opened yourself up only to have your inadequacy and undesirability thrown back in your face.

Some individuals with a borderline personality style become terribly dependent on significant others. Fearing rejection or abandonment, they may go to great lengths to please their partners. You may tolerate verbal and physical abuse. You may feel that you deserve as much, and that submitting to abuse is the only way that you can keep a relationship going. I once treated a man who let his partner bring
home other boyfriends for sex. He felt lucky on those occasions when his partner would include him. You may feel that you have little personality of your own, and you judge yourself and your interests through your partner's eyes. Your sense of identity changes, as you follow the suggestions and guidance of the person whose attention you are afraid to lose. You feel that your opinion and accomplishments are nor worth much anyway. You think that if he takes the trouble to mold you, he must care for you. Sometimes psychiatrists refer to this vulnerable style as a dependent, rather than borderline, personality disorder.

At the other extreme, most individuals with borderline personality become suspicious when relating to others. You have come to realize that loved ones always fail to live up to your expectations. Relationships always end with hostility. You learn again and again that you are a bad person incapable of being loved. You remind yourself that relationships are dangerous that way. The closer people get, the more damage they can do. Yet you are terrified of being alone. So when someone reaches out to you, you are corn between clinging to him and pushing him away. You test him over and over again, challenging him to betray you. You act angry, entitled, jealous, and resentful, sometimes you find it easier to keep your relationships shallow. You have a series of one-night stands that make you feel, briefly, more attractive and less lonely. Sometimes you just head to the shopping center so that you can be around people without relating to them.

Why do borderline personality traits develop? Most therapists believe that an ambivalent sense of self and others is central to borderline personality disorder. Deep down you lack a stable and integrated view of yourself as someone with both strengths and weaknesses. You live on a daily basis with a sense of your own badness. But this feeling is intolerable. In a process that therapists refer to as projective identification, you cast these bad feelings onto others. You blame your partners, friends, and bosses for making you feel bad, for failing you, for persecuting you. You feel that you are in a constant power struggle, and that you are always the victim. Everyone around you becomes trapped by your tendency to view things in black and white. Your view of yourself and others shifts constantly from one extreme to another. You are rarely able to describe yourself, or anyone you know, in balanced detail. Everyone is either "the greatest" or "just a jerk".
Scientists do not know exactly how or why these attitudes develop. Most patients in treatment for borderline personality disorder report having an abusive childhood. Research has shown that childhood abuse and neglect greatly increase the risk of personality disorders in adults, especially borderline personality disorder. However, a history of abuse or neglect is not always present. Most therapists presume that borderline personality disorder is caused by a developmental failure in early childhood. You may be born with temperamental traits, such as impulsiveness and moodiness that make it more difficult for parents to relate to you. Or your parents may be cruel or distant. Not surprisingly, sexual abuse by family members, combined with parental cruelty, seems to produce the greatest disturbance in personality when the child grows up. The child is unable to distinguish between love and abuse, since she experienced them together. She learns to view people as threatening and unpredictable at the same time that she relies on them for affection.

Approximately two percent of Americans have a borderline personality, and another one percent would be diagnosed with a dependent personality disorder. Both are diagnosed more frequently in women than in men. Women may be more at risk because society encourages women to be more dependent and emotionally vulnerable. On the other hand, it is possible that clinicians fail to detect borderline personality traits in some men because of stereotypes about men being less emotional.

**How to cope with borderline personality traits.** Traditionally, therapists have been pessimistic about the prognosis for borderline personality disorder, but research has shown that treatment is helpful. If you have borderline personality traits you may be viewed as a therapeutic challenge because of the intensity of your expressed emotions, your unpredictability, and your constant need for validation. The therapist tries to provide, in therapy, a safe space where you can vent your emotions without being exploited or criticized. However, you will probably be distrustful, angry, and paranoid at times and provoke your therapist to betray you in the manner in which you feel you have been betrayed by others.

Every therapist will be frustrated at times by these challenges, but the skilful therapist will kindly direct your attention to the anger you are expressing and the effect that it has on others. When she tolerates your hostility and explores its origin, you begin to learn that rejection is not the only way people can respond to you. You
slowly develop greater trust, and you realize that if you can trust your therapist there must be other people in the world you can trust as well.

Your therapist will establish some rules early in treatment, not to annoy you but as a part of your treatment. You will be expected to keep your appointments and to limit contacts between sessions. You will negotiate what sorts of contact are permissible, and how to get help in an emergency. You may feel that you need your therapist to be available for you at all times, but you will learn that when you leave a session you are not being abandoned or rejected. When you become overwhelmed with emotions you will be tempted to harm yourself (see "Self-Mutilation"). Part of your treatment will involve learning to talk about your feelings rather than acting on them. Your therapist will discuss with you ahead of time how she will respond to keep you safe if you try to harm yourself. Sometimes it may be necessary to enter a hospital for a few days if you are losing control and posing a danger to yourself.

There are several different styles of therapy that appear to be useful in the treatment of borderline personality traits. Some deal with your everyday problems and focus on providing safety and non-judgmental support. You will learn how to avoid situations that disturb you, and you will explore healthier ways to cope with distressing feelings. Other therapies are more analytic, with the therapist frequently interpreting how your behavior in the therapy session reflects your experience with others in the outside world. One particular type of cognitive-behavioral therapy, known as dialectical behavior therapy (DBT), was inspired by principles of Zen meditation and has been proven to reduce self-destructive behavior. DBT teaches you to be more mindful of your emotional triggers so that you can think before, or instead of, acting on your impulses. In all forms of therapy for borderline personality disorder setbacks are common along the way.

Some medications also appear to be helpful in the treatment of borderline personality disorder. Antidepressant medications, especially the SSRIs (see "Depression"), appear to reduce impulsivity, irritability, and feelings of emptiness. You may find that you feel less desperate and needy, that you are able to tolerate being alone. Sometimes a low dose of antipsychotic medication (see "Psychosis") may be helpful if you are prone to lose perspective and become paranoid and enraged over trivialities. Mood-stabilizing medications (see "Mania") are also helpful in reducing
impulsivity mood swing” and self-destructive behaviors. None of these medications cure the underlying personality disorder, but they make the symptoms more tolerable.

Studies have consistently found that most patients who are willing to stay in therapy for an extended time will improve. Improvement occurs slowly, as one might expect when the goal is to change lifelong attitudes and patterns of thinking and relating to others. Approximately half of all patients experience a remission after two years, and another quarter experience it after six years. Even in remission you will continue to experience feelings of sadness, emptiness, and worthlessness, but these emotions are less oppressive, and you learn to live with them. You may still feel angry and suspicious from time to time, but you learn not to overreact. You develop a better sense of control over impulsive behaviors such as having one-night stands or using drugs and-alcohol. You stop threatening to kill yourself and engaging in self-destructive acts. You begin to reel that you are in control of your life and not at the mercy of your emotions and outside forces. You may begin to re-establish some personal relationships, or you may simply feel more comfortable when alone with yourself.

If someone you care about has a borderline personality disorder, you will find yourself challenged and provoked. Your loved one will often be uncertain whether to idealize you or devalue you. One moment you are her favorite relative or best friend, the next moment you are being accused of being unreliable and hateful. You will be exasperated by these swings in her view of you. It is best to be honest about your feelings but also to try to be calm in your response so that the accusations do not escalate. If you respond to her hostility by becoming sarcastic or critical, then you will have played the role she laid out for you. You may find it helpful to be a little unpredictable yourself. If she expects you to get angry, be thoughtful. If she expects you to be saintly, admit that you are upset. If you find yourself becoming enraged, then take a break to calm down. Above all, try to maintain your equanimity.

You may also feel that your loved one manipulates you by making demands and threats. She may demand that you stop everything to spend time with her. She may demand that you spend less time with others. She may threaten to stop being your friend, or to harm herself. You should decide what sort of behaviors you are willing to tolerate and be clear about what you are not willing to do. If you are calm, consistent, and supportive when setting limits, and if you set them ahead of time, your
loved one may feel less rejected. You should not panic when she expresses from time to time a desire to harm herself (see "Self-Mutilation"). You may want to let her know that you are willing to listen to her when she feels like hurting herself, but, if talking will not help, you are prepared to call an ambulance or to take her to the hospital yourself. When dealing with any impulsive behaviors you want to encourage her to take responsibility for the choices she makes, rather than taking on the role of monitoring and rescuing her.

**Grief.** Your children are worried about you. You've been doing nothing except pacing about the house and garden during the day, and flipping through your photo albums late into the evening. You've stopped going to church.

Your kids have finally convinced you to get out of the house and have dinner with them. But you insist on going somewhere new. How could you go to your favorite restaurant without her? As it is, you keep thinking about how much she would have enjoyed the fish, how proud she would have been that your son is graduating, and how happy she would be for your daughter and her new boyfriend. No one talks about her, but she is all you can think about.

Sometimes, in our technologically advanced society, we forget about death. Americans on average live into their seventies and move away from the communities where they grew up. It is easy to avoid the sick and dying in our day-to-day life, as many of us do not live with our parents and grandparents when they pass away. It seems to us that death should be an aberration rather than an inevitable part of life. Whether this insulation from sickness and death makes us more vulnerable to grief, when death occurs, is not clear. We all experience grief differently, in part because of the different cultures we come from, the different relationships we may have had with the deceased, and the different circumstances of the death itself.

If a loved one's death was expected, then we may have started to experience anticipatory grief beforehand. There is time to share love, to say goodbye, to bring in family and friends, and to prepare for the loss. You feel lonely and sad after the death, but it is less of a shock. If a death is unanticipated, or is particularly tragic, then you are much more likely to feel surprised, numb, and tricked by fate. You feel like you have been abandoned. You pace restlessly, half expecting to happen upon your loved one. You may wonder what you did to deserve the loss. You keep telling yourself that
it could not have happened, that there must have been some mistake. You may be more angry than sad.

The initial period of shock may last for days or weeks, but eventually you come to terms with the fact of the death and proceed with the process of mourning. After a loved one has died, you are likely to be lonely and preoccupied with memories. You frequently dream about the departed, and you may awaken disappointed to recall that she is no longer with you. You may hear her voice in your thoughts, sense her presence, or even have fleeting visions. These are like the hallucinations that occur in some mental illnesses, except that you realize that your loved one is not really alive and talking to you. You may mention the departed in every conversation. I met a man once who went on a cruise after his wife's death in a car accident, and he told the story again and again to everyone he met. I imagine that his children were hoping the trip would distract him and clear his mind, but he brought his grief with him.

On the other hand, you may try to avoid anything that reminds you of the one you lost, and you may try to avoid the topic altogether in conversation. People around you may also be careful not to mention your loved one, for fear of upsetting you. References to the departed may trigger memories that make you feel sad. You may have trouble looking at photographs or visiting the people and places that you used to enjoy together. You may feel guilty for little things that you did, or failed to do, before your loved one passed away. You feel sad and may cry at times.

These are symptoms that are usually associated with anxiety or depression, but they are normal during bereavement. In fact, it is not unusual to be sad, lonely, and preoccupied for several months to a year after a death, and sometimes longer. You may have sleeping problems, feel less energetic, and be bored by food. You may lose interest in activities and plans that used to fill your time. You may lose interest in being around other people or in forming new relationships. In fact, about one in three people who are grieving experience all of the symptoms of depression during normal grief.

Even though grief is a normal experience, the death of a loved one is also a serious stress that can cause mental illness. About one out of twenty grieving people develop more severe and persistent symptoms that merit a separate diagnosis of major depression. You should consider seeking psychiatric treatment if you begin to lose all
motivation and energy, or if any symptom persists and seriously interferes with your life. You certainly need to see someone if you develop strong feelings of guilt or worthlessness, or if you develop suicidal thoughts. Guilty feelings in depression can take on an unrealistic flavor. You may feel that you caused the death, or that you are a bad person. If your grief turns into a major depression, then you will probably benefit from treatment with antidepressant medication, at least for several months. If you have had an episode of depression in the past, you are more vulnerable to becoming depressed during bereavement.

Children can also experience grief, or other psychological difficulties, after losing a parent. When a preschool child loses a parent, he may experience anxiety even though he does not understand the concept of death. An older child may also become depressed and disruptive (see "Antisocial Behaviors"). Children may feel they are somehow responsible for the disappearance of the loved one.

How to cope with loss. If you have lost someone you care about, you should keep in mind that it is normal to experience grief. It is okay to feel sad, lonely, and disheartened. Eventually you will stop grieving. You will begin to spend less time thinking about your loss. You will resume the activities that you used to enjoy. You will try new things. You will start to meet new people and form new relationships. Of course, you will never replace the person that you lost, but you may feel more comfortable moving on. You will start to think of relationships as fulfilling while they last, rather than as sources of future loss. You will begin to have pleasant, rather than painful, memories of the one you lost.

Most religions have specific mourning rituals that, among other things, serve to bring a community together when a loved one is lost. Though, you may feel burdened by expectations that you appear in public and greet sympathizers, these rituals help to keep you socially connected when you may be tempted to retreat. If you are completely preoccupied with your loss, then you should gradually try to distract yourself by going out with friends and doing activities that you used to enjoy. If you find it too painful to think about your loss, then you should gradually expose yourself to the photos, places, and people that you fear will make you sad. A counselor can guide you in these tasks and can also refer you to further care if you seem stuck in depression.
If you care about someone who is grieving, you should generally give him time to heal. You can be available and supportive as you follow his lead. If he wants to talk about the departed, then you should listen. If he wants to avoid discussing his loss, do not force him to do so. This can be difficult if both of you are mourning the loss, since one of you may want to talk, while the other is more comfortable avoiding the issue. At some point he will open up, and you should be prepared for the emotions to pour out. You may be surprised when someone who has been so stoic suddenly starts to sob uncontrollably. In fact, you both may be surprised when this happens.
Chapter 3
Translation and Commentary

Overview

This chapter includes the translation into Arabic and the relevant commentary on the issues encountered in the process of translating the selected text. It also presents the strategies that are used in translating the problematic areas. It ends up with concluding remarks addressing the main points briefly.

Translation and Commentary

1) جنون العظمة

لقد صدمت عندما وقع ارتيار المديرة الجديدة عيى ذاك الموظف السيء والمتمي، فأنبت الأجدر بتيك الترقية. كيف لها أن تغض الطرف عن إسهاماتك؟ ألم تلاحظ حضورك في العمل في الموعد?

2) According to Fawcett, translating slang is an enormously difficult task due to the fact that not only does the translator need to know the slang, he/she also needs to find Out if the target language holds any concept that is similar to the slang term used in the ST. (Fawcett 1997, p. 118). According to Oxford dictionary the slang term: Lousy means: slang very mean or unpleasant a lousy thing to do. It was translated into السيء although there is a loss in the register.

3) The first paragraph introducing each sign of mental illness in this book starts with a description of a situation narrating a scene where signs of mental illness appear. It was chosen to keep the same style but with adding some interjections and phrases.
المحدد دونما تأرير في يومها الأول من العمل في الأسبوع الماضي؟! ولكنها لم تقدر ذلك! كيف لها أن تتجاهل إسهاماتك المالية مع بقية الموظفين من أجل شراء طاقة ورد تحبيب لها؟ رغم أنك كت حريصاً على تمرير بطاعة ليس عليها سوى اسمك داخل الطاقة، فهذه الفكرة لم تخطر ببال زملائك الآخرين لأنهم محدودون التفكير، ولكنها لم تدرك ذلك.

لا بأس، فمن يرغب بالعمل مع مديرية كهذه لا تقدر تضحية الآخرين من أجلها؟ وبالتالي فقد دفعك هذا كله لأن تتزاح المرض و تتغيب عن العمل لبضعة أيام لتجعلها تعتقد بأنك ستترك العمل وهذا يجعلها تنتم على قرارها الخاطئ بتجاهلك وترقية من هم دونك.

Compensating for the loss of economy was necessary in order to maintain the meaning and the style. The ST says: You are shocked; the promotion went to that lousy sycophant, when you really deserved it. It was rendered as: لقد صدمتَ عندما وقع اختيار المديرة الجديدة على ذلك الموظف السيء والمتميز.

In order to maintain cohesion and coherence in the text, كيف لها أن تغض الطرف عن إسهاماتك، ألم تتحظ is added. The strategy adopted here is explication, where adding phrases is necessary to make the TT more accessible.

The first paragraph has a number of phrasal verbs, like: came in, pitched in, slip in, call in, stay away and passing over. The phrasal verb: “pitched in”: in Oxford Dictionary the verb pitch means: to cover, smear, or treat with or as if with pitch, to erect and fix firmly in place, whereas the phrasal verb pitch in means: to contribute to a common endeavour, so it is unacceptable to translate this phrasal verb literally. Therefore, it was rendered to: إسهاماتك المالية as in يسهم.

The morphological systems in English and Arabic are different and word formation processes greatly differ from one another. Affixation processes in English (i.e. prefixation and suffixation) can either be derivational (i.e. that produces a new word e.g. nation - national, and in so doing often changes the part of speech, e.g. noun-adjective), or inflectional which produces (a different form of the same word e.g. walk- walks, and shows such relationships as plural, past tense, etc.) (Kharma & Hajjaj, 1989, p. 36-37). Derivation and inflection in English are not arbitrary, but follow certain rules. However, it is not the case in Arabic as "Arabic has no ready mechanism for producing such forms, so they are often replaced by an appropriate rephrase, depending on the meaning they convey" (Baker, 2006, p. 24). Example: “Unappreciative”, In English, certain prefixes are used to indicate the negative (i.e. non- / in- / un- / dis-). “Appreciative” is translated as أو للأخرين معترف أو مقدر للجميل. However, using the negation غير مقدر للجميل does not seem to be a convenient option, therefore, the following translation was adopted: لا تقدر تضحية الآخرين من أجلها: يسهم.

Sometimes a whole phrase can be translated into a single verb in Arabic without the need for any adverbs or preposition. Example: “stay away” which consists of a verb
The ST says: Then she’ll regret passing over you, it was rendered to: ويجعلها ذلك تندم على قرارها الخاطئ بتجاهلك وترقية من هم دونك. This addition merits counting on as its addition explicates how he was “passed over”.

Word order is one of the most important problematic areas in English and Arabic. English and Arabic differ in word order. The common word order pattern in English is: Subject-Verb-Object (SVO), while the common word order in Arabic is Verb-Subject-Object (VSO). English word order is more fixed as there is no case inflection as it is the case in Arabic, which makes the word order more flexible. Use of inflections is one of the characteristics of the Arabic language and is used to indicate relationship between the different elements of a sentence. Arabic word order is not just a matter of “stylistic variation” (Baker, 1992, p. 110). The ST says: Grandiosity is an exaggerated conviction that you are a special and important person… it was rendered to: يُعرَّفُ جنون العَظَمَة بأنَّ حالة من الوهم تصيبك فتجعلك تبالغ في أهمية نفسك وتميزها خلافاً للواقع، فيسيطر عليك اعتقاد واهم بأنك شخص مهم يمتلك مواهب مميزة تؤهلك لأن تحظى بالتقدير والمعاملة الخاصة، رغم أن إنجازاتك لا تكاد تذكر على أرض الواقع. استوقن من الآخرين تنفيذ تعليماتك وأن يحذوا حذوك في كـ شأن، بينما تضرب أنت عرض الحاسط بالتعييمات والقوانين التي ترى أنها وضعت “Remarkable” is usually translated as ميحوظ. However, using the negation غير ميحوظ could be a convenient option here. However, the following translation was adopted: رغم أن إنجازاتك لا تكاد تذكر على أرض الواقع. This translation seemed more appropriate for the given context and gave it more Arabic style.

“Idioms and fixed expressions: Idioms are culture-bound. Idioms are “frozen patterns of language which allow little or no variation in form and… often carry meaning which cannot be deduced from their individual components”. Baker (1992, p. 63). Newmark (1988, p. 58) defines idioms as ”current and frequently used group of collocated words whose meaning is not clear from the common meanings of its constituent words”. Therefore, any literal translation of an idiom would lead to an
لضبط سلوك غيرك من الناس وأداسهم، ونظرًا أيضًا أن الآخرين يرون أنك صاحب روح فكاهية وأنك تميز بجانبية خاصة وأنهم يرغبون بقضاء الوقت معك، رغم أن الحقيقة المرة هي أنهم يرون فيك أنك شخص مل ومتعجرف. وترى أن الآخرين ما هم إلا أدوات ليتحكم بهم والإفادة منهم، وعندما يعود أحد الآلين فإنك تسارع إلى تقييم أهمية ذاك الشخص من وجهة نظرك، فإذا وجدت أن عديم الأهمية، فإنك تتجاهي فورًا وتضحي في طريقك. ولا توقف عن التفكير في سبيل زيادة ثقلك ويوسف سلطتاك على غيرك من الناس الذين تنخيل أنهم يحصدونك على مهاراتك وانجازاتك، وتشعر دومًا أنك تستحق الأفضل، وتشعر بالإهانة حين لا تلقى من الآخرين ما ترى أنك تستحقه من التقدير.

يشخص الأطباء النفسانيون مجموعة الأعراض هذه على أنها اضطراب الشخصية النرجسية (Narcissism)، وتعود هذه التسمية إلى شخصية نرجس (Narcissus) الخرافية في الأدب الإغريقي، وهو الذي أصبح مفتونًا بجمالية عندما رأى انعكاس صورته في الماء. وتتعاظم أهمية الذات عندك إذا كانت unacceptable and "nonsense" translation in the TL. The major problem translators face while translating idioms and fixed expressions is that they may not know they are dealing with an idiom. The ST says the following phrase: “Follow your lead” which is an American idiomatic expression that means: to do as someone else does; to accept someone's guidance; to follow someone's expression was translated into an Arabic colocation ليحذو حذوه /follow lead, which fits with the text and gives the same effect of the SL idiom.

According to the free online dictionary (accessed on 3/11/12, 3:16 PM):

Figurative language refers to words, and groups of words, that exaggerate or alter the usual meanings of the component words. Figurative language may involve analogy to similar concepts or other contexts, and may involve exaggerations. These alterations result in figures of speech.

The main purpose for the use of figures of speech such as metaphors, similes and personification is to "add colour and interest and to awaken imagination.” (www.englishclub.com/vocabulary/figures.htm, Accessed: 3/11/12. 4:00 PM). Although the text belongs to the field of psychology and it includes psychiatry jargon, the author used some figures of speech. Figures of speech cannot be interpreted and translated literally as this would lead to misunderstanding the SL image. Naturally, figures of speech are not used in exactly the same manner across cultures. The elements of an ST idiomatic expression and the relationship between the topic and the image play a significant role when attempting a translation. Here, “Full of yourself” this would be: conceited; self-important. If translated literally as: مليء بنفسه it will be meaningless. Therefore the translator opted for: متعجرف.

The addition strategy was used here, فورًا وتضحي في طريقك. See note #11

The addition strategy was used here, ويوسف سلطتاك على غيرك من الناس. See note #11

According to the American Heritage dictionary, the verb “entrance” means to put into a trance, or to fill with delight, wonder, or enchantment. Translating this verb was
All personality traits exist along a spectrum, and some of these narcissistic personality traits are fairly common in milder form. Psychiatrists estimate that fewer than one percent of the population suffer from the full-blown personality disorder. Translating compound adjectives is a serious challenge. This is because most of these compound adjectives do not correspond equally in Arabic. The translator should opt for other choices to remain faithful to the ST and produce a readable TT. Oxford dictionary defines “full-blown” as: fully mature, being at the height of bloom. Bilingual dictionaries such as ALMawrid translate it as: متطور تماما، متفتح، مزهر، ناضج كييا. The paraphrasing strategy was used to come up with a readable TT.
يعزو الأطباء النفسانيون بروز سمات العظمة عند المصابين بإضطرابات الشخصية النرجسية إلى حاجتهم لقناع يغطي مشكلات عويصة. إذ يرى الأطباء النفسانيون أن فشل شخصي أو خسارة تجعلهم يشعرون أنفسهم ضعيفين، ويحتاجون إلى قناع يغطي مشكلات عويصة في تقدير الذات. ولذلك إذا كنت تعاني من الشخصية النرجسية، فإن ذلك قد يسبب لك إيذاء. إذ ترسم صورة لنفسك تكون فيها شخصًا مرغوباً وذو نفوذ وموهبة، لأنك في الحقيقة تخشى في قرارة نفسك أن تكون لا قيمة لك، فعندما تتعرض للرفض أو الإهمال حتى ولو عن غير قصد، تهتز نتفك بنفسك وتتداعى الصورة التي رسمتها لنفسك. فإذا كانت لديك الشخصية النرجسية، فإن ذلك قد يسبب لك إصعابه. إذ ترسم صورة لنفسك تكون فيها شخصًا مرغوباً وذو نفوذ وموهبة لأنك في الحقيقة تخشى في قرارة نفسك أن تكون لا قيمة لك، فعندما تتعرض للرفض أو الإهمال حتى ولو عن غير قصد، تهتز نتفك بنفسك وتتداعى الصورة التي رسمتها لنفسك، ويؤدي ذلك إلى غالب الأحيان إلى نوبة غضب أو اكتئاب. فإذا كنت تستخدم تلك تواجه مشكلات في حياتك العملية والعاطفية بسببين: الأول أنك تعتقد أن الآخرين لا يقدرون قدرتك، والسبب الآخر أنك كثيرًا ما تتصور بشكل معجور خبيث. لا تقتصر سمات العظمة على من يعانون من النرجسية فحسب، بل إنها تبرز أيضًا بشكل ملحوظ عند من يعانون من أنواع أخرى من اضطرابات الشخصية البسيطية أو الشخصية المزاجية (character personality disorder) أو الشخصية الهستيرية (histrionic personality disorder). وتعتبر النرجسية نوعًا من اضطراب الشخصية البسيطية أو الشخصية المزاجية (character personality disorder) أو الشخصية الهستيرية (histrionic personality disorder). تستخدم النرجسية عند غالب الأحيان إلى نوبة غضب أو اكتئاب. فإذا كانت لديك الشخصية النرجسية، فإن ذلك قد يسبب لك إصعابه. إذ ترسم صورة لنفسك تكون فيها شخصًا مرغوباً وذو نفوذ وموهبة لأنك في الحقيقة تخشى في قرارة نفسك أن تكون لا قيمة لك، فعندما تتعرض للرفض أو الإهمال حتى ولو عن غير قصد، تهتز نتفك بنفسك وتتداعى الصورة التي رسمتها لنفسك، ويؤدي ذلك إلى غالب الأحيان إلى نوبة غضب أو اكتئاب. فإذا كنت تستخدم تلك تواجه مشكلات في حياتك العملية والعاطفية بسببين: الأول أنك تعتقد أن الآخرين لا يقدرون قدرتك، والسبب الآخر أنك كثيرًا ما تتصور بشكل معجور خبيث.

The expression “profound problems” is a clear example of collocational differences between English and Arabic. Profound means: Deeply felt or held; intense (American Heritage Dictionary). The difficulty here is to choose the best Arabic equivalent that fits in the context. According to Al Maani dictionary, “Profound” means: عويصة, سحيق, عمي, معترف، معمق. However, collocationally, the adjective عويصة fits comfortably with problems.

The phrasal verb “build up” means: to develop or increase in stages or by degrees, to fill up (an area) with buildings (Oxford Dictionary). In Arabic it means: يُؤس، يعزز، يدعم، يقوي. None of the suggested Arabic equivalents accurately describes the meaning of “build up” in this context. A metaphorical meaning of the phrasal verb is sought. “to develop, accumulate, or increase something, such as wealth, business, goodwill, to praise or exalt something; to exaggerate the virtues of something” (Wordreference dictionary). The use of the word “image” in the ST helps in building up the required equivalent, hence يرسم صورة.

The adverb “Genuinely” in this sentence “...because you genuinely fear that you are worthless” has more than one Arabic equivalent: بصدق، بصدق، بصدق، بصدق، بصدق، بصدق، بصدق، بصدق. This adverb describes the verb “fear”, it can be translated as يخشى بصدق, but the it was rendered to a an Arabic collocation يخشى في قرارة نفسه.

The addition of (Fa) in this sentence is to explain something mentioned in the first clause or sentence. (Explanatory). As a result, the coherence and the cohesion of the text are maintained. قفزة تجريبية فشل أو خسارة تتعرض لها تدلكك إلى التساؤل.
و كذلك فإن لديك إضطراب الشخصية المعادية للمجتمع
فلن تتأبه بالآخرين إلا بالحد الذي يمكنكم من استغلالهم لغايتك الخاصة، ويسود لديك الإعتقاد بأن التعلقات إما وجدت لتتقلص، لذلك فإنك تخرقها كلما أمنت العقاب، وعولماً على ذلك فإنك تعتقد بأن جميع أفراد المجتمع لا يكترثون إلا لمصالحهم الذاتية وتعتبر من يقول غير ذلك إما كاذب أو أحم.

ظهور أوهام العظمة في حالتي الدّهان والهوس. تنتج سمات العظمة التي تبرز في إضطرابات الشخصية عن فشل متجرد ومتراكم في التعاطف مع الآخرين، وفي التأقلم مع الشعور الكامن بالنقص. إلا أن هناك نوعاً آخرًا من جذور العظمة يكون مصاحباً لأمراض عقلية خطرية مثل الإضطراب الوجداني ثنائي القطب (bipolar disorder) والفصام (schizophrenia). فظهرت سمات العظمة عندك إذا كنت مصاب ببما يكاد يكون نورمال بنسبه وعندك كذا ما كنت مصاب بهاتين الحالتين جراء انتفاضك عن الواقع، وليس نتيجة لعدم تعاطفك مع الآخرين أو لنقص في تقديمك لذاتك. حيث قد لا يلاحظ عليك أي من أعراض العظمة أو النرجسية بين نوبات الهوس والذهان.

وكلما في غير المفاجئ أن تظهر أعراض العظمة عليك عندما تتذكر نوبات الهوس، فعندما تثور لديك معتقدات كبيرة وعظيمة، وتتغير بذلك ترتيب على قمة العالم وعلى الجميع أن يعبر عن اعجابهم، كما ينشأ لديك الإعتقاد الواضح بأنك الشخص الأكثر إثارة للاهتمام والأكثر متعة ومقدمة علاوة على أنك تتزاحم على صاحب نفوذ وراءك. يشعر أنك ترغب بتقريب إليك لتشعر أنك في مكانة ما تفعه أو تقوله أو تكتبه، على أن يكون ذلك القصص عن تشايرك ورضاءك. وإذا لم يعطك الآخرون ما تستحقه من الاعترام، تزوج ويشعر بأن مواهبك ذهبت عبثاً. وتدعم أنك على علاقة بالمشاهير وتعدم زملاءك وداعمين لك ذلك، تعد نفسك من طبقتهم أو أنك على وشك أن تكون مشهوراً على أدنى تقدير، فلا تساعرك بشك أن صوتك قد بلغ بالفعل الآخرين بفضل مواهب الاستثنائية مثل التحدث بطلاقة لعدة لغات، وقد تصر أحياناً على الحديث بهذه اللغات للتباهي أمام الجميع.

23 Sometimes dictionaries are not enough to find the right equivalent, thus more search is required. Such terms can be problematic because they have more than one equivalent, and, only one of these equivalents can express the specific meaning in the context. The term “Antisocial” can be translated as لا اجتماعي أو انطواسي, but as a technical term in this specific context it is known as معاد للمجتمع.

24 Sometimes the context of the collocation forces the translator to opt for variation and render the same word differently according to the context it appears in. The word "Underlying" in English collocates with so many words which mostly means Lying under or beneath something: underlying strata, or Present but not obvious; implicit.(thefreeonlinedictionary). In the following example, it collocates with the noun “feelings”. …and to cope with underlying feelings of inadequacy. وفي التأقلم مع الشعور الكلمن بالنقص

25 According to thefreedictionary.com the idiomatic expression “on the top of the world” means: feeling wonderful; glorious; ecstatic and in a happy position of advantage. To make it more readable in the TT, the Arabic collocation يتربع على قمة العالم was opted for.
وإذا كنت تعاني من الهوس ستكثر من الحديث عن الدين والجن لدرجة أنك قد تنشغ بفكرة الخلافة الدينية للبشرية، فتعطي عليك شعور بأنك تعيش حالة من المجد والتنوير، وتعتقد أن النصوص الدينية موجهة إليك وقد تحتاج بعض المشاوير تنصرة للله في الأرض، مما قد يدفعك لاتخاذ إجراءات الدينية. و من ناحية أخرى قد تصبح مشغولاً بال辖سن، لأنك تعتقد أنك قادر على الإجابة على الأسئلة الدينية وتجد أن النصوص الدينية موجهة إليك وتجد أفعالاً تنصرة لله في الأرض، مما قد يدفعك لاتخاذ إجراءات الدينية.

وتأتي ت мирك بحولتها وجداني الانتابات، لذا تغلب على أحاديث الإجابة والإجابات الاجتماعية. وتسعى إلى مغامرة الآخر وتعاليم علاقات جنسية معهم يغلب عليها روح المغامرة والإسثيداد. فعلى سبيل المثال، قد تسعى إلى ممارسة الجنس في الأماكن العامة مع أفراد، وقد تردي ملبس مثير للانتباه، أو أكثر من وضع مستحضرات التجميل "إذا كان المريض امرأة". ويتلاشى عندك الشعور بالخلع، فلا تيقي بالاً عند استخدام التجلعات أو الإيماءات الجنسية في الأماكن العامة، وتكثر من التصرفات التي يستحب أن يقوم بها شخص سوي، ولا تجد حرجاً في الجمع بين انشغالات الدينية وال الجنسية في وقت واحد، فأنا ذكرت مرة أن إحدى مريضاتي تغرقني بنصوص كثيرة من كتابها المقدس.

26 Culture-specific terms, expressions and concepts: in this text rare. However, there are a few expressions and concepts that exist in the SL that may be unfamiliar to the TL audience. "The concept in question may be abstract or concrete; it may relate to a religious belief, a social custom, or even a type of food" (Baker, 1992, p. 21). Graeber (2003, p. 3) puts forth some procedures for translating culture-specific concepts as follows:

1. Making up new words.
2. Explaining the meaning of the SL expression in lieu of translating it.
3. Preserving the SL term intact.
4. Opting for a word in the TL which seems similar to or has the same "relevance" as the SL term.

Newmark states that translation problems caused by culture-specific words arise due to the fact that they are intrinsically and uniquely bound to the culture concerned and, therefore, are related to the context of a cultural tradition (Newmark. 1988, 78). Different categories can be included under the title of culture specific concepts such as heritage, politics, clothes, activities, etc. The ST says "religious salvation" being a religious reference. This is translated as "الخلاص الدينى". In comparative religion, this concept means differently. As a term, it is cultural specific for some religions like Christianity. In Islam this concept is called "الخلاص" which has different meanings than other religions. Other religions also deal with the concept of Salvation differently. It was opted to a word in the TL which seems similar to the target phrase the source text "الخلاص الدينى"."

27 An addition for the sake of explication and to add coherence to the TT, is used in: "You dress in a flashy manner or put on too much make-up." "وقد تردي ملبس مثير للانتباه أو أكثر من وضع مستحضرات التجميل "إذا كان المريض امرأة".

28 To translate SL figures of speech (e.g. metaphors), a translator must be fully aware of the elements of the metaphor and the relationship between the topic and the image.
ومع مرور الزمن تتضخم أفكار العظمة عندك فتأخذ شكلاً متطرفاً وتحول إلى حالة من الهم، فتنقل من مرحلة الاعتقاد بأنك تستحق الشهرة إلى مرحلة أخرى تؤمن فيها بالفعل أنك شخص مشهور ومن أعلام المجتمع. وتطور الأمر إلى أن تبدأ في نفسك شخصًا آخر، فقد تتصور أنك رئيس الدولة أو نجمًا موسيقيًا أو حتى المسيح الموعود. ومن الممكن أن تكون الالهالوس إلى مرحلة تؤمن فيها أنك يسمع صوت الرب يناديك، أو أن اسمك يصدح في الإذاعة. كما قد تصبح مصاباً بالذكاء الكبريائي (Paranoid).

Here, the ST says: “I recall one patient who showered me with Biblical verse,” translated as: “فأنا أذكر ذات مرة أرذت تتيو عيى مسامعي نصوصا كقيرة من كتابها المقدس”

The verb “shower” literally means: To pour down in a shower, or to wash oneself in a shower (Cambridge Dictionary). However, the same verb means figuratively: to deluge (a person) with gifts, favors, etc. (Oxford Dictionary). In Arabic the verb “shower” means literally: يغرق , يمطر , and, it figuratively means: يغرق أو يمطر (wordreference dictionary). To keep the metaphor and create mental image for the TT readers, it was rendered into أمطرتني مسامعي بنصوص. Another option could be أغرقتني.

29 The ST says: I recall one patient who showered me with Biblical verse before demanding that I kiss her. According to Oxford Dictionary, the word “Bible” refers to: the sacred scriptures of Christians comprising the Old Testament and the New Testament, or the sacred scriptures of some other religion (as Judaism). The word “verse” means in the Oxford Dictionary: each of the short numbered divisions of a chapter in the Bible or other scripture. In Arabic, one of the options to translate the word “verse” is to Ayah- آية, but نصوص was opted for because the word “verses” was a specific term used for the “verses” of the Holy Qur’an. Verses from the Bible are normally referred to by number as أية. To avoid the specificity of the ST and in order to appeal to the translation’s wider audience a more neutral/less specific rendering has been adopted, namely, نصوص من كتابها المقدس in order to reduce the loss in textual effects.

30 The ST says: “…believe that you are a famous rap star,” It was domesticated to “نجم موسيقي مشهور” since the specific “rap” which is a kind of performance music doesn’t have a big impact on the TT and the loss is minimal.

31 Another culture-specific and religious term is “the Messiah” which according to Oxford dictionary refers to: “the promised deliverer of the Jewish nation prophesied in Hebrew Bible”. In Christianity, however, this term refers to Jesus. On the other hand, the Arabic lexicon gives the following meaning for the word Messiah: الممسوح بالدهن وبالبركة ليكون ملكا أو نبيا، أيضاً: المسيح بن مريم. The term “The Messiah” is thus rendered as المسيح الموعود to cater for the concept of the “awaited” deliverer and also sends back the term “Messiah” to its Arabic/Hebrew origin.

32 The term “Paranoid” is translated مصاب بالذكاء الكبريائي as is technically used by specialists as well as medical dictionaries.
أن الآخرين يشعرون بالغيرة تجاهك، ويحاولون سرقة أموالك، وتشوي سمعتك. وعندما يصل الأمر إلى هذه الحالة، تشتخص على أنك مصاب بداء الذهان والهوس في أن واحد، لأنك ستكون قد فقدت الصلة بالواقع.

تجلة أوهام الشعور بالعظمة أحياناً بأيام الزمان الذي تعيش فيه، فينما يحاول مريض في القرن التاسع تفخض شخصية نابييون عبر ارتداس قبعة جنرال فرنسي وحملها العسا بي وضعه اليد الأخرى في القميص، قد تتفخص أنك في هذا الزمان شخصية مغني راب مشهور أو تصرص مريضة ما وكأنها زوجة رئيس للدولة أو من هم حققوا كشفاً رارياً أو أكتشفوا علاجاً لمرض الإيدز.

كما تظهر أوهام العظمة على المصابين بمرض القسم (انظر “الذهان” )، حيث من الشائع أن تظهر عندهم معتقدات عظيمة واهمة دون ظهور أعراض الهوس الأخرى عليهم مثل الأنتبهاج والتحدث بسرعة.

كيف يمكن التعامل مع جنون العظمة؟ إن معالجة اضطرابات الشخصية أمر صعب، ولكن يبدو أن أفضل خيارات العلاج هي المعالجة النفسية، حيث تحاول أن تتقبل شعورك الباطني بالضعيف وتتعامل معه. وإذا كانت لديك الشخصية النرجسية قد يكون من الصعب عليك أن تثق بطبيبك النفسي أو أن تتقبل النقد ولكن إذا تمكنت من تحمل متعاب العلاج، ستسود لديك نظرتك أكثر واقعية وقلع عقلة أكثر قدرة على مواجهة الأدوار. وقد تستفيد من الأدوات التي تتعامل الإكتئاب (انظر “الاكتئاب”) وبخاصة في المواقف التي تتعرض فيها للفشل الدرعي أو الرفض الذي لا طاقة له على تحميله.

فاذل رترس حالات الشخصية النرجسية عند شخص غزي لديك، يوصي بمساعدته بممارسة إشباع غروره عندما يتحدث عن مشروع قريب أو يمكنه تحقيقه. وحينئذ ي ينبغي عليك أن تتجنب إغراءه بإطراء لا يستحقه أو توجيه انطلاق مباشر يوحي له بأنه وحش أنياني. وبدلاً من هذا، يمكنك أن تتيح له وجهة نظر متوازنة، فعلى سبيل المثال، يمكنك مُساعدته وتأييده عندما يشتري سيارة جديدة وتقول له إنها فعلاً سيارة جميلة المظهر، ولكن لا تعزز لديه الشعور بأنه يملك السيارة الأعلى ثمناً في المنطقة. دعه يدرك أنك تتقن وتعبر عن أفكاره منطوية.

وليس لأجل سيرته المتفائلة للانتباه فحسب.

يكون علاج أوهام العظمة التي تبرز في حالة الزمان والهوس يتطلب أدوات مضادة للذهان وأخرى تمدد على إعداد المراج للتدريب على التوالي أو أخذها معاً، وبإمكانك مساعدته المريض عبر دوت هام في مسائدة خلال فترة العلاج، ينطلق عن معتقداته حول معتقدات، إذ أن هذه المعتقدات لن تتفش مهما تكلمت، وبإمكانك أن تمبره الفضيلة ورسلكه لواجهة نظرك للاستمرار في احتراز، وتذكره بأن طبيعة مرضه تجعله يؤمن ببعض المعتقدات الغريبة. وكما يكون من المغري لك أن تواجه شعوره بالعظمة بالتفاني من شأنه، ولكن تذكر أن هذا لن يحقق لك شيئاً سوى أن تشعر هذا الشخص العزيز عليك بمكان متضاد من مل تد نحبه. ومن ثم عليك التواصل مع من تحب بطريقة تشعره باهتمامك به دون أن تتفش عندما يعبر عن معتقداته الغريبة، ذلك أن معظمها خارج نطاق سيطرته.

تقترب الذات. "ابنها من إنسانة رائعة، فهي جديرة بأن تكون أفضل صديقة لي على الإطلاق." كانت هذه هي الكلمات التي وصفت بها مديرتك في العمل الجديد الذي انتقلت إليه الأمه. صحيح أنه لم يمض سوى
يوم واحد على لقائك بها، ولكن من السهل الحكم عليها، فقد أسعدتك لفظتها الجميلة عندما أحضرت لك بعض الكعك وقبة من القهوة هذا الصباح، فهذا يدل على فظحتها ورقتها و أنها لن تذوقك أبدا.

ختلفت هذه المديرية عن مديرك السابق التذل الذي لم يلاحظ أنك كنت تيقين حتى ساعات متأخرة في العمل إلا أنك تقلت عليه أحد الجداول فيه بحجة أنه يبني على معلومات غير دقيقة. وهو الذي زوكي بالعلومات والبيانات التي قام عليها الجدول. كان عليه أن يطلب منك التأكد من المصادر لو أراد ذلك. وعلى أي حال، حسنأً فعنت عندما عبرت لى عن وجهة نظرك هذه.

تمشفي غيييك من عندما قلت له بأن ليس لديه الحد الأدنى من اللياقة والاحترام لأنه لم يبق معك يساعدك عندما قمت بساعة متأخرة في العمل إلا أنك قلت له، لماذا كان يصارع في العودة إلى البيت؟ لم يكن يبوس زوجته الاستغناء عنه مساء جدا؟ هل كان يعتقد بأنه ليس لديك حياة اجتماعية وأن ليس لديك شبا تقبل فيه أفضل من البقاء في العمل حتى ساعات متأخرة؟ فقد سبق وأن كنت مرتبطة بشخص ما ولو شنتي كنت قد أقمت علاقة مع أحدهم في ذلك المساء وفي كل مساء.

33 The source text says “Muffin”, a small, cup-shaped quick bread, often sweetened which is usually served with tea. “Muffin” is translated as the الكعك not as most of the bilingual dictionaries suggest: فطيرة مسطحة ومستديرة تغطى بالزبدة أو فطيرة انجلزية. Since mentioning the shape or ingredients of the “muffin” does not affect the intended meaning in the text; the word “الكعك” “fits.

34 In the source text the phrase “Not like that ass you worked for,” which is a British slang meaning “a stupid, foolish, stubborn, obstinate, or perverse person” (Cambridge Dictionary). The word “ass” a reflected meaning, one image is a “donkey” and the second one is that “someone is behaving in a stupid manner”. It has been rendered as نذل although it is still a formal word in Arabic.

35 Unlike English, Arabic is a gender-based language. That is, gender is usually marked on the subject, verb, object, adjective, relative pronouns and so forth. Consider the following example: نانت تبقين verbs in Arabic are marked for gender, number, and tense. In this example the verb is marked for the feminine gender. It is impossible to decide in the ST whether this verb is directed to a male or a female since there was no sign at the beginning. However, there is a sign later that it is directed to a female: Well, you’ve had plenty of boyfriends. In Arabic there must be an agreement between the subject and the verb in terms of gender and number: the middle ياء replaced the الالف المقصورة and a نون added to indicate the feminine marker: نانت تبقين.

36 Adding the Arabic idiomatic expression فقد شفيت غليك منه which does not exist in the ST is to make the implicit meaning explicit to the target reader. See note # 11

37 The word “boyfriend” in the western culture means: a male lover or a frequent or regular male companion in a romantic or sexual relationship (Oxford Dictionary). In the Arab Islamic Culture the concept of a “boyfriend” is unacceptable. Therefore, there is no clear equivalent that translates “boyfriend” with its implicit meanings. In
كان عليك إخباره بهذا وقد تصلين به هذا المساء وتعفنه قليلاً، ولكن ليس الآن، فقد وقت الاستمتاع
بأكل الكعكة التي أحضرته لك المديرة.

يعتبر تقدير الذات (Self-Esteem) أحد مكونات الهوية الشخصية للفرد، إذ أنه يعكس مدى رضي
الشخص عن ذاته. إن تقدير الذات الطبيعي يحقق توازنًا في النفس، 39 حيث تكونوا نشطة في تقييم نفسك فتعترف
ب نقاط ضعفك وتنقل حتى منعك من ارتكاب أخطاء في الماضي دون أن يعك هذا من حقيقة أنك إنسان صالح وتحتوى
بحياة جيدة. ينشأ معظمًا من نحن نؤمن بأننا ذو قيمة عالية أو مميزون بعض أبائنا وأمهاتنا الذين جعلونا موضع
حبهم دون شرط أو قيد حتى عندما كانوا يبخوننا أو ينتقدونا.

تتميز عدة أعراض عقلية جزئية بوجود اضطراب تقدير الذات الطبيعي، فإذا كنت مصابًا بالإحباط على
خصوصًا، قد تنظر إلى الأمور بسلبية كبيرة وقد تشعر أنك شخص فاش عديم القيمة، لذلك تبالغ في التفكير
في أخطاء الماضي لدرجة أنك قد تشعر بالذنب لأنك سخرت من صديقك قبل عدة سنوات رغم أن الصديق
نسي الحادثة برمثها. ويؤدي النقص في تقدير الذات إلى المبالغة في التحسي من نقاط ضعفك، فقد
تشعر بأنه بسببك عن كثير من مشاكل العالم. ويؤدي هذا بدوره إلى شعورك بأنه مسؤول عن إفساد حيائتك
иحياة الآخرين من نحن، وقد تشعر بأن الحوت أفضل من الحياة، وتبني في التفكير في الانتحار. وكذلك الحال
إذا كنت تعاني من اضطراب الشخصية الانطوائية (avoidant personality disorder)، فالنقص في تقدير
ذاتك يجعلك تتندم الخجل والاعتقاد بأن الآخرين ينظرون إليك نظرة سلبية.

وذلك يعتبر الهوس من الأمراض التي تؤدي إلى المبالغة في مقارن تقدير الذات، فقد تبالغ في تقدير
ذاتك لدرجة أنك قد تعتقد أنك أعظم شخص في العالم وأنك تمتلك بتكاء خارج وروح مرحة وإنجازات خارقة
تمكك من فعل أي شيء. وكلما تطورت عنك حالة الهوس، أزدادت أهالك العظمة لديك، وبحيث تشعر أنك
شخصية مشهورة، وقد تتوهم وتعتقد أنك إل قدير على هيئة إنسان. ولكن سرعان ما تلاشي هذه الأوهام عند
علاج حالة الهوس أو عندما تتتكّس أو تصاب بالإحباط.

Al Maani bilingual dictionary, the word “boyfriend” is translated as: صديق، رفي، رفي.
The word “boyfriend” was omitted but another word that refers to it was added: لو
شئت لكنت قد أقمت علاقة معه في ذلك المساء

38 The informal idiomatic expression “Maybe you’ll call him up tonight and give him
an earful” means: to tell someone how angry you are with them (thefreedictionary). This is render as تعنفي which expresses the meaning, but is not an idiomatic expression.

39 The idiomatic phrase “Strike a balance” was rendered as: يحقق توازنًا في النفس. See note # 12.

40 The source text says: “You may dwell on past mistakes” which means: to keep
thinking about, be preoccupied by (thefreeonlinedictionary). A common Arabic
expression that gives the intended meaning was opted for: تجدّه يبالغ في التفكير:
يتضخم تقدير الذات بشكل متصدع عند المصابين باضطراب الشخصية النرجسية (انظر "العظمة"):

فأذا كنت تعاني من النرجسية ستتصرف وكأنك صاحب قدرات فريدة وإنجازات عظيمة وذوق رفيع واهتمامات استثنائية كما تصور أنك تتواضع بتعاملك مع غالبية الناس، ولكنك في الوقت نفسه تتوالت رفقة أصحاب الشهرة والفوائد. وتضخيم تقدير الذات عند المصابين باضطراب الشخصية الشبه النرجسية (histrionic personality disorder)، فهم يبالغون في التعبير عن تقديرهم لذاتهم من أجل إخفاء مشاعرهما الباطنية. الباطنية بالنص.

وبالنسبة للبعض من ضمير مبالغ فيه، حيث يضخمون لأنفسهم أهدافاً غير واقعية لا تتاسب، وسلوكهم، مما يدفعهم إلى توجه نقد ذاتي للفوقون في الوصول إلى كمال المشغول الذي يعتقدون بأنه يلقو بهم، واعتناء الأطباء النفسيون في السابق وضمن هذه الحالة "نطاق الشخصية العصبية" و"نطاق الشخصية الإصبعية". و"نطاق الشخصية الشبه النرجسية" تتميزها عن الحالات "الذهانية" ومن النادر أن يستخدم الأطباء النفسيون هذا التعبير نظراً لأهميته. والذات تعاني من هذا الاضطراب فأتت تسمى بعدة مصطلحات إيجابية مثل الفصاحة والمواظبة والكفاءة والثبات والقوة والأخلاق. بالإضافة إلى إمكانية الاعتماد على نظرة لبراعتك وإنجازاتك ولكنك في الوقت ذاته تميل إلى حب السيطرة وكبت مشاعرك، لأنك تعاني من هذه مصطلحات مجهرية تلزم بالعقود والتعليمات وتتصرف بكلنانية. ومن الجدير ذكره أن الأطباء النفسيون لا يصنفون المصابين بهذا الاضطراب على أنهم مصابون بأي من الأمراض المزمنة: لأن إضطرابهم هذا لا يؤدي إلى إعاقة ولا بسبب ضيقاً، إلا أنهم يجدون حصول المصاب على العلاج ليكون إدراكاً ومعرفته بناءً. ويتبعهم من التأمل مع نقاط ضعفه ووقته ومخاوفه من الفشل. فيمكن أن تكتشف أثناء العلاج منشأ المعايير غير الواقعية التي تضعها لنفسك، وتصل إلى قناعة أنك مجرد إنسان.  

41 The addition of the word حيث and then although they are not in the ST, is for the sake of explication; to help the target reader connect the sentences together and get the intended meaning, and to maintain the coherence and cohesion in the TT.

42 One of the most common grammatical differences between English and Arabic is the place of the adjective in a sentence. In Arabic, adjectives come after the noun they modify, whereas in English they usually precede it. In the following example, adjectives come after the pronoun "you".

If you have a neurotic style you are probably articulate, competent, reliable, persistent, precise, accomplished, and moral

فأنت تتسم ببعض مصطلحات إيجابية مثل الفصاحة والمواظبة والكفاءة والثبات والقوة والأخلاق.
وقد تؤدي بعض الأمراض العقلية إلى نقص في تقدير الذات ولكن بشكل غير مباشر، إذ أن بعض الأمراض العقلية يمكن أن يكون شعورك بالخجل والعار هو السبب غير المباشر لذلك. ومن الأمثلة على ذلك، عندما يشعر الطفل الذي يعاني من صعوبات في التعلم بأنه غبي وغير كفوء مقارنة مع أقرانه، أو إذا كنت مصابًا بعلاجات طفول في الأمكنة العامة تشعر بالخجل من تلك الخدمات، وسيكون الوضع نفسه إذا كنت ممن المخدرات أو الكحول أو الجنس، فقد تحمل هذا الرذائل التي تدميها على علية ومن عدم قدرتك على كبح جماح شهوتاك. 

ويعاني تلك على علية من متانته تطور على الشكل الخارجي مثل اضطراب فدان الشهيبة (anorexia) أو الشره (bulimia)، فهو يعتقد أن مظهره الخارجي يثير الأذى. بالرغم من أن أغلبية أفراد المجتمع أصبحوا يشعرون أن الأمراض العقلية ينبغي أن تكون بشكل أفضل من أي وقت مضى، إلا أن البعض لا يزال ينظر إلى المصابين بتلك الأمراض على أنها غريبون وناقصون أو حتى خاطرين. وأحياناً تشعر نفسيك في هذا التميز عندما تتعرَّب بأنك محون هن طيتك هي نفس فك أو ضعف في شخصيتك تلك علية أن تقيام علية، وتعامل معه بواقعية ولكن تتمتع لمصر المبطن على حباتي وكاملا، فحالك في هذا حال المصابين بإعاقات أخرى.

ويتوجه علية أي تتتفك وعائتك وأصدقائك بمرضك وأن تحرص على حضور الحفلات الجماعية مع مرضى آخرين من أجل النشاط في كيفية الاعتماد على الذات والاستفادة من تجارب الذين تمكنوا من التعامل مع مرضهم.

ويعاني المصابون باضطراب الشخصية الحديوية من ضعف حاد في تقدير الذات. بدأ المختصون النفسيون في منتصف القرن المنصرم ملاحظة نوع جديد من الاضطرابات التي وجدوا أنها تشبه العلاج. فقد بدأ المعالجين في باديء الأمر أن المصابين يعانون من اضطراب عصبي، فالرغم من أنهم يتفاعلون بشكل جيد في المجتمع إلا أنهم يعانون من خلل في تقدير الذات. وقد أظهر أولئك المصابون غضباً ويأساً شديداً أثناء العلاج وكثيراً ما كانوا يتكلمونه، ولاحظ الأطباء النفسيون أن هؤلاء المرضى بدأ عليهم أحياناً الانفصال عن الواقع عندما تطغى عليهم مشاعره. وبالرغم من أن الأطباء لم يفهموا هذه الحالة بشكل جيد آنذاك، إلا أنهن وجدوا أن هذه الحالة تقع على الحد الفاصل بين العصبي والذهاني ولذلك سميت حالتهم بالحديوية. قبط هذه التسمية رغم أن العديد من أطباء النفس فيما بعد أبدوا اعتراضات على الإشارة إلى أن هذا الاضطراب حالة تقع بين حالتين أخريين، فقد رأوا أنها يمكن حالة مستقلة بحد ذاتها.

يشير اضطراب الشخصية الحدية إلى مجموعة من السمات التي يبدو أنها تصبح وتستمر مع الوقت.

ويتميز هذه السمات بإعاقات قدرة المصاب على إنشاء علاقات مع الآخرين ووضع في صلبها اعتقالات في تقدير الذات.

وإذا كنت ممن يعانون من هذا الاضطراب ستشعر بكثير من عدم الكفاءة كما لو أنك وجدت بعيش تمنعك من مجارات الآخرين، فتسみたい دائماً لعدد مكثفة بين غيرك لتكشف أنك متأخر عن غيرك في كل شيء، لدرجة أنك تظن أنك خذل الأذى والضر وتأخذ ذلك بسرية. وهذا الشعور يؤثر في داخلك، فأنه توق لأن تكون محط إعجاب الآخرين وحبهم، وتود لو أنك بارع في عملك، ولكن أي عليك الشعور بأنه لن تتمكن أبداً من تلبية معايير أي شخص.

43 you may be embarrassed by your inability to control your cravings

ومن عدم قدرتك على كبح جماح شهوتاك، 

see note 12
وغالبًا ما يفاجئه أفراد العائلة والزملاء والمعالجون النفسيون من حدة المشاعر السائقة التي تتنبأ
تجاه نفسه، وذلك لأنك نظرًا لأنك تحتوي في نفسك وربما تكون في نظر بعض الناس
وهب و بارع في عملك، وقد تبرع في العمل المفرود أو في العمل الذي يتطلب توجيه الآخرين، وقد تكون من
الأشخاص المميزين مادياً ومن يستحقون في الأعمال التطوعية، تتعزز شعورك بعدم الانطواء وتحمي نفسك
من النقد. وقد تكون حسنًا معزلاً لمعايير غالبية الناس وتحمل قصصاً جزء من أجل
الحفاظ على
الشكيكات، ومن الممكن أن تكون شبكة معارفك كبيرة ومن يقضون الكثير من الوقت في الأنشطة الاجتماعية
الجماعية ولكن ليس ضمن مجموعات تكون فيها محور الانتباه أو الاهتمام.

لا يتحكم المصابون بإضطراب الشخصية الحديّة بمشاعرهم وعواطفهم تحكماً جيدًا. قد لا تشعر إذا
كنت مصابًا بهذا الاضطراب أنك مختلف عن الآخرين وربما تكون عندها فحص، بل وبالعكس والlias العاطفي
في كل يوم، إلا أن شعور الحزن الذي يسيطر عليك يختلف عن الشعور النقلي المثبت الذي يعاني منه المصابون
بالاكتئاب السريري (clinical depression), رغم أنك عرضة للإصابة بالاكتئاب أيضًا. فالتعس التي تشعر
بها توصف عادة على أنها شعور زمرد من الخواء العاطفي، إذ يغطي عليك شعور بأن هناك ما ينقصك وان لا
معنى ليحيتي مما يؤدي إلى الشعور الدائم بالقلق والغضب والمي للقلق. غير أن بإمكانك الإستمتاع بالأنشطة
عندما تنغم فيها ولكن هذه المتعة سريعة الزوال، فعندما يح امر
سيء.

وستكون عرضة إلى تقلبات مفاجئة في المزاج، فمن السلوك أن يتجتاح
45 شعور مفاجئ من عدم
الأهمية يدفعك إلى البكاء. في لحظة وفي هذه الأثناء قد تصيبك البهجة لمجرد أن تتصلك بك أحد الأصدقاء
للسلام عليك وخلالها قد تستجف غضباً لأن خدمة التوصيل جدلاً للإتصال بالأنشطة التي طلبتها قبل
44 The idiomatic expression: “you may go to great lengths to keep up your appearance” means: to work very hard to accomplish something; to expend great efforts in trying to do something (Al Mawrid dictionary). It was translated as: وقد تبذل قصارى جهدي من أجل الحفاظ على الشكيكات. See note 10.

45 Figurative language is used to describe what the patient goes through: “Sweep over” means: to overwhelm someone. Its rendered as: يجتاح
46 To “reduce someone to tears” means: to cause a person to cry through insults, frustration, and belittling. (oxford dictionary). This expression is rendered as: يدفعه
47 The use of figurative language such as similes, metaphors or any idiomatic expressions requires special attention to be able to convey same effect in the TT. The
ST says: Then you fly into an angry rage when…means: to become enraged suddenly.
Translating the verb “Fly” doesn’t fit in the context, because it collocates with “happiness” in Arabic طار فرحا and doesn’t collocate with “anger”. Therefore, another
expression was used to express the meaning: ي夕شت غضباً.
قليل. وقد تتعافى خلال دقائق من هذه التأرجحات وتتجاه انفعالاتك الحادة كأن شيئاً لم يحدث وقد تستغرب رغبة الآخرين معرفة سبب فقدانك أصابعك قبل لحظات. وفي خاصية أنك تشعر أنك بخير الآن. فلا تدع نفسك متقلب المزاج، وإنما ترى أنك تقوم بعمل جيد في التأقلم مع الظروف التي تصبح وتكون خبير بختك تماماً.

تتصرف بشكل إبداعي ومن دون تفكير حيث تتجاوز بشكل سريع ومبالغ في التغريدات التي تطرأ على عواطفك. فعلى سبيل المثال قد تقوم إحدى المصابات بهذا الداء برمي صديقها بالكرسي إذا أراد الإنفصال عنها. وإذا حصلت على درجة متدنية في الإمكانيات، قد تعود إلى البيت وتحاول جرح نفسك بدأه جادة (انظر "إيذاء النفس"). و كذلك إذا قام المعالج النفسي بإذاء إدارة وتمكنت من التواصل معه فأن غير المستبعد أن تغضب وتواجه إلى شرب الخمر وتقوم بعدها السياحة وانت ثلم وتتصادم بصبرين إطفاء الحريق. وتجد صعوبة في التفكير بطريقة عقلانية لتحديد نفسك عندما تنتابك مشاعر سيئة، فتجد إلى المختارة أو الحروف أو الاكثر من العلاقات الجنسية، حيث تشعر هذه الوسائل بتحسن أن تخط دون التفكير في عواقب تصرفاتك. وتشعر بأن عليك القيام بذلك ما عندما تسوء الأمور وتصبح لا تطاق، وأحيانًا فعلاً ترغب في الفراق أو النزول عند النزول.

لا يثق المصاب بإضطراب الشخصية الحدية بالأطراف ولكنه يعتمد عليهم بشكل يائس. تتم علاقتك مع الآخرين بالبلاس، حيث تباع في وضع توقعات غير منطقية للعلاقات، فقد تعهدت بانساً أن الطرف الآخر في العلاقة هو الشخص المشود الذي سيستقبل من التعاسة التي تامل حاليك. وأنك تتم بعدم إدراك الإشارات المبكرة التي تدل على عدم إمكانية استمرار العلاقة وسارق في الإنتقال الخاطئ إلى مراحل متقدمة في العلاقة. فنظرتك للفترات الأرض تحصر في ما أن يكون هذا الشخص متزاماً تماماً كأنك أو أنه يبيع شخصًا ضعيفًا وعديم الفائدة ومنطو ومخادع وغبي، مثله مثل الآخرين الذين تعاملتهم معهم سابقاً. عندما تبدأ باستعراض تردد الطرف الآخر في الاستمرار معك، تصاب بالذعر وتتصرف بطريقة يائسة من أجل الحفاظ عليه وإدامه العلاقة. فعلى سبيل المثال، أعرفت لي بعض المريضات اللاتي أشارن على علاجهن بأنهم استخدمن الكلب على أصفهان كوسيلة للحفاظ على العلاقة واستمرارها. وقد تجاها إلى التهديد بإذاء نفسك إذا قرر الطرف الآخر إنهاء العلاقة أو ملاءمة شريكك بعد الانفصال في كل مكان وتباع أثر إصابةك الحأسية أو في الحضور إلى بيته من أجل استعادته، وعندما توجه مساعدتك بالمثل، نشعر بالفرح والخجل لأنك قد حظيت من قدر نفسهم وجعلتها عرضة للإيذاء والرفض، وبالتالي تعجز لدى الشعور بعدم أهمية الأطراف.

يعتبر المصابون بإضطراب الشخصية الحدية على شركاتهم العاطفيين اعتقادًا كبيرًا، ويبدعون جهودًا مبالغًا فيها لإرضائهم ويعصرون على الآداب الجسدية واللفظي منهم. ومن الممكن أن يصبح المصاب بهذا الداء أن يتحق هذه المعاملة السيئة من شريكه وأن يروضه وتقبله للأدوار النفي الذي هو السبيل الوحيد لإدامة العلاقة. لقد عالجت شخصًا ذات مرة مسح لشريكك العاطفي إحصار شريكك آخر للبيت من أجل المتعة معهم وكان

48 The translator had to shift from masculine to feminine since the ST mentioned an example of a female patient was dumped by her boyfriend. In order to maintain the flow of the text, "فعلى سبيل المثال" was added to be able to shift from masculine to feminine and from speaking to the 2nd person to the 3rd person.
المصاب يشعر بأنه محظوظ إذا ما سمح له شريكه بالإضمام لهم. قد يتلقى أحيانًا شعور بأنك أقل قيمة من غيرك وتخضع تقييمات لشفك ومصالحك لمعايير شريكك، فيطرأ تغييرًا على مفهومك للهوية الشخصية، كما أصبحت مصماً للجوانب والتأثيرات المرجعية التي تحددها قدرة الأشياء في الأصل، كما تشعر بالانتماء لاهتمام شريكك بك وتحمله عانة الجهد في محاولة صقلك في شخصية أخرى. عندما يصل الأمر إلى هذه المرحلة من الضعف في تقييم الذات، يصف بعض الأطباء النفسيين هذه الحالة باضطراب الشخصية المعتمدة على الغير (dependent personality disorder) الشخصية الحدیة.

و في المقابل، ينتاب المصابين باضطراب الشخصية الحدیة الرغبة والشك من الآخرين نتيجة تجربتهم السابقة، فأن لا تتفق أن يكون الطرف الآخر قادرًا على تلبية توقعاته، وتفتق أن العلاقات دائماً تنتهي بشكل موثق. ولأن مرضك يجعلك تحضر نفسك المسؤولية، فقد أصبحت تعلم أنك شخص طبيعي ولا يمكن أن تحظى بحب أحد. فتدفع نفسك بأن العلاقات العاطفية تتطلب خطأً عليك، وأنه كلاً أقرب أحد ملك، أصبح بقدر أن يكون أكثر. ومنذ ذلك، فإليك تخشى الوحدة. وتضيع الحب بينك وبين اليدة ب بدون اهتمام بك ويبين صدهم. وقد تقوم إذا ما قبلت بالدخول ب сочета، باختيار الطرف الآخر مرارة ودفعة للحياة. وقد تتظاهر بالغضب والقدرة، كما قد تجد أنه من الأسهل والأفضل لك الإبقاء على علاقة سطحية، فطلا، للعلاقات العامة التي تعطيك الشعور بأنك شخص جذاب وأنك لن تستوى ودفعة. وكذلك فليس تقوم بزيارات خاطفة لمراكز التسوق فقط لكشوك تلك محاك بالأساس وإن كنت لا تختلف لهم.

ما هي سببات الشخصية الحدیة؟ يؤمن معظم المعالجين النفسيين أن جوهر اضطراب الشخصية الحدیة يكمن في أن المصاب يتفقد لنظرة متزنة لنفسه تجعله يدرك أن شخص طبيعي يتفيض نقاط قوة ويتعني من نقاط ضعف. فتشعر بالسوء تجاه نفسك في جميع الأيام. وحيث أن هذا الشعور لا طاقة، تبدأ إلى آلهة لا شورية ي إطلاق عليها المعالجون النفسيون اسم "الإسقاط". حيث تجعل الآخرين سبباً في مشاعرك السيئة، فتلقى اللوم على أصدقائك وشركائك ومديرك因为他们 منجع هذه المشاعر السيئة بحجة أنهم يبذلونك أو يخطؤونك، ولذلك تشعر بأنك في صراع دائم ونانك دائماً ضحية هذا الصراع. وتتجه جميع من حولك معيق لك لتصنف الأمر والأشخاص ضمن خانتين فقط بحيث لا يكون هناك مجال لحالة ودفعة بينهما. كما أنك لا تتقبل على رأي واحد في تقييم نفسك والآخرين، فتأتى دائم الانقلاب من رأي إلى تقييم، فيفتك في الابическ الأفضل على الإطلاق واتارة مجرد حب.

لا يعلم العلماء على وجه الدقة سبب هذه السلوكات أو كيفية تطورها، إلا أن معظم المصابين باضطراب الشخصية الحدیة الذين خضعوا للعلاج قالوا بأنهم تعزوا إلى الأمور في طفولتهم. حيث أظهرت الأبحاث أن سوء معاملة الأطفال وإهمالهم يزيد بشكل كبير من خطر الإصابة باضطرابات الشخصية عندما يكبرون وبخاصة إنضاج الشخصية الحدیة. ولكن لا يثبت أن جميع الحالات قد تعرضت للاجتماع والإهمال في الطفولة. وقد بعد سبب ظهور اضطراب الشخصية الحدیة إلى خلل في نموك في مرحلة الطفولة المبكرة كان تكون في واقع وانت قد بصفك على الدكت التواصل معك أو ربما تعفيت للاستغلال الاجتماعي والقوية من قبل أحد أفراد سرك. يصعب على الطفل عندما تكبر إذا ما تعرضت للاستغلال الجنسي والقوة من قبل أحد أفراد سرك.
لا بين الحب والإيذاء لأنك تعرض لكلا الأمرين في أن واحد. ونتيجة لذلك، يصبح الناس بالنسبة له مصدر تهديد لا يمكن التبادل سهولة ولا يمكن الاستغناء عنهم لاحترامهم.

يعتبر أن الناس بيني الأشياء (2%) من الأمريكيين مصابون باضطراب الشخصية الحدية بالإضافة إلى أن واحداً من الناس قد يتم تشخيصهم باضطراب الشخصية الإدمانية. كما أظهرت الدراسات أن أكتر المصابين في الحالات هم من النساء. وقد تكون النساء أكثر عرضاً من الرجال للاصابة بهذه الاضطرابات لأن المجتمع يشجع النساء على أن يصبحن أكثر استقلالية وأضعف عاطفياً. ومن المحتم أيضاً أن تكون النساء أكثر استقلالية وأضعف عاطفياً. ومن المحتم أيضاً أن يكون الناس بيني الأشياء.

لكن المصابين باضطراب الشخصية الحدية، ولكن الدراسة الحديثة أظهرت أن المرضى يستجيبون للعلاج. في المقابل، البعض يتعجره المصابون باضطراب الشخصية الحدية، ولكن الدراسة الحديثة أظهرت أن المرضى يستجيبون للعلاج. في المقابل، البعض يتعجره المصابون باضطراب الشخصية الحدية.

كيف يمكن التعامل مع اضطراب الشخصية الحدية؟ لعشر الأطباء النفسانيون في السابق يคำถาม إلى مستقبل المصابين باضطراب الشخصية الحدية، ولكن الدراسة الحديثة أظهرت أن المرضى يستجيبون للعلاج. في المقابل، البعض يتعجره المصابون باضطراب الشخصية الحدية.

من الطبيعي أن يشعر أي معالج نفسي بالاحباط عندما يواجه تحديات كبيرة كهذه من مريضه، ولكن بإمكان المعالج الماهر تطبيق هذه التحديات بالنظر، وننظر لحدة حالة الغضب التي تمر بها وتأثيرها على الآخرين. فعندما يتحمل المعالج النفسي غضب ويحاول اكتشاف مصدره ، يبدأ بإحراز أن الرفض و الإملاء ليسا نقيضين في الحالات المستمرة للتعليم. فهناك نقطة التغيير وانتشار دائمة المحاولات في التعامل معهم، وعندما يبدأ بالتوافق بالملاعب شيئاً فشيئاً يتزامن معه.

بعد أن يشعر معالج نفسي بالاحباط عندما يواجه تحديات كبيرة كهذه من مريضه، ولكن بإمكان المعالج الماهر تطبيق هذه التحديات بالنظر، وننظر لحدة حالة الغضب التي تمر بها وتأثيرها على الآخرين. فعندما يتحمل المعالج النفسي غضب ويحاول اكتشاف مصدره ، يبدأ بإحراز أن الرفض و الإملاء ليسا نقيضين في الحالات المستمرة للتعليم. فهناك نقطة التغيير وانتشار دائمة المحاولات في التعامل معهم، وعندما يبدأ بالتوافق بالملاعب شيئاً فشيئاً يتزامن معه.

سيضع المعالج في المراحل الأولى من العلاج بعض القواعد والضوابط التي تنظم علاقتك به، وعلى ما ينص عليه المعالج. في المقابل، البعض يتعجره المصابون باضطراب الشخصية الحدية.

كيف يمكن التعامل مع اضطراب الشخصية الحدية؟ لعشر الأطباء النفسانيون في السابق يคำถาม إلى مستقبل المصابين باضطراب الشخصية الحدية، ولكن الدراسة الحديثة أظهرت أن المرضى يستجيبون للعلاج. في المقابل، البعض يتعجره المصابون باضطراب الشخصية الحدية.

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العلاج وربطها بسلوكك في التعامل مع الآخرين في العالم الخارجي. إضافة إلى ذلك، هناك أسلوب آخر من
العلاج المعرفي السلوكي يسمى علاج السلوك الجدلي (دي بي تي) وهو مستوحى من مبادئ "زن" (Zen) للتأمل حيث يُثبت أن قليل من السلوك الدمر للذات. يُعمك هذا الأسلوب كيف تكون منتبهاً لمحفزاتك العاطفية
بهدف تمكينك من التفكير قبل التصرف بحذر وبدلاً من ذلك. ولكن يجب الإشارة إلى أن جميع أساليب العلاج
تنطوي على اكتساحات في الطريق.

أظهرت بعض العقاقير قدرتها على المساعدة في علاج هذا الاضطراب، فقد أثبتت مضادات الاكتئاب
وخاصة مثبتات استرجاع السيروتونين الانتقاسية التي يرمز لها بالمختصر (SSRI) "انظر "الإحباط"") حيث
أنها تحدد من الإندفعية والغضب والشعور بالخواء، فقد تشيع يتلك أقل إحباطاً وتطالباً وأكثر قوة على تحمل
الوحدة. وقد تساعدك أحيانا جرعة قليلة من مضادات الذهان (antipsychotic) "انظر "الذهان" ) خصوصاً إذا
كنت عرضة للإصابة بحالات من الاكتئاب (paranoia) أو حالات من عدم رؤية الأمور على حقائقها والغضب
بسبب أمور تافهة. وقد تساعدك الأدوية المعدلة لليمزاج (انظر "الهوس") في علاج الإندفعية والمزاجي

50 “Zen Mediation” is mentioned in ST without any elaborations. A footnote is added in the TT (where is it?) to assist the target readerships fully understand the content of the source text. According to "Essays in Zen Buddhism", “Zen is the Japanese form of the Sanskrit word dhyana, "meditation," and is a school of Buddhism which has had significant impact in Japan and Europe and America. Founded in China in the 6th century C.E. as the Ch’an school of Mahayana Buddhism, it was exported to Japan in the 12th century C.E. and gradually developed its own unique, indigenous character. The Indian scholar/monk Bodhidharma is traditionally attributed with transferring the tradition from India to China. The essence of Bodhidharma's teachings is that one does not need to study sacred texts, worship deities, or do elaborate religious rituals to achieve enlightenment. Zen doesn’t emphasize religious texts, though it is deeply rooted in Buddhist scriptural teachings and philosophy. Zen emphasizes using meditation to search within yourself, which, according to the Zen Mountain Monastery, is also called “introspection” or “turning the eye inward.”

51 An acronym is a "short word that is made from the first letters of a group of words" (Oxford Wordpower.). Acronyms in English have wide use and distribution, whereas in Arabic, they are more context-restricted (Hamdan & Fareh, 2003). The ST says: “…especially the SSRIs”, without any mentioning what the acronym stands for. Therefore, to make the acronym familiar to the TT readers, a side-by-side the translation, the acronym and what the acronym stands for in English are added. The economy of the text was compensated in order to come up with a clear idea. (SSRI) stands for serotonin-specific reuptake inhibitors, which is rendered as: "SSRI"
والسلوكيات المدمرة للذات، علماً بأن هذه الأدمة تساعد على تحمل أعراضه ولكن ليس بعوضة معالجة
الاضطراب ذاته.

أظهرت الدراسات تحسن حالات المرضى الذين يواجهون عياء في العلاج لفترات مطول، ولكن ببطيئة
الحالة يكون التحسن طيئاً نظراً لأن العلاج يستهدف تغيير سلوكيات وأسلوب التفكير التي تراكمت على مدى الحياة
. إذ يشعر تقريباً نصف المرضى بالتحسن بعد مرور عامين على العلاج، و25% آخرين يتحسنون بعد ستة
أعوام. وقد تستمر حتى في الحالات المتعرضة لمضايقات من الحزن والخوف وعدم القدرة، ولكن هذه
المشكلة تكون أقل حد وتعلق كيفية التعامل معها. وقد تظهر نوبات الغضب والشكوك عندك من وقت لآخر
ولكنك تصبح لتبطل في رود أفكارك وتتحسن شعورك في السيطرة على السلوكيات الإيجابية مثل الهدوء من
العلاقات الجنسية العابرة وتعاطي المخدرات والخمر، وستكون عن التهديد بقتل نفسك والتورط بأعمال تحق
بنفسك قدرًا كبيرًا من الألم.53 وأبدأ بالشعور أنك مسيطر على محوري حياتك وأنك لست تحت رحمة عواطفك
وقوى رارية. قد تبدأ علاقات شخصية جديدة أو قد تشعر بسعادة في التعامل.

إذا كان لديك شخص عزيز يعاني من إضطراب الشخصية الحديدة، فإنك حتماً ستجد صعوبة في التعامل
معه لأنك تستجد نفسك في تحدي ومحط استفزاز. فستجعل الحيرة لا يدري ما إذا كان يعبر عليه تقديرك بشكل
كبير أو الناقص من تقدرك، ففي بعض اللحظات يتعلم على أنك أفضل صديق عندكم، وقد يغير الأمر في
عمالة لتصبح شخصاً كريماً لا يمكن الاعتماد عليه، وهذا يؤدي إلى شعورك بال🧩. ولكني أتكرر أن تكون
قطعًا في مشاعرك معه وأن تتحلى بتهدوء في رودك عليه حتى لا تتصاعد أفكاره السينية عنها، وابتدأ عن
السخرية منه حتى لا تقع في المصيدة التي نصبها لك. وقد يكون من المفيد أن تلعب نتائج دور الذي يصعب التنبو
برود أفعاله إذا كان يتوقع منك الغضب كن وقوراً وحكماً، وإذا توقع منك أن تكون هادئًا ووقوراً اطمئن أنك
غاضب منه، وإذا كنت بالفعل غاضبًا فخذ قسطًا من الراحة لتهذا أصابعك، ولكن من المهم أن تحافظ على اتزانك
في جميع الأوقات.

52 The phrase “One-night-stand” means: a sexual relationship which lasts for only one night. (Cambridge dictionary). The expression the في العجالة والختام seems to fit the intended meaning here with the acceptance of the loss in terms of the time reference.

53 Compounding in Arabic is not as productive as it is in English, therefore, translation of English compounds may cause problems. One of the problems is that translators may not resort to a one-to-one translation for each component of a compound. "The hyphenated form": self-destructive which is rendered as : وأعمال تحق بنفسك قدرًا كبيرًا من الألم.

54 In the last part of the text, where the author starts to give suggestions of treatments, he addresses the reader as a neutral person using second person pronouns when he says, “If someone you care about has a borderline personality disorder” , and addresses the patient using third person pronouns “If she expects you to be saintly, admit that you are upset”. All over the TT, the same was used, this is due to stylistic purpose and to maintain the same relationship between the text and the reader.
و قد تشعر أن المقرب منك يحاول التحكم بك والسيطرة عليك عبر طبّاته أو تهديدات، فقد يطلب منك أن تترك كل شيء وتحضر إليه من أجل قضاء بعض الوقت معه. وقد يطلب منك التقليل من الوقت الذي تقضيه مع الآخرين أو أن يهدد بقطع علاقتك به أو أن يؤدي نفسه عليك أن تقضي ما هي السلوكيات التي يمكنك تحملها وكن واضحاً معه فيما لا تستطيع تحمله. ولن تقبل أن تقوم به، فإذا وضعت له هذه الحدود مسبقاً وكتبت هادئاً ومنتمعاً وداعماً له، فإنه لن ينتاب شعور كبير بالرفض. ولن تشعر بالذعر إذا ما عبر صديقك من وقت لآخر عن رغبته بإيذاء نفسه (انظر "إيذاء الذات") وقد ترغب في إعلامه بأنك مستعد للاصغاء له عندما ينتاب هذا الشعور، وإذا لم يرتكب هذا الحديث النتيجة المطلوبة، دعه يعلم أنك مستعد لطلب سيارة إسعاف من أجله أو أن تأخذ إلى المستشفى بنفسك. وعندما تتعامل مع أيه تصرفات إنيطية عليك أن تشعه على تحمل مسؤولية اختياره بدلاً من لعب دور الشخص الذي يراقب وينقذه.

الحزن. يخشى أبناؤك عليك بعد وفاة زوجتك لأنك تقضي جزءاً كبيراً من اليوم في الرحيل. وحينما أنت لم تعتقد إلى دور العبادة بانتظام، وحينما لم تعتقد إلى دور العبادة كم كنت تفعل سابقاً. استطاع أولادك أن يجدوا التعبير عن أنك لم تخرج من المنزل لتناول العشاء معهم، ذلك كأنك ابقت على الذراع إلى مطعم جديد غير الذي كنت تفضله ولأنك لم تحكر أن تكون هناك دونها لأنك لن تكافح عن التفكير في كيف أنها كانت تستمتع بطيف السمك المفضل لديها، وكانت تعب عن مدى فخرها بابنكم الذي سيتخرج في الجامعة قريباً، وبعد سعادتها بارتباط ابنتكم بخطيبها. لم يعد أحد يذكرها في حين أنك لم تكلف عن التفكير بها.

55 The term “Grief” means: deep mental anguish, as that arising from bereavement. (Cambridge Dictionary). In Arabic there are two equivalences that may be used to render the same meaning: الحزن / الأسى. However, most of the bilingual dictionaries translate the word أسى as “sorrow”, and the “حزن” to “Grief”. In the Arabic Lexicon “حزن” the word حزن means: very sad. حزن: الخُزُن والحزن: نقيض الفرح، وهو خلاف: الشروط. ورحيل حزمان وحززان: شديد الحزن، حزن، حزى، حزناً، حزناً، حزناً، حزناً، حزناً، حزناً، حزناً، حزناً. However, the word “أسى” means: sad. وأَسَيَ أَسَيَ أَسَيَ أَسَيَ حزى، وأَسَيَ على مصيبة، بالكسر، يَلْيَ أَسَيَ المفعول، إذا حزى، ورحيل آسى وأسسياً: حزى، حزى، حزى، حزى، حزى، حزى، حزى، حزى، حزى، حزى. Therefore, the word “grief” was rendered as “حزن” because it expresses the meaning of “very sad”.

56 The word “Church” comes under the category of culture-specific terms and concepts. "The concept in question may be abstract or concrete; it may relate to a religious belief, a social custom, or even a type of food" (Baker, 1992, p. 21). Here is a problem of choosing between two translation strategies: (1) Foreignization, and (2) domestication. By choosing the former, the information in the ST is retained and introduced the TT readers, whereas in the latter, the information is changed (e.g. cultural values) of the ST so that a readable text for the TT readers can be produced. Eventually, it was chosen to domesticate the concept; thus translated it as دور العبادة. The Arabic term دور العبادة is neutral. TT readers would interpret this term as they see appropriate; Muslims would think of mosques, Christians would think of Churches, others would think of specific types of temples. Therefore, the general term دور العبادة “places of worship” is favored.
قد يغفل من يعيش في المجتمعات المتقدمة تكنولوجياً عن حقيقة أن لا مفر من الموت، فعلى سبيل المثال، يتوقع المواطن الأمريكي أن يعيش إلى منتصف السبعينات من العمر وينتقل خلالها في آلذك كثرة غير المرضى والوفيات التي تتم بكبار السن المقربين منه مثل بناته وأولاده، وذلك فقد ينظر الفرد الأمريكي للموت على أنه حالة استثنائية عوضاً عن كونه أمرًا طبيعيًا، إلا أنه من غير المؤكد إذا ما كان البعد وعدم معايشة مرض ووفاة أحد الأقارب يجعل المواطن أكثر عرضة للشعور بالأسى الشديد عند وفاته، فقد تختفي حالات الاصابة بالحزن من شخص آخر لاختلاف الثقافات واختلاف علاقتك بالوفاة المقربين من أبابك أو أجدادك، ولذلك فقد ينظر الفرد الأمريكي لموت عيى أن حالة إستثنائية عوضاً عن كونه أمرًا حتميًا، إلا أنه من غير المؤكد إذا ما كان البعد وعدم معايشة مرض ووفاة أحد الأقارب يجعل المواطن أكثر عرضة للشعور بالأسى الشديد عند وفاته، فقد تختفي حالات الاصابة بالحزن من شخص آخر لاختلاف الثقافات واختلاف علاقتك بالوفاة المقربين من أبابك أو أجدادك.

قد يبدأ الحزن المسبق على وفاة شخص عزيز عليك إذا كانت وفاته متوقعة، حيث يتاح لك الوقت للائفاف حوله والتعبير له عن حبك وتديريه وكذلك التهيبه لفقدانه. ستشعر حتماً بالحزن والوحدة بعد وفاته ولكن وعقم الصدمة سيكون أقل قليلاً. أما إذا فقدت أحد الأعزاء على فقيدك نتيجة موت الفجأة أو حادث مأساوي، فإنك ستشعر بالصدمة والذهول وستكون أخذت على حين غرة وقد تشعر بأن فقيدك قد هجرك، وقد تسأل نفسك:

57 The ST says “Sometimes, in our technologically advanced society, we forget about death.” And it was rendered as: "قد يغفل من يعيش في المجتمعات المتقدمة تكنولوجياً عن حقيقة أن لا مفر من الموت". The translation aims to convert a local text which is addressed only for Americans into a “world” one which is addressed to all people world and in this case to Arabs.

58 The addition strategy was adopted by adding "على سبيل المثال" for explication. The author is addressing the American audience in the text, whereas the translator is addressing the Arab audience, therefore, the translator has to mention the American society as an example rather than an actual society of the Arab reader.

59 The ST says “Loved one”, which according to Dictionary.com refers to: a person who you love, usually a member of your family. The ST doesn’t specify whether the “loved one” refers to a family member or some you love. Therefore, it was opted for "شخص عزيز عليك" which may refer to both of them.

60 The adjective “unanticipated” means: not having been expected; unexpected. (American Heritage Dictionary). The literal meaning of this adjective is: غير متوقع. However, it was rendered as: فجأة، because there is a collocation in Arabic "فجأة" or "المفاجئ" that is used to describe the intended meaning. In addition, the concept of "الموت الفجأة" is used in Islamic texts and in Hadith. The Hadith states:

61 The source text says “tricked by fate”, this is an English expression which is used when there is a fateful event; an unanticipated change in a sequence of events (thefreedictionary). It is the same meaning of: twist of fate. In the Arabic culture “fatát” means “Divine Predestination”. There are two implicit meanings intended which cannot be rendered easily owing to the cultural and linguistic differences
ما الذي فعلته لتفقد هذا الشخص، كمما ستبقى فترة من الزمن تحدث نفسك بأن شيئاً كهذا لم يحدث وتختلق القصص التي تجعل الأمر يبدو وكأنما هناك خطأ ما وقد يطغى شعور الغضب على الحزن.

قد يستمر وقع الصدمة الأولي أيامًا أو أسابيع، وكن في نهاية المطاف ستتغير شعور الصحة بعد موت شخص محببك، وتستبقي تك الاحلام المتكررة بالشخص الراحل خيبة أمل حين تستيقظ على الحقيقة المرأ بأن اليك ليس موجودًا، وقد تسمع صوته في مخيلتك وتتكرر بوجوده وقد يتيكأ لك أنك رأيت طيفه. تتشابه كل هذه الأعراض مع الظلالات التي تحدث في بعض الأوقات المفيدة، لكن الفرق يمكن أن أن تدرك أنك تتحدث إلى شخص ليس على قيد الحياة حتى أنك تستمر بذكر اسمه، وربما تكون وقفة في حادث سيارة بعد وفاة زوجته إثر حادث سير، ولكن ظه يشرح قصة وفاة زوجته كل من يقابله، وأوقات أن أولاده ظنوا أن هذه الرحلة ستفهم عن مأساتك وتحدث عن الذكريات.

وجهل الحزن معه.

ومن ناحية أخرى، قد تتجنب كل ما يذكر بالقيد والإعانيات، وقد تتجنب الحديث عن، وقد يحرص من حولك على أنها يذكر بالقيد والإعانيات، وقد يثير حزنك أي شيء يتعلق بالقيد، كما أن روي صور للقيد والإعانيات أو زيارة الأشخاص أو الأماكن التي اعتدت زيارتها تساعد على دق أزمة نفسية. وقد يتبناك الشعور بالنذرة لشيء فعلته قيد الإعانيات أو أمر فعلته أن تعزيل له قبل وفاته، وفي بعض الأحيان، قد يضطر الحزن إلى قلب وقيبك الإعانيات.

تتطلب هذه الأعراض عادة بالاكتئاب والقلق لكنها تعتبر طبيرة في حالة فقدان شخص عزيز، وفي الحقيقة بعد الشعور بالحنين والوحدة بعد وفاة شخص عزيز أمرًا طبيرة، وقد يستمر شهر عديدًا، وقد يصل إلى عام أو أكثر، وقد تتعرض للاضطرابات في النوم والشعور بالوهن وقلة النشاط وفقدان الشهية، وقد تقود أيضًا الاهتمام بأي انشطة أو خطط كنت تقوم بها وقد تتسبب الاختلاط بالناس والبدء بعدم الاهتمام. وفي الواقع يصاب ثلث من يفقدون أشخاصاً مقربين لهم بالاكتئاب.

بالرغم من أن الشعور بالحزن بعد امرأة طبيعية إلا أن وفاة شخص عزيز على قلب قد يشكل ضغطًا نفسياً هائلاً و سبب لك مرضًا عقليًا، حيث يتفاقم الأمر عند 5% من يمرؤه بهذه التجربة ويصبحون بحاجة إلى علاج من الاكتئاب الحاد، يتوجب عليك أن تلجأ إلى الطبيب النفسى ويخاصخت إذا بدأت تعاني من أعراض

between Arabic and English. The first one is that fate tricked them by making a loved one dies. The second is that the death of this loved one is unanticipated and they felt tricked. This expression was rendered as “وبأن أرذ عيى حين غرة” means “he was unprepared for something bad” (wordreference dictionary).

62 The source text says: “for fear of upsetting you”. It was rendered as “حتى لا يقيبوا يعيك المواجع” because it collocates nicely in Arabic and at the same time conveys the intended meaning.

63 The source text says: “You feel sad and may cry at times”. It was rendered to as “قد يتسي إلى قلب الحزن وقد يغيبك البكاء أحياناً” because they collocate nicely in Arabic and adequately conveys the meaning.
Tearful - change your daily routine due to the loss of activity and lack of vitality or any appearance that accompanies you. Of course, you should see a doctor if the case worsens, and if you feel guilty or feel worthless or if you are tempted with suicide, you may have some contact with a psychologist. It is possible that you will experience a severe and persistent period of sadness if your depression becomes severe and acute. Some people who have experienced depression before are more likely to experience depression during a mourning period.

Children are exposed to sadness and grief and may experience some psychological difficulties after losing a parent. A child under school age may become depressed and become an aggressive child (see, the anti-social gathering). They may feel that they were the cause of the other parent's death.

You must realize that you feel a loss of someone dear to you and realize that it is normal to feel sad and isolated, and these feelings will eventually disappear, and you will continue your usual activities. You will start to meet new people and establish new relationships. It is true that you cannot replace your deceased loved one, but you will feel at ease and move forward. Your view of relationships will change to see them as a source of happiness, not as a loss of someone dear to you in the future.

In most cultures, there are rituals to increase the bonding among people during the death of a community member, and although you may feel a heavy burden of appearance and keeping the mourners and are in a state of intense sadness, this will help you stay connected with reality and your community. Keep in mind that if your sadness becomes a burden, you should gradually keep yourself busy with your friends and do activities you enjoy.

There are certain definitions in Arabic for the verb "develop" given in Al Maani dictionary, which is used in different places in this text. However, none of the above is applicable; thus, other Arabic equivalents are opted for as per context requirements. About one out of twenty grieving people develop more severe and persistent symptoms. Although not all the translations of the verb “develop” give the exact meaning of the verb itself, they all convey the intended meaning. The core problem is that words which collocate in English do not necessarily collocate in Arabic.

The verb “sympathize” in the source means to feel or express compassion, as for another's suffering; commiserate. In Arabic there is the word "نصح" which fits comfortably in this context.

64 The verb develop is used in various places in this text. Al Maani dictionary states the following definitions in Arabic: (a) يزيد (b) ينشأ (c) يطور (d) بنى (e) ينشاء. However, none of the above is applicable; thus, other Arabic equivalents are opted for as per context requirements. About one out of twenty grieving people develop more severe and persistent symptoms.

65 The verb "sympathize" in the source means to feel or express compassion, as for another's suffering; commiserate. In Arabic there is the word "نصح" which fits comfortably in this context.
Concluding Remarks

In translating this text, the main categories that were identified were idioms, culture specific terms (religious and social terms), slang terms, technical terms, collocations, acronyms, addition and omission.

**Idioms.** There are a number of strategies that are used to deal with idioms such as: 1) translating by an idiom of similar meaning and form; or 2) by an idiom of similar meaning but dissimilar form; 3) translation by paraphrase; and 4) translation by omission (Baker, 2009).

<table>
<thead>
<tr>
<th>English Idiom</th>
<th>Arabic</th>
<th>Strategy used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Then you fly into an angry rage</td>
<td>يستشيط غضباً</td>
<td>an idiom of similar meaning but dissimilar form</td>
</tr>
<tr>
<td>Maybe you'll call him up tonight and give him an earful</td>
<td>تعففيه</td>
<td>Non-idiom</td>
</tr>
<tr>
<td>Full of yourself</td>
<td>متعجرف</td>
<td>Non-idiom</td>
</tr>
<tr>
<td>Follow your lead</td>
<td>يحذو حذوه</td>
<td>an Arabic collocation</td>
</tr>
<tr>
<td>You feel like you are on top of the world</td>
<td>(يترفع) على قمة العالم</td>
<td>an idiom of similar meaning and form + Collocation</td>
</tr>
</tbody>
</table>
you may go to great lengths to keep up your appearance.

**Culture specific terms (religious and social terms).** Culture-specific terms, expressions and concepts in this text are rare. However, there are a few expressions and concepts that exist in the SL that may be unfamiliar to the TL audience. Procedures for translating culture-specific concepts are as follows:

1. Making up new words.
2. Explaining the meaning of the SL expression in lieu of translating it.
3. Preserving the SL term intact.
4. Opting for a word in the TL which seems similar to or has the same “relevance” as the SL term. (Graedler, 2003, p. 3)

<table>
<thead>
<tr>
<th>English</th>
<th>Arabic</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>religious salvation</td>
<td>الخلاص الديني</td>
<td>Preserving the SL term intact/Calque/Literal</td>
</tr>
<tr>
<td>the Messiah</td>
<td>المسيح الموعود</td>
<td>Opting for a term in the TL which seems similar to or has the same “relevance” as the SL term.</td>
</tr>
<tr>
<td>Church</td>
<td>دور العبادة</td>
<td>Opting for a word in the TL which seems similar to or has the same “relevance” as the SL term.</td>
</tr>
<tr>
<td>Biblical</td>
<td>نصوص من كتبها</td>
<td>Opting for a word in the TL which seems similar to or has the same “relevance” as the SL term.</td>
</tr>
</tbody>
</table>
Slang terms. Translating a slang term is often difficult because of cultural differences and levels of informality vary from one language to another. One of the following strategies may be followed to deal with slang terms (1) Use the internet and information search that provide the translator with many possibilities to explore in connection with finding terminology that works as a translation (such as Urbandictionary.com; (2) neutralize or weaken the slang word in the TT, although a change in register may occur; (3) eliminate the slang term when it is necessary and inevitable; (4) find an equivalent with the same positive/negative connotation. (Hamaida, 2007, p. 7)

<table>
<thead>
<tr>
<th>English</th>
<th>Arabic</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not like that ass you worked for,</td>
<td>تختلف هذه (المديرة) عن مديرك السابق (النذل)</td>
<td>neutralize or euphemize the slang word in the TT, although a change in register may occur</td>
</tr>
<tr>
<td>the promotion went to that lousy sycophant</td>
<td>السيء</td>
<td>neutralize or euphemize the slang word in the TT, although a change in register may occur</td>
</tr>
</tbody>
</table>

Technical terms. The following examples are specialized terms in the field of psychiatry. In order to translate these terms, the main strategy was that relevant specialized references had been consulted to render them accurately and correctly.
Table 4: Technical Terms Examples

<table>
<thead>
<tr>
<th>English</th>
<th>Arabic</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandiosity</td>
<td>جنون العظمة</td>
<td>Equivalent specialized term</td>
</tr>
<tr>
<td>Antisocial</td>
<td>معاد للمجتمع</td>
<td>Equivalent specialized term</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>الفصام</td>
<td>Equivalent specialized term</td>
</tr>
<tr>
<td>Mood swings</td>
<td>تقلب المزاج</td>
<td>Equivalent specialized term</td>
</tr>
<tr>
<td>Grief</td>
<td>الحزن</td>
<td>Equivalent specialized term</td>
</tr>
<tr>
<td>Mania</td>
<td>الهوس</td>
<td>Equivalent specialized term</td>
</tr>
<tr>
<td>Anorexia</td>
<td>فقدان الشهية</td>
<td>Equivalent specialized term</td>
</tr>
<tr>
<td>Bulimia</td>
<td>الشره</td>
<td>Equivalent specialized term</td>
</tr>
<tr>
<td>Clinical depression</td>
<td>الاكتئاب السريري</td>
<td>Equivalent specialized term</td>
</tr>
<tr>
<td>Antipsychotic</td>
<td>مضادات الذهان</td>
<td>Equivalent specialized term</td>
</tr>
</tbody>
</table>

Collocations. The strategies followed in translating collocation are the same as those used in translating idioms.

Table 5: Collocations Examples

<table>
<thead>
<tr>
<th>English</th>
<th>Arabic</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>profound problems</td>
<td>مشكلات عويصة</td>
<td>collocation of similar meaning and form</td>
</tr>
<tr>
<td>“..because you genuinely fear that you”</td>
<td>يخشى في قرارة نفسه</td>
<td>adverb “genuinely” translated into a collocation, loss</td>
</tr>
</tbody>
</table>
are worthless | compensated by higher degree of collocation
---|---
underlying feelings | الشعور الكامن | collocation of similar meaning and form
Unanticipated death | الموت الفجأة | collocation of similar meaning and form

**Acronyms.** The main strategy which have been followed in dealing with acronyms is including the English acronym along with the phrase it denotes:

<table>
<thead>
<tr>
<th>English</th>
<th>Arabic</th>
<th>Strategy</th>
</tr>
</thead>
</table>
| (SSRI) | مثبطات استرجاع السيروتونين | Including acronym in the TT and spelling out what it stands for, for lack of an Arabic equivalent.

**Addition and Omission.** Adding and omitting something in the TT are common features of Arabic/English translation. In order to maintain coherence and cohesion of the text these two features were used in the translation for the sake of explication. Sometime both strategies were use at the same time:

<table>
<thead>
<tr>
<th>English</th>
<th>Arabic</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Then she'll regret passing over you</td>
<td>ويجعلها ذلك تندم على قرارها الخطأ، تواجهك وتربق من هدوك</td>
<td>Addition for explication</td>
</tr>
</tbody>
</table>
| You dress in a flashy manner or put | وقد ترتدي ملابس مثيرة للاهتمام، أو أكثر من وضع | Addition explication + shift of
<table>
<thead>
<tr>
<th>on too much make-up.</th>
<th>مستحضرات التجميل إذا كان المريض إمرأة</th>
<th>person (male to female)</th>
</tr>
</thead>
<tbody>
<tr>
<td>You told him that if he had the least bit of decency, he would have stayed up late with you to help you finish.</td>
<td>فقد شفيت غليك منه عندما قلت له بأن ليس لديه الحد الأدنى من الاعتبر والاحترام لأنه لم يبق معك يساعدك عندما بقيت لساعة متأخرة في العمل لإنجاز المهام التي أوكلها إليك.</td>
<td>Addition to maintain coherence</td>
</tr>
</tbody>
</table>
Chapter 4: Conclusion

Translation is fraught with problems at different levels: lexical, grammatical, and textual. Chapter four of this thesis, the “Translation and Commentary”, introduced and discussed the most common difficulties encountered in translating the selected text from 50 Signs of Mental Illness by James Whitney Hicks. The commentary and analysis incorporated illustrative examples of each level and extended to the strategies and solutions adopted in each case. To summarize the findings:

- **Problems of equivalence at the Lexical Level:** the concept of equivalence has always been a core issue in translation. The problem of non-equivalence at word level occurs when no direct equivalent for a word occurring in the source text (Baker, 1992, p. 20). Some of the major lexical equivalence problems were found in: acronyms, difference in forms, informal/slang words, technical terms, compounding, collocations, idioms and fixed expressions, figurative language, culture specific terms, etc. See notes number 1, 10, 11, 15, 16, 23, 30, and 46.

- **Problems at the grammatical level:** there are certain grammatical shifts (i.e. changes, transpositions) which are obligatory since following the English grammatical system would often result in an awkward and unacceptable Arabic translation. Such grammatical shifts occur in verbs, gender and number agreement and, word order, etc. See notes 4, 8, and 31.

- **Problems at the Textual level:** since texts are body of words woven together to deliver a specific meaning and/or message, it is very important for translators before starting the process of translation to consider the following textual factors: vocabulary, structure, language varieties, culture aesthetic and cognitive effect. These factors do not act in isolation from one another; they rather interact with one another and, therefore help a translator develop a better understanding to determine the best strategy and way forward. Ignoring this, we may likely end up with an unnatural or awkward translation, resulting eventually in a breakdown in communication. It is very important in the process of decoding the (ST) and re-encoding it in the (ST) to consider not only the individual lexical entities but also the entire textualization.
Connectors, conjunctions, and punctuation marks are but a few examples. See notes number 12 and 14.

This current translation is an attempt to produce the most appropriate translation of the selected text from 50 Signs of Mental Illness. To achieve this, both communicative and semantic translation methods seems to work perfectly with this type text as they both complement each other in many ways. The former method renders the original meaning of the source text (ST) in a way that allows the translator to produce a comprehensible and readable text; whereas the latter method takes care of the aesthetic values of the ST such as style. These two methods go almost hand in hand and the implementation of both is a must to achieve accuracy and correctness.

To elaborate, in the ST the author addresses the reader/patient using second person pronoun. Upon translating the text, there were a couple of options that could have been used. The first was applying the same style that is, using the second person pronoun or to use 3rd person pronoun instead. By using the former, the relationship between the reader and the text is maintained since the reader is not in any way alienated or treated as an outsider. Both techniques have been tested when this text was initially translated. It has been found that in using the latter method, the reader was indeed alienated from the text, which in turn prevented the text from having the same effect as the source text does on its original reader. As a result this method was abandoned in favour of a more direct approach.

It is highly recommended that more books in this field are translated as many people are not familiar with the terms and concepts of this field. Raising the awareness of people in such fields is a standing issue. One of the ways is to translate such books in different languages. Translation of such informative books could be an effective way to expose people to the terms, concepts and management approaches.

Translating books in this field would be a multi-layered contribution it would enrich Arabic library, and familiarized the readers with the concepts and vocabulary specific to this field. In addition, it would help the reader identify with the concepts and terminology of the field, thus raising the awareness, which in turn help in making available the possibilities of treatment.
For the translation field, it is a step forward in identifying possible way of dealing with such text with specialized terminology and making same accessible to the general public.
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Al Maani dictionary: http://www.almaany.com/
Cambridge dictionary: http://dictionary.cambridge.org/
Oxford dictionary: http://oxforddictionaries.com/
WordReference.com: http://www.wordreference.com/

Arabic References

Online References

Vita

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