

50 SIGNS OF MENTAL ILLNESS: TRANSLATION
AND COMMENTARY

by

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A Thesis Presented to the faculty of the
American University of Sharjah
College of Arts and Sciences
in Partial Fulfilment
of the Requirements
for the Degree of

Master of Arts in
English/Arabic/English Translation and Interpreting

Sharjah, United Arab Emirates

July 2013

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Acknowledgments

First, I would like to seize this opportunity to express my deepest thanks and gratitude to my supervisor, Dr. Ahmed Ali, who guided me throughout the various stages of this thesis. With his patience, rich knowledge and continuous assistance, he facilitated the thesis process and made it an experience to remember. Motivating me and other students has always been a priority to him.

I would also like to thank my family for their support, especially my mother, for without her genuine prayers and blessings, I would have never got this far. And to my father whose endless support, guidance and encouragement have been and will always be the light and hope that enable me to reach my goals successfully and persistently.

Last but never the least; I have to express my deepest gratitude to all the professors who taught me in this program. I would like to gratefully thank Professor Basil Hatim, who was one of the first to pave our way with his rich knowledge and generous contribution in the field of translation. My gratitude also extends to Professor Said Faiq for all the great efforts, knowledge, and constant assistance throughout the program.

Lastly, my thanks and appreciations go all the way to those who supported me by all possible means.

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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Abbreviations

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. that 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 Johnson 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 percent 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 themselves 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-centered 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 1.0 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 time socializing, at least in groups in which you are not expected to be the center 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 not 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 torn 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 feel 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

جنون العظمة¹. لقد صُدمتَ عندما وقع اختيار المديرية الجديدة على ذاك الموظف السيء و² المتملق، فأنت الأجدر بتلك الترقية³. كيف لها أن تغض الطرف عن إسهاماتك؟ ألم تلاحظ حضورك إلى العمل في الموعد

¹ Technical (Specialized) Terms: Each specialized field (philosophy, medicine, sociology, education, arts, technology, etc) has its own jargon. Therefore, caution is required because a mistake can distort the meaning of the whole text and lead to misunderstanding. The term “Grandiosity”, which is a technical term in the field of psychiatry, means: an exaggerated belief or claims of one's importance or identity manifest by delusions of wealth, power, or fame. (dictionary.com). Equivalents proposed are: العظمة، داء العظمة، جنون العظمة، هوس العظمة، هذيان العظمة. In the Hitti's New Medical Dictionary the equivalent for “grandiosity” is هذيان العظمة, while in the Unified Medical Dictionary it is: هوس العظمة. “جنون العظمة” seems to be of high frequency and it is more familiar than the others, hence, it's the choice.

lead to misunderstanding. The term “Grandiosity”, which is a technical term in the field of psychiatry, means: an exaggerated belief or claims of one's importance or identity manifest by delusions of wealth, power, or fame. (dictionary.com). Equivalents proposed are: العظمة، داء العظمة، جنون العظمة، هوس العظمة، هذيان العظمة. In the Hitti's New Medical Dictionary the equivalent for “grandiosity” is هذيان العظمة, while in the Unified Medical Dictionary it is: هوس العظمة. “جنون العظمة” seems to be of high frequency and it is more familiar than the others, hence, it's the choice.

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 تأخير في يومها الأول من العمل في الأسبوع الماضي؟!⁴ ولكنها لم تقدّر ذلك! و كيف لها أن تتجاهل إسهاماتك المالية⁵ مع بقية الموظفين من أجل شراء طاقة ورد ترحيبية لها؟! رغم أنك كنت حريصاً على تمرير بطاقة ليس عليها سوى اسمك داخل الطاقة، فهذه الفكرة لم تخطر ببال زملائك الآخرين لأنهم محدودو التفكير، و لكنها لم تدرك ذلك.

لا بأس، فمن يرغب بالعمل مع مديرة كهذه لا تقدر تضحية الآخرين من أجلها!⁶ وبالطبع فقد دفعك هذا كله لأن تدّعي المرض و⁷ تتغيب عن العمل لبضعة أيام لجعلها تعتقد بأنك ستترك العمل وهذا يجعلها تندم على قرارها الخاطيء بتجاهلك وترقية من هم دونك.⁸

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 ذاك الموظف السيء والتمتلق

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

5 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 يسهم

6 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 للآخرين معترف أو مقدر للجميل أو للآخرين 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: seem more appropriate for the given context.

7 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

يُعرّفُ المختصون جنون العظمة⁹ بأنه 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 تذكر¹⁰ على أرض الواقع.¹¹ ستتوقع من الآخرين تنفيذ تعليماتك وأن يحذوا حذوك¹² في كل شأن، بينما تضرب أنت عرض الحائط بالتعليمات والقوانين التي ترى أنها وضعت

and an adverb, it could be translated literally as (يبقى بعيدا), but it was opted for in the text “يتغيب” which fits in this context.

8 The ST says: Then she'll regret passing over you, it was rendered to: ويجعلها ذلك تندم: على قرارها الخاطيء بتجاهلك و ترقية من هم دونك. This addition merits counting on as its addition explicates how he was “passed over”.

9 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:* يُعرّفُ جنون العظمة بأنه حالة من الوهم تصيبك فتجعلك تبالغ في أهمية نفسك وتميزها خلافاً : للواقع

10 “Remarkable” is usually translated as ملحوظ. However, using the negation غير ملحوظ 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

11 Dickins, Hervey, and Higgens (2013), explained the importance of the addition strategy and where can the translator use it (p. 24):

Translation by addition is translation in which something is added to the TT which is not present in the ST. Like omission, addition is a common feature of Arabic/English translation and is therefore worth identifying. Examples of translation by addition frequently occur where either general considerations of English usage or specific contexts require something to be added.

The addition of some phrases TT for different purposes like explication or to maintain coherence and cohesion. رغم أن إنجازاتك لا تكاد تذكر على أرض الواقع

12 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 وأدائهم، وتظن أيضًا أن الآخرين يرون أنك صاحب روح فكاهية وأنتك تتميز بجاذبية خاصة وأنهم يرغبون بقضاء الوقت معك، رغم أن الحقيقة المرة هي أنهم يرون فيك أنك شخص ممل ومتعجرف¹³ وترى أن الآخرين ما هم إلا أدوات للتحكم بهم والإفادة منهم، وعندما يتود أحد اليك فإنك تسارع إلى تقييم أهمية ذلك الشخص من وجهة نظرك، فإذا وجدت أنه عديم الأهمية، فإنك تتجاهله فوراً وتمضي في طريقك¹⁴. ولا تتوقف عن التفكير في سبل زيادة نفوذك وبسط سلطتك على غيرك من الناس¹⁵ الذين تتخيل أنهم يحسدونك على مهارتك وإنجازتك. وتشعر دوماً أنك تستحق الأفضل، وتشعر بالإهانة حين لا تلقى من الآخرين ما ترى أنك تستحقه من التقدير.

يُشخّص 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 مفتوناً¹⁶ بجماله 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 collocation /يحدو حذوه/ follow lead, which fits with the text and gives the same effect of the SL idiom.

¹³ According to thefreonline 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.

¹⁴The addition strategy was used here, فوراً وتمضي في طريقك. See note #11

¹⁵The addition strategy was used here, وبسط سلطتك على غيرك من الناس. See note #11

¹⁶According 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

شخصيتك نرجسية مما يؤدي إلى تلاعبك بالآخرين استبعادهم. ولكن يجب التنويه إلى أن هذه السمات 17 تقع ضمن طيفٍ واسع من حيث القوة والشدة، فمن المؤلف أن نرى بعض سمات الشخصية النرجسية عند الكثيرين، ولكن حدتها تكون خفيفة. وفي واقع الأمر، فقد يكون من المفيد أن تتمتع بشعور من تقدير الذات- و لكن دون مبالغة كبيرة. ويقدر الأطباء النفسانيون أن أقل من 1% من السكان فقط يعانون من هذا الاضطراب بمراحله المتقدمة 18 التي تظهر فيها سمات الشعور بالعظمة بشكل كبير ودائم في نظرة المريض لنفسه وتقييمه لذاته عند تفاعله مع الآخرين.

يدخل، يدخل بسرور : a challenge since there are different meanings to the same verb: .وخيلاء، يصعد إلى خشبة المسرح أصبح مقنوناً بجماله عندما رأى انعكاس صورته في الماء: the meaning:

17 Here, a conjunction and a phrase that do not appear explicitly in the ST were added to maintain the coherence and cohesion of the text:

ولكن يجب التنويه إلى أن هذه السمات تقع ضمن طيفٍ واسع من حيث القوة و الشدة

The ST states: All personality traits exist along a spectrum, and some of these narcissistic personality traits are fairly common ill milder form.

18 Compounding is a process to form new words by combining two existing words together. In English, it is a major word formation process. Compounds have three different forms in English (1) "the closed form, in which the words are melded together" such as *raindrop*; noun-noun compound, (2) "the hyphenated form" such as *over-ride*; preposition-verb, and (3) "the open form" or also known as spaced compounds such as *light green*; adjective-adjective (<http://grammar.ccc.commnet.edu/grammar/compounds.htm> Accessed: 28/11/2012). Other compounds are formed by pairing noun-verb (i.e. heart-broken) and adjective-noun (i.e. blueprint). These are the most common types of compounds in English. However, compounding does not necessarily refer to joining only two words together. It may reach up to three words. On the other hand, compounding in Arabic is not as productive as it is in English, therefore, translating English compounds may cause problems. One of the problems is that translators cannot resort to a one-to-one translation for each component of a compound; at least it is the case with the majority of compounds. The difficulty in translating English Adjectives into Arabic is manifested here: *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-blow" as: fully mature , being at the height of bloom. Bilingual dictionaries such as ALMawrid translate it as: متفتح، مزهر، ناضج كلياً، متطور تماماً. The paraphrasing strategy was used to come up with a readable TT: يقدر الأطباء النفسانيون بأن أقل من 1% من السكان فقط يعانون من هذا الإضطراب بمراحله المتقدمة

يعزو الأطباء النفسانيون بروز سمات العظمة عند المصابين باضطرابات الشخصية النرجسية إلى حاجتهم لقناع يغطي مشكلات عويصة¹⁹ في تقدير الذات، ولذلك اذا كانت لديك الشخصية النرجسية فسيكون من السهل إيذاؤك. إذ ترسم²⁰ صورة لنفسك تكون فيها شخصاً مرغوباً وذا نفوذ وموهوباً لأنك في الحقيقة تخشى في قرارة نفسك²¹ أن تكون لا قيمة لك . فعندما تتعرض للرفض أو الإهمال حتى ولو عن غير قصد، تهتز ثقتك بنفسك وتتداعى الصورة التي رسمتها لنفسك، ويؤدي هذا في غالب الأحيان إلى نوبة غضب أو اكتئاب،²² فآية تجربة فشل أو خسارة تتعرض لها تدعوك إلى التساؤل "هل أنا فعلاً شخص مميز؟" ومن السهل كذلك التنبؤ بأنك تواجه مشكلات في حياتك العملية والعاطفية لسببين إثنين: الاول أنك تعتقد أن الآخرين لا يقدرونك حق قدرك، والسبب الآخر أنك كثيراً ما تتصرف بشكل متعجرف وخبيث.

لا تقتصر سمات العظمة على من يعانون من النرجسية فحسب، بل إنها تبرز أيضاً بشكل ملحوظ عند من يعانون من أنواع أخرى من اضطرابات الشخصية ، فإذا كنت تعاني من اضطراب الشخصية الهستيرية (histrionic personality disorder) ستطمح دوماً لأن تكون في محور الإهتمام، وهذا يفسر تصرفك بشكل دراماتيكي وجذاب. وستعتبر الآخرين مجرد أدوات وشخص يتم التحكم بها وتوظيفها في المسرحية التي تقوم بإخراجها. فتتحدث عن معارفك العابرة وكأنهم أصدقاء مقربون جداً لك في حين يتحول أصدقاؤك العاديون في أحاديثك إلى شركاء حميمين. وتتناوب نوبات حادة من الغضب أو التهديد اذا تم رفضك أو تهميشك.

19 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: مُعَمَّق , مُنَمَّق , مُنَبَّر , عَمِيق , سَحِيق , بَلِيع . However, collocationaly, the adjective عويصة fits comfortably with problems.

20 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: يؤسس، يعزز، يوسع، 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 in the TT.

21 The adverb “Genuinely” in this sentence “...because you genuinely fear that you are worthless” has more than one Arabic equivalent: بصدق، بصفاء، بإخلاص، بوفاء. 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

22 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. فآية تجربة فشل أو خسارة تتعرض لها تدعوك إلى التساؤل

و كذلك فإذا كان لديك اضطراب الشخصية المعادية للمجتمع²³ (antisocial personality disorder) فلن تأبه بالآخرين إلا بالحد الذي يمكنك من إستغلالهم لغاياتك الخاصة، ويسود لديك الإعتقاد بأن التعليمات إنما وجدت لتخرق، لذلك فهم تخرقها كلما أمنت العقاب، وعلاوةً على ذلك فإنك تعتقد بأن جميع أفراد المجتمع لا يكثرثون إلا لمصالحهم الذاتية وتعتبر من يقول غير ذلك إما كاذب أو أحمق.

ظهور أوهام العظمة في حالي الذهان و الهوس. تنتج سمات العظمة التي تبرز في اضطرابات الشخصية عن فشل متجذر ومتراكم في التعاطف مع الآخرين وفي التأقلم مع الشعور الكامن بالنقص.²⁴ إلا أن هناك نوعاً آخرًا من جنون العظمة يكون مصاحباً لأمراض عقلية خطيرة مثل الإضطراب الوجداني ثنائي القطب (bipolar disorder) والفصام (schizophrenia). فتظهر سمات العظمة عندك إذا كنت مصاب بهاتين الحالتين جراء انفصالك عن الواقع، وليس نتيجة لعدم تعاطفك مع الآخرين أو لنقص في تقديرك لذاتك. حيث قد لا يلاحظ عليك أي من أعراض العظمة أو النرجسية بين نوبات الهوس والذهان.

وكذلك فمن غير المفاجيء أن تظهر أعراض العظمة عليك عندما تنتابك نوبات الهوس، فعندها تتولد لديك معتقدات كبيرة وعظيمة وتشعر بأنك تتربع على قمة العالم²⁵ وعلى الجميع أن يعيروك اهتمامهم، كما ينشأ لديك الاعتقاد الواهم بأنك الشخص الأكثر إثارة للاهتمام والأكثر متعة وموهبة علاوة على أنك تشعر بأنك صاحب نفوذ وجاه يؤهلناك لتحقيق ما ترغب من أهداف وتتصور أن الناس يخطبون ودك و يرغبون بالتقرب إليك ليشاطروك المجد، فكل ما تفعله أو تقوله أو تكتبه يصبح عظيماً من وجهة نظرك. وإذا لم يعطك الآخرون ما تستحقه من الاحترام، تنزعج وتشعر بأن مواهبك ذهبت عبثاً. وتدعي أنك على علاقة بالمشاهير وتعدهم زملاءك وداعمين لك لأنك تعد نفسك من طبقتهم أو أنك على وشك أن تكون مشهوراً على أدنى تقدير، فلا يساورك شك أن صيتك قد بلغ بالفعل الآخرين بفضل مواهبك الاستثنائية مثل التحدث بطلاقة بعدة 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 اجتماعي أو انطوائي, 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.*(thefreedictionary). In the following example, it collocates with the noun “feelings”. ...and to cope with underlying feelings of inadequacy. وفي التأقلم مع الشعور الكامن 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 والجنس لدرجة أنك قد تتشغل بفكرة الخلاص الديني²⁶ للبشرية، فيطغى عليك شعور بأنك تعيش حالة من المجد والتنوير، وتعتقد أن النصوص الدينية موجهة إليك وتحثك بشكل مباشر على ضرورة نشر كلمة الله في الأرض، مما قد يدفعك لاحقاً إلى ادعاء النبوة .

و من ناحية اخرى قد تصبح مشغول البال بالجنس، لأنك تعتقد أنك تمتلك قدرات جنسية لا تنضب، وبأنك تتمتع بفحولة وجاذبية استثنائيتين، لذلك تغلب على أحاديثك الإيحاءات والإشارات الجنسية. وتسعى إلى مغازلة الآخرين وإقامة علاقات جنسية معهم يغلب عليها روح المغامرة والإستبداد. فعلى سبيل المثال، قد تسعى إلى ممارسة الجنس في الأماكن العامة مع غرباء، وقد ترتدي ملابس مثيرة للانتباه، أو تُكثر من وضع مستحضرات التجميل "إذا كان المريض امرأة"²⁷. ويتلاشى عندك الشعور بالخجل، فلا تلقي بالألأ عند استخدام التعليقات أو الإيحاءات الجنسية في الأماكن العامة، وتكثر من التصرفات التي يستحيل أن يقوم بها شخص سوي. ولا تجد حرجاً في الجمع بين انشغالاتك الدينية والجنسية في وقت واحد. فأنا أذكر ذات مرة أن إحدى مريضاتياً أخذت تغرقني²⁸ بنصوص كثيرة من كتابها المقدس²⁹ وبعد ذلك مباشرة طلبت مني تقبلها.

26 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. "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). Graedler (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 الديني". 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 الديني"....

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 ترتدي ملابس مثيرة للانتباه، أو تُكثر 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 العظيمة عندك فتأخذ شكلاً متطرفاً وتتحول إلى حالة من الوهم، فتنتقل من مرحلة الاعتقاد بأنك تستحق الشهرة إلى مرحلة أخرى تؤمن فيها بالفعل أنك شخص مشهور ومن أعلام المجتمع. و يتطور الأمر إلى أن تبدأ ان ترى في نفسك شخصاً آخر، فقد تتصور أنك رئيس الدولة أو نجماً موسيقياً³⁰ أو حتى المسيح الموعود.³¹ ومن الممكن أن تقودك الهلاوس إلى مرحلة تظن فيها أنك تسمع صوت الرب يناديك، أو أن اسمك يصدح في الإذاعة. كما قد تصبح مصاباً بالذهان الكبريائي³² (Paranoid) ، وتدعي

Here, the ST says: "I recall one patient who showered me with Biblical verse", translated as: "فأنا أذكر ذات مرة أخذت تتلو على مسامعي نصوصاً كثيرة 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 أو يمطر . and, it figuratively means: يغتسل , ينهمر , and (wordreference dictionary). To keep the metaphor and create mental image for the TT readers, it was rendered into أغرقتني بنصوص , another option could be أمطرتني مسامعي بنصوص كثيرة

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 آية is a specific term used for the "verses" of the Holy Qur'an. Verses from the Bible are normally referred to by number as العدد. 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 with the addition of 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 . بمثل الدهن وبالبركة ليكون ملكاً أو نبياً ، وأيضاً: 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 بالذهان الكبريائي" as is technically used by specialists as well as medical dictionaries.

أن الآخرين يشعرون بالغيرة تجاهك، ويحاولون سرقة أموالك، ونشويه سمعتك. وعندما يصل الأمر إلى هذه الحالة، تشخص على أنك مصاب بداء الذهان و الهوس في آن واحد، لأنك ستكون قد فقدت الصلة بالواقع.

تتجلى أوهام الشعور بالعظمة أحيانا بمظاهر الزمان الذي تعيش فيه، فبينما يحاول مريض في القرن التاسع تمص شخصية نابليون عبر ارتدائه قبعة جنرال فرنسي وحمله العصا بيد ووضع اليد الأخرى في القميص، قد تتقمص أنت في هذا الزمان شخصية مغني راب مشهور أو تتصرف مريضة ما وكأنها زوجة رئيس للدولة أو من هم حققوا كسفا خارقا أو اكتشفوا علاجاً لمرض الإيدز.

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

كيف يمكن التعايش مع جنون العظمة؟ إن معالجة اضطرابات الشخصية أمر صعب، ولكن يبدو أن أفضل خيارات العلاج هي المعالجة النفسية، حيث تحاول أن تتقبل شعورك الباطني بالضعف 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 متاعب العلاج، ستسود لديك نظرة أكثر واقعية عن نفسك تكون فيها أقل عظمة وأكثر قدرة على مواجهة الأذى. وقد تستفيد من الأدوية التي تعالج الإكتئاب (انظر "الاكتئاب") وبخاصة في المواقف التي تتعرض فيها للفشل الذريع أو الرفض الذي لا طاقة لك على تحمله.

فإذا برزت سمات الشخصية النرجسية عند شخص عزيز لديك، بوسعك مساعدته بعدم مجاراته وإشباع غروره عندما يتحدث عن مشاريع لا يمكنه تحقيقها. وحينئذ ينبغي عليك أن تتجنب إغراقه بإطراء لا يستحقه أو توجيه انتقاد مباشر يوحي له بأنه وحش أناني. وبدلاً من هذا وذاك، يمكنك أن تبدي له وجهة نظر متوازنة. فعلى سبيل المثال، يمكنك مجاملته وتأييده عندما يشتري سيارة جديدة وتقول له إنها فعلاً سيارة جميلة المظهر، ولكن لا تعزز لديه الشعور بأنه يمتلك السيارة الأعلى ثمناً في المنطقة. دعه يدرك أنك تقدره وتحترمه لأسباب متنوعة وليس لأجل سيارته الملفته للانتباه فحسب.

يكون علاج أوهام العظمة التي تبرز في حالي الذهان و الهوس بتناول أدوية مضادة للذهان وأخرى تساعد على إعتدال المزاج بالتدريج على التوالي أو تأخذهما معاً، وبإمكانك مساعدة المريض عبر لعب دور هام في مساندته خلال فترة العلاج، فتكف عن مجادلته حول معتقداته، إذ أن هذه المعتقدات لن تتغير مهما تكلمت. وبإمكانك أن تعبر له عن وجهة نظرك للواقع بلباقة وإحترام، وتذكره بأن طبيعة مرضه تجعله يؤمن ببعض المعتقدات الغريبة. و قد يكون من المغري لك أن تواجه شعوره بالعظمة بالتقليل من شأنه، ولكن تذكر أن هذا لن يحقق لك شيئاً سوى أن تُشعر هذا الشخص العزيز عليك بأنك متضايق منه ولم تعد تحبه. ومن ثم عليك التواصل مع من تحب بطريقة تشعره باهتمامك به دون أن تنفعل عندما يعبر عن معتقداته الغريبة، ذلك أن معظمها خارج نطاق سيطرته.

تقدير الذات. "يا لها 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 أمس. صحيح أنه لم يمض سوى

يوم واحد على لفائفك بها، و لكن من السهل الحكم عليها، فقد أسعدتك لفتتها الجميلة عندما أحضرت لك بعض الكعك³³ وكوباً من القهوة هذا الصباح، فهذا يدل على فطنتها و رقتها و أنها لن تؤذيك أبداً.

تختلف هذه المديرية عن مديرِك السابق النذل³⁴ الذي لم يلحظ أنك كنتِ تبقين³⁵ حتى ساعات متأخرة في العمل لإنجاز التقرير الذي كلفك به، فبعد تسلمه التقرير، طلب منك تغيير أحد الجداول فيه بحجة أنه بُني على معلومات غير دقيقة. وما ذنبك أنتِ؟ فهو الذي زودك بالمعلومات والبيانات التي قام عليها الجدول. كان عليه أن يطلب منك التأكد من المصادر لو أراد ذلك. وعلى أية حال، حسناً فعلتِ عندما عبرت له عن وجهة نظرك هذه.

فقدشفيتِ غليلك منه³⁶ عندما قلت له بأن ليس لديه الحد الأدنى من اللباقة والاحترام لأنه لم يبق معك يساعدك عندما بقيت لساعة متأخرة في العمل لإنجاز المهام التي أكلها إليك. لماذا كان يسارع في العودة إلى البيت؟ ألم يكن يوسع زوجته الاستغناء عنه مساء واحداً؟ هل كان يعتقد بأنه ليس لديك حياة اجتماعية وأن ليس لديك شيئاً تقومين به أفضل من البقاء في العمل حتى ساعات متأخرة؟ فقد سبق وأن كنت مرتبطة بشخص ما ولو شئتني لكنك قد أقمت علاقة مع أحدهم³⁷ في ذاك 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 الكعك not as most of the bilingual dictionaries suggest: فطيرة مسطحة ومستديرة تغطي بالزبدة أو فطيرة انجليزية. 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: أنتِ 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 المقصورى and a نون added to indicate the feminine marker: أنتِ تبقين.

36 Adding the Arabic idiomatic expression فقد شفيتِ غليلك 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 تتصلين به هذا المساء و تعنفيه قليلاً³⁸ ولكن ليس الآن، فهذا وقت الاستمتاع بأكل الكعكة التي أحضرتها لك المديرية.

يعتبر تقدير الذات (Self-Esteem) أحد مكونات الهوية الشخصية للفرد، إذ أنه يعكس مدى رضى الشخص عن ذاته. إن تقدير الذات الطبيعي يحقق توازناً في النفس³⁹ بحيث تكون واقعياً في تقييم نفسك فتعترف بنقاط ضعفك وتتقبل حقيقة ارتكابك أخطاء في الماضي دون أن يغير هذا من حقيقة أنك انسان صالح وتحظى بحياة جيدة. ينشأ معظمنا ونحن نؤمن بأننا ذو قيمة عالية أو مميزون بفضل أباؤنا وأمهاتنا الذين جعلونا موضع حبهم دون شرطٍ أو قيد حتى عندما كانوا يوبخوننا أو ينتقدوننا.

تتميز عدة أمراض عقلية جزئياً بوجوده اضطراب تقدير الذات الطبيعي، فإذا كنت مصاباً بالإحباط على سبيل المثال، قد تنظر إلى الأمور بسلبية كبيرة وقد تشعر بأنك شخص فاشل عديم القيمة، لذلك تبالغ في التفكير⁴⁰ في أخطاء الماضي لدرجة أنك قد تشعر بالذنب لأنك سخرت من صديق لك قبل عدة سنوات رغم أن الصديق نسي الحادثة برمتها. ويؤدي النقص في تقدير الذات إلى المبالغة في تحميل نفسك المسؤولية عن أمور كثيرة، فقد تشعر بأنك المسؤول عن كثير من مشاكل العالم. ويؤدي هذا بدوره إلى شعورك بأنك مسؤول عن إفساد حياتك وحياة الآخرين ممن تحب، وقد تشعر بأن الموت أفضل لك من الحياة وتبدأ في الانتحار. وكذلك الحال اذا كنت تعاني من اضطراب الشخصية الإنطوائية (avoidant personality disorder)، فالنقص في تقدير الذات لديك يجعلك تتسم بالخجل والاعتقاد بأن الآخرين ينظرون إليك نظرة سلبية.

وكذلك يعتبر الهوس من الأمراض التي تؤدي إلى المبالغة في مقدار تقدير الذات، فقد تبالغ في تقدير ذاتك لدرجة أنك قد تعتقد أنك أعظم شخص في العالم وأنت تتمتع بذكاء خارق وروح مرحة وإنجازات خارقه تمكنك من فعل أي شيء. وكلما تطورت عندك حالة الهوس، ازدادت أوهام العظمة لديك وبحيث تشعر أنك شخصية مشهورة، وقد تتوهم وتعتقد أنك إله قدير على هيئة إنسان. ولكن سرعان ما تتلاشى هذه الأوهام عند علاج حالة الهوس أو عندما تنتكس أو تصاب بالإحباط.

Al Maani bilingual dictionary, the word “boyfriend” is translated as: خليل، رفيق، صديق. لو The word “boyfriend” was omitted but another word that refers to it was added: شئت لكننت قد أقمت علاقة مع أحدهم 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 تعنفيه which expresses the meaning, but is not an idiomatic expression.

39 The idiomatic phrase “Strike a balance” was rendered as: يحقق توازناً 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 : تجده يبالغ في التفكير

يتضخم تقدير الذات بشكل متصنع عند المصابين باضطراب الشخصية النرجسية (انظر "العظمة") : فإذا كنت تعاني من النرجسية ستصرف وكأنك صاحب قدرات فريدة وإنجازات عظيمة وذوق رفيع واهتمامات استثنائية. كما تتصور أنك تتواضع بتعاملك مع غالبية الناس، ولكنك في الوقت نفسه تتوق إلى رفقة أصحاب الشهرة والنفوذ. وتخفي بمظهرك الخادع هذا شعورك الدفين بالضعف وعدم الأهمية، فأنت تعتقد في داخل نفسك أن معظم الناس أكثر سعادة واستقراراً منك، وتخشى أن تصبح شخصاً غير محبوب من الآخرين، ولذلك ترتدى القناع الذي تظن أنه يحسن من حقيقتك أمامهم. وكذلك الحال عند من يعانون من اضطراب الشخصية الهستيرية (histrionic personality disorder) ، فهم يبالغون في التعبير عن تقديرهم لذاتهم من أجل إخفاء مشاعرهم الباطنية بالنقص.

ويعاني البعض من ضمير مبالغ فيه، حيث يضعون لأنفسهم أهدافاً غير واقعية لا تتناسب⁴¹ وسلوكهم، مما يدفعهم إلى توجيه نقد ذاتي لأنفسهم عندما يخفقون في الوصول إلى الكمال المنشود الذي يعتقدون بأنه يليق بهم. واعتاد الأطباء النفسانيون في السابق تسمية هذه الحالة " نمط الشخصية العُصابية " (neurotic character style) (وأصبح مصطلح "عُصابي" يستخدم للدلالة على طيف واسع من الصعوبات النفسية لتمييزها عن الحالات "الذهانية" ومن النادر الآن أن يستخدم الأطباء النفسانيون هذا التعبير نظراً لعدم دقته). وذاكنت تعاني من هذا الاضطراب فأنت تتسم بعدة سمات إيجابية مثل الفصاحة والمواظبة والكفاءة والمثابرة والدقة والأخلاق،⁴² بالإضافة إلى إمكانية الاعتماد عليك نظراً لبراعتك وإنجازتك ولكنك في الوقت ذاته تميل إلى حب السيطرة وكبت مشاعرك، لأنك تعتقد أن هذه سمات إيجابية فيك لأنك تلتزم بالقوانين والتعليمات وتتصرف بعقلانية وبدون تهور. ومن الجدير ذكره، أن الأطباء النفسانيين لا يصنفون المصابين بهذا الاضطراب على أنهم مصابون بأي من الأمراض العقلية: لأن اضطرابهم هذا لا يؤدي إلى إعاقة ولا يسبب ضيقاً، إلا أنهم يجذبون حصول المصاب على العلاج ليكتمل إدراكه ومعرفته بذاته ويتمكن من التأقلم مع نقاط ضعفه وقلقه ومخاوفه من الفشل. فيمكنك 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 *لا يتناسب* 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 بعدة سمات إيجابية مثل الفصاحة والمواظبة والكفاءة والمثابرة والأخلاق
The order of the phrase was altered by adding a word which is not in the ST سمات إيجابية at the beginning followed by the word *مثل* then the adjectives which were converted into nouns in TT. Commas were replaced by the Arabic connector (wa – و) to maintain the correct Arabic structure.

وقد تؤدي بعض الأمراض العقلية إلى نقص في تقدير الذات ولكن بشكل غير مباشر، إذ فمن الممكن 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 كفؤ مقارنة مع أقرانه، أو إذا كنت ممن يصابون بنوبات ذعر في الأماكن العامة ستشعر بالخجل من تلك الحالة، وسيكون الوضع نفسه إذا كنت مدمن المخدرات أو الكحول أو الجنس، فقد تخجل من الرذائل التي تدمن عليها ومن عدم قدرتك على كبح جماح شهواتك،⁴³ وينطبق هذا الأمر كذلك على من يعاني من اضطرابات تؤثر على الشكل الخارجي مثل اضطراب فقدان الشهية (anorexia) أو الشره (bulimia)، فهو يعتقد أن مظهره الخارجي يروّع الآخرين. بالرغم من أن أغلبية أفراد المجتمع أصبحوا يتفهمون الأمراض العقلية ويتقبلونها بشكل أفضل من أي وقت مضى، إلا أن البعض لا يزال ينظر إلى المصابين بتلك الأمراض على أنهم غريبون وناقصون أو حتى خطرون. وأحياناً تسهم نفسك في هذا التمييز عندما تشعر بأن الأعراض التي تظهر عليك هي نقص فيك أو ضعف في شخصيتك. لذلك عليك أن تفهم مرضك، وتتعامل معه بواقعية وألا تسمح لمرضك بالسيطرة على حياتك بأكملها، فحالك في ذلك حال المصابين بإعاقات أخرى. ويتوجب عليه أن تتفهم نفسك وعائلتك وأصدقائك بمرضك وأن تحرص على حضور الجلسات الجماعية مع مرضى آخرين من أجل للنقاش في كيفية الاعتماد على الذات والاستفادة من تجارب الذين تمكنوا من التعايش مع مرضهم.

ويعاني المصابون باضطراب الشخصية الحدية من ضعف حاد في تقدير الذات. بدأ المحللون النفسيون في منتصف القرن المنصرم ملاحظة نوع جديد من الاضطرابات التي وجدوا أنها صعبة العلاج. فقد بدى للمعالجين في بادئ الأمر أن المصابين يعانون من اضطراب عصابي، فبالرغم من أنهم يتفاعلون بشكل جيد في المجتمع إلا أنهم يعانون من اختلال في تقدير الذات. وقد أظهر أولئك المصابون غضباً وياساً شديداً أثناء العلاج وكثيراً ما كانوا يتركونه، ولاحظ الأطباء النفسيون أن هؤلاء المرضى بدأ عليهم أحياناً الانفصال عن الواقع عندما تطغى عليهم مشاعرهم. وبالرغم من أن الأطباء لم يفهموا هذه الحالة بشكل جيد آنذاك، إلا أنهم وجدوا أن حالتهم تقع على الحد الفاصل بين العصاب والذهان ولذلك سميت حالتهم بالحدية. بقيت 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 أنه يشكل حالة مستقلة بحد ذاتها.

يشير اضطراب الشخصية الحدية إلى مجموعة من السمات التي يبدو أنها تصمد وتستمر مع الوقت. وتتميز هذه السمات بإعاقه قدرة المصاب على إنشاء علاقات مع الآخرين ويقع في صلبها اختلال في تقدير الذات، وإذا كنت ممن يعانون من هذا الاضطراب ستشعر بشعور عميق من عدم الكفاءة كما لو أنك ولدت بعيوب تمنعك من مجارات الآخرين، فتسعى دائماً لعقد مقارنة بينك وبين غيرك لتكتشف أنك متأخر عن غيرك في كل شيء، لدرجة أنك تظن أنك قبيح المظهر والجوهر وبأنك ليست سوى هراء، وهذا الشعور يؤلمك في داخلك. فأنت تتوق لأن تكون محط إعجاب الآخرين وحبهم، وتود لو أنك بارع في عملك، ولكن يطغى عليك الشعور بأنك 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 شهواتك see note 12

و غالباً ما يتفاجيء أفراد العائلة والزملاء والمعالجون النفسيون من حدة المشاعر السيئة التي تنتابك تجاه نفسك. وذلك لأنك بنظر الآخرين شخص ناجح وفقاً لكثير من المعايير وربما تكون في نظر بعض الناس موهوب و بارع في عملك. وقد تبرع في العمل المنفرد أو في العمل الذي يتطلب توجيه الآخرين، وقد تكون من الأشخاص الميسورين مادياً وممن يشتركون في الأعمال التطوعية، لتعزز شعورك بعدم الأناية وتحمي نفسك من النقد. وقد تكون حسن المظهر وفقاً لمعايير غالبية الناس وتبذل قصارى جهدك من أجل⁴⁴ الحفاظ على الشكليات، ومن الممكن أن تكون شبكة معارفك كبيرة وممن يقضون الكثير من الوقت في الأنشطة الاجتماعية الجماعية ولكن ليس ضمن مجموعات تكون فيها محور الانتباه أو الاهتمام.

لا يتحكم المصابون باضطراب الشخصية الحدية بمشاعرهم وعواطفهم تحكماً جيداً. قد لا تشعر إذا كنت مصاباً بهذا الاضطراب أنك مختلف عن الآخرين وبأنك عديم الفائدة فحسب، بل وبالتعس واليأس العاطفي في كل يوم، إلا أن شعور الحزن الذي يسيطر عليك يختلف عن الشعور الثقيل المثبط الذي يعاني منه المصابون بالاكتئاب السريري (clinical depression)، رغم أنك عرضة للإصابة بالاكتئاب أيضاً. فالتعس التي تشعر بها توصف عادة على أنها شعور مزمن من الخواء العاطفي، إذ يطغى عليك شعور بأن هناك ما ينفصك وان لا معنى لحياتك مما يؤدي إلى الشعور الدائم بالقلق والغضب والملل والفتور. غير أن بإمكانك الإستمتاع بالأنشطة عندما تنغمس فيها ولكن هذه المتعة سريعة الزوال، فعندما يحل الشعور الجيد، يداهمك القلق من حدوث أمر سيء.

وستكون عرضة إلى تقلبات مفاجئة في المزاج، فمن السهل أن يجتاحك⁴⁵ شعور مفاجيء من عدم الأهمية يدفعك إلى البكاء⁴⁶ في لحظة وفي هذه الأثناء قد تصيبك البهجة لمجرد أن يتصل بك أحد الأصدقاء للسلام عليك وخلالها قد تستشيط غضباً⁴⁷ لأن خدمة التوصيل قطعت اتصالك بإحضارها البيتزا 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 . See note 10.

45 Figurative language is used to describe what the patient goes through: “Sweep over” means: to overwhelm someone. It is rendered as: يجتاح to maintain the same intended meaning.

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 إلى البكاء to maintain the collocation.

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 فرحاً and doesn’t collocate with “anger”. Therefore, another expression was used to express the meaning: يستشيط غضباً.

قليل. وقد تتعافى خلال دقائق من هذه التأرجحات وتتجاهل انفصالاتك الحادة كأن شيئاً لم يحدث وقد تستغرب رغبة الآخرين معرفة سبب فقدانك أعصابك قبل لحظات، وفي خاصة أنك تشعر أنك بخير الآن. فلا تعد نفسك منقلب المزاج، وإنما ترى أنك تقوم بعمل جيد في التأقلم مع الظروف التي تصيبك وتكون خارج سيطرتك تماماً.

تتصرف بشكل إندفاعي ومن دون تفكير حيث تتجاوب بشكل سريع ومبالغ فيه للتغيرات التي تطرأ على عواطفك. فعلى سبيل المثال قد تقوم إحدى المصابات بهذا الداء برمي صديقها بالكرسي إذا أراد الانفصال عنها.⁴⁸ وإذا حصلت على درجة متدنية في الإمتحان، قد تعود إلى البيت و تحاول جرح نفسك بأداة حادة (انظر "إيذاء النفس"). وكذلك إذا قام المعالج النفسي بأخذ إجازة ولم تتمكن من التواصل معه فمن غير المستبعد أن تغضب وتلجأ إلى شرب الخمر وتقود بعدها السيارة وأنت ثمل وتصطدم بصنوبر إطفاء الحريق. وتجد صعوبة في التفكير بطرق عقلانية لتهدئة نفسك عندما تتناوبك مشاعر سيئة، فتلجأ إلى المخدرات أو الكحول أو الإكتثار من العلاقات الجنسية، حيث تشعرك هذه الوسائل بتحسّن آني فقط دون التفكير في عواقب تصرفاتك. وتشعر بأن عليك القيام بفعل ما عندما تسوء الأمور وتصيح لا تطاق، و أحياناً فعلاً ترغب بالموت وقد تحاول الإنتحار.

لا يثق المصاب بإضطراب الشخصية الحدية بالآخرين ولكنه يعتمد عليهم بشكل يائس. تنسم علاقتك مع الآخرين باليأس، حيث تبالغ في وضع توقعات غير منطقية لعلاقاتك، فقد تعتقد يائساً أن الطرف الآخر في العلاقة هو الشخص المنشود الذي سينقذك من التعاسة التي تملأ حياتك. وأنت تنسم بعدم إدراك الإشارات المبكرة التي تدل على عدم امكانية استمرار العلاقة و تسارع في الانتقال الخاطف إلى مراحل متقدمة في العلاقة. فنظرتك للطرف الآخر تنحصر في إما أن يكون هذا الشخص ملتزماً التزاماً كاملاً بك أو أنه يصبح شخصاً عفناً وعديم الفائدة ومنطو ومخادع وغبي، مثله مثل الآخرين الذين تعاملت معهم مسبقاً. وعندما تبدأ باستشعار تردد الطرف الآخر في الاستمرار معك، تصاب بالذعر وتتصرف بطريقة يائسة من أجل الحفاظ عليه و إدامة العلاقة. فعلى سبيل المثال، إترفت لي بعض المريضات اللاتي أشرف على علاجهن بأنهن استخدمن الكذب على أصدقائهن كوسيلة للحفاظ على العلاقة واستمرارها. وقد تلجأ إلى التهديد بإيذاء نفسك إذا قرر الطرف الآخر إنهاء العلاقة أو ملاحقة شريكك بعد الانفصال في كل مكان وتتبع أثره وإزعاجه باتصالاتك الهاتفية أو في الحضور إلى بيته من أجل إستعادته، وعندما تبوء مساعيك بالفشل، تشعر بالهرج والخلج لأنك قد حططت من قدر نفسك وجعلتها عرضة للإيذاء والرفض، وبالتالي يتعزز لديك الشعور بعدم الأهمية وعدم رغبة الآخرين بك.

يعتمد المصابون بإضطراب الشخصية الحدية على شركائهم العاطفيين اعتماداً كبيراً، و يبذلون جهوداً مبالغاً فيها لإرضائهم و يصيرون على الأذى الجسدي واللفظي منهم. ومن الممكن أن يشعر المصاب بهذا الداء أنه يستحق هذه المعاملة السيئة من شريكه وأن رضوخه وتقبله للأذى النفسي هو السبيل الوحيد لإدامة العلاقة. لقد عالجت شخصاً ذات مرة سمح لشريكه العاطفي إحضار شركاء آخرين للبيت من أجل المتعة معهم وكان

⁴⁸The 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.

If your boyfriend breaks up with you, you may pick up your chair and throw it at him. فعلى سبيل المثال قد تقوم إحدى المصابات بهذا الداء برمي صديقها بالكرسي إذا أراد الانفصال عنها

المصاب يشعر بأنه محظوظ إذا ما سمح له شريكه بالإنضمام لهم. قد ينتابك أحياناً شعور بأنك أقل قيمة من غيرك وتخضع تقييمك لنفسك ومصالحك لمعايير شريكك، فيطراً تغيراً على مفهومك للهوية الشخصية كلما أصبحت منصاعاً لتوجيهات واقتراحات الشريك الذي تخشى فقدانه. فتعتقد أن مشاعرك وإنجازتك عديمة الأهمية في الأصل، كما تشعر بالامتنان لاهتمام شريكك بك وتحمله عناء الجهد في محاولة صقلك في شخصية أخرى. وعندما يصل الأمر إلى هذه المرحلة من الضعف في تقدير الذات، يصف بعض الأطباء النفسانيين هذه الحالة بإضطراب الشخصية المعتمدة على الغير (dependent personality disorder) و يسمى إضطراب الشخصية الحديّة.

و في المقابل، ينتاب المصابين باضطراب الشخصية الحديّة الريبة والشك من الآخرين نتيجة تجاربهم السابقة، فأنت لا تتوقع أن يكون الطرف الآخر قادراً على تلبية توقعاتك، وتعتقد أن العلاقات دائماً تنتهي بشكل مؤذ. ولأن مرضك يجعلك تُحمّل نفسك المسؤولية، فقد أصبحت تؤمن بأنك شخص سيئ ولا يمكن أن تحظى بحب أحد، فتُذكر نفسك بأن العلاقات العاطفية تشكل خطراً عليك، وأنه كلما اقترب أحد منك، أصبح بمقدوره أن يؤذيك أكثر. ورغم ذلك كله، فإنك تخشى الوحدة. وتصيبك الحيرة بين التشبث بمن يبدون اهتماماً بك وبين صدمهم. وقد تقوم إذا ما قبلت بالدخول بعلاقة، باختبار الطرف الآخر مراراً وبدفعه للخيانة. وقد تتظاهر بالغضب والغيرة والكره، كما قد تجد أنه من الأسهل والأفضل لك الإبقاء على علاقة سطحية، فتلجأ للعلاقات العابرة التي تعطيك الشعور المؤقت بأنك شخص جذاب وأنك لست وحيداً ومنعزلاً. وكذلك فقد تقوم بزيارات خاطفة لمراكز التسوق فقط لتشعر بأنك محاط بالناس وإن كنت لا تختلط بهم.

ما هي مسببات الشخصية الحديّة؟ يؤمن معظم المعالجين النفسيين أن جوهر اضطراب الشخصية

الحديّة يكمن في أن المصاب يفقد نظرة متزنة لنفسه تجعله يدرك أنه شخص طبيعي يمتلك نقاط قوة و يعاني من نقاط ضعف. فتشعر بالسوء تجاه نفسك في جميع الأيام. وحيث أن هذا الشعور لا يطاق، تلجأ إلى آلية لا شعورية يطلق عليها المعالجون النفسيون اسم "الإسقاط"، حيث تجعل الآخرين سبباً في مشاعرك السيئة، فتلقي اللوم على أصدقائك وشركائك ومديريك لكونهم منبع هذه المشاعر السيئة بحجة أنهم يخذلونك أو يضطهدونك، ولذلك تشعر بأنك في صراع دائم و بأنك دائماً ضحية هذا الصراع. ويصبح جميع من حولك مقيدين بميلك لتصنيف الأمور والأشخاص ضمن خانتين فقط بحيث لا يكون هناك مجال لحالة وسط بينهما. كما أنك لا تثبت على رأي واحد في تقييم نفسك والآخرين، فأنت دائم الانتقال من رأي إلى نقيضه، فتارة يكون الآخر في نظرك الأفضل على الإطلاق وتارة مجرد أحمق.

لا يعلم العلماء على وجه الدقة سبب هذه السلوكيات أو كيفية تطورها، إلا أن معظم المصابين باضطراب الشخصية الحديّة الذين خضعوا للعلاج قالوا بأنهم تعرضوا للإيذاء في طفولتهم. حيث أظهرت الأبحاث أن سوء معاملة الأطفال وإهمالهم يزيد بشكل كبير من خطر الإصابة باضطرابات الشخصية عندما يكبرون وبخاصة إضطراب الشخصية الحديّة. ولكن لم يثبت أن جميع الحالات قد تعرضت للإيذاء والإهمال في الطفولة. وقد يعود سبب ظهور إضطراب الشخصية الحديّة إلى خلل في نموك في مرحلة الطفولة المبكرة كأن تكون ولدت وأنت مصاب بسمات معينه، مثل المزاجية والاندفاعية، تجعل من الصعب على والديك التواصل معك أو ربما تدفعهم للتعامل معك بقسوة أو إهمالك. وليس من المستغرب أن تصاب باضطرابات كبيرة عندما تكبر إذا ما تعرضت للاستغلال الجنسي والقسوة من قبل أحد أفراد اسرتك. فيصعب على الطفل عندها التمييز

بين الحب و الإيذاء لأنه تعرض لكلا الأمرين في آن واحد. ونتيجة لذلك، يصيح الناس بالنسبة له مصدر تهديد لا يمكن التنبؤ بسلوكهم ولا يمكن الإستغناء عنهم لحاجته لعاطفتهم.

يقدر أن اثنين بالمائة (2%) من الأمريكيين مصابون باضطراب الشخصية الحدية بالإضافة إلى أن واحداً بالمائة قد يتم تشخيصهم باضطراب الشخصية الاعتمادية، كما أظهرت الدراسات أن أكثرية المصابين في الحالتين هي من النساء. وقد تكون النساء أكثر عرضة من الرجال للإصابة بهذه الإضطرابات لأن المجتمع يشجع النساء على أن يصبحن أكثر استقلالية وأضعف عاطفياً. ومن المحتمل أيضاً أن يعود السبب إلى أن الذين يقومون بالتشخيص السريري يفشلون في رصد سمات الشخصية الحدية عند بعض الرجال بسبب الاعتقاد السائد أن الرجال أقل انفتاحاً وتعبيراً عن عواطفهم.

كيف يمكن التعايش مع اضطراب الشخصية الحدية؟ لم ينظر الأطباء النفسيون في السابق بتفاؤل إلى مستقبل المصابين باضطراب الشخصية الحدية، ولكن البحوث الحديثة أظهرت أن المرضى يستجيبون للعلاج. فبالرغم من أن المعالجين النفسيين يجدون صعوبة كبيرة في علاجك نظراً لحدة انفعالاتك وصعوبة التنبؤ بتصرفاتك والحاجة المستمرة لتقييم حالتك، فإنهم يحاولون أثناء جلسات العلاج توفير فضاء آمناً لك تستطيع فيه أن تعبر عن انفعالاتك دون استغلال أو انتقاد. ومما يزيد من صعوبة العلاج أنك كثيراً ما تفقد الثقة بالآخرين وتشعر بالغضب و الارتياب (paranoia) مما قد يستنز المعالج لدرجة تجعله يتخلى عنك مثل الذين تخلوا عنك في السابق.

من الطبيعي أن يشعر أي معالج نفسي بالاحباط عندما يواجه تحديات كبيرة كهذه من مريضه، ولكن بإمكان المعالج الماهر تلافي هذه التحديات بلفت نظرك بلطف إلى حدة حالة الغضب التي تمر بها وأثارها على الآخرين. فعندما يتحمل المعالج النفسي غضبك ويحاول اكتشاف مصدره، تبدأ بإدراك أن الرفض و الإهمال ليسا هما السبيلان الوحيدان للذات يسلكهما الآخرون في التعامل معك، وعندها تبدأ بالوثوق بالمعالج شيئاً فشيئاً وتدرك بعدها أنك إذا كنت بوسعك الثقة بمعالجك فلا بد أن يكون هناك أناس آخرون يمكنك الوثوق بهم في هذا العالم.

سيضع المعالج في المراحل الأولى من العلاج بعض القواعد والضوابط التي تنظم علاقتك به، وعليه أن يوضح لك أن الهدف منها ليست إزعاجك وإنما هي جزء من علاجك، وستنص التعليمات على أن المعالج يتوقع منك الالتزام بمواعيدك والحد من الاتصال به بين الجلسات. ومن المتوقع أن تجري مناقشات حول أنواع الاتصال المسموح بها وكيف يمكنك أن تتصل بمعالجك في الحالات الطارئة. وقد تتوقع من معالجك أن يكون متوفراً لك في كل الأوقات، ولكنك ستكتشف لاحقاً أن انتهاء الجلسة لا يعني ابداً تخلي معالجك عنك. كما أن الاجراءات التي يتم الاتفاق عليها مسبقاً ستوضح لك الوسائل التي قد يلجأ اليها المعالج لحمايتك. فبين المعالج لك أن جزءاً من علاجك يكمن في أن تتعلم الحديث عن مشاعرك بدلا من اتخاذ إجراء حيالها. فإذا تعرضت لحالة من المشاعر الجامحة وبدأت تفقد السيطرة وتشعر فيها برغبة في إيذاء نفسك (انظر "إيذاء النفس")، سيكون المعالج قد أوضح لك مسبقاً أنك قد تدخل المستشفى لبضعة أيام من أجل حمايتك.

كما توجد أساليب علاج أخرى تبدو مفيدة في علاج المصابين باضطراب الشخصية الحدية. يُعالج بعضها المشكلات اليومية التي تتعرض لها وترتكز على توفير الحماية والدعم لك دون إطلاق الأحكام عليك، فتتعلم من خلالها كيف تتجنب المواقف التي تزعجك وتستكشف بدائل صحية للتعايش مع المشاعر المزعجة. وتقوم بعض أساليب العلاج الأخرى على التحليل بشكل كبير، حيث يكثر المعالج من تحليل سلوكك في جلسات

العلاج وربطها بسلوكك في التعامل مع الآخرين في العالم الخارجي. وإضافة إلى ذلك، هناك أسلوب آخر من العلاج المعرفي السلوكي يسمى علاج السلوك الجدلي (دي بي تي) وهو مستوحى من مبادئ زن⁴⁹ (Zen)⁵⁰ للتأمل حيث ثبت أنه يقلل من السلوك المدمر للذات. يُعلمك هذا الأسلوب كيف تكون منتبهاً لمحفزاتك العاطفية بهدف تمكينك من التفكير قبل التصرف بتهور وبدلاً منه. و لكن يجب الإشارة إلى أن جميع أساليب العلاج تنطوي على انتكاسات في الطريق.

أظهرت بعض العقاقير قدرتها على المساعدة في علاج هذا الإضطراب، فقد أثبتت مضادات الاكتئاب وخاصة مثبطات استرجاع السيروتونين الانتقائية التي يرمز لها بالمختصر (SSRI)⁵¹ (انظر "الإحباط") حيث أنها تحد من الإندفاعية والغضب والشعور بالخواء، فقد تشعر بأنك أقل إحباطاً وتطلباً وأكثر قدرة على تحمل الوحدة. وقد تساعدك أحياناً جرعة قليلة من مضادات الذهان (antipsychotic) (انظر "الذهان") خصوصاً إذا كنت عرضة للإصابة بحالات من الارتياب (paranoia) أو حالات من عدم رؤية الأمور على حقيقتها والغضب بسبب أمور تافهة. وقد تساعدك الأدوية المعدلة للمزاج (انظر "الهوس") في علاج الإندفاعية والمزاجي

49 (زن) باليابانية (禪): هي طائفة من الماهايانا البوذية اليابانية، تفرعت عن فرقة "تشان" البوذية الصينية، يتميز أتباع هذا المذهب بممارسة التأمل في وضعية الجلوس وتعني استغراق التفكير أو التأمل (التعبد المطلق بالمعنى الحرفي). تهدف تعاليم مذهب زن العودة إلى الأصول الأولى للبوذية، وخوض التجربة الشخصية التي عاشها بوذا التاريخي. (Wikipedia)

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 SSRI's", 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:

مثبطات استرجاع السيروتونين الانتقائية التي يرمز لها بالمختصر SSRI.

والسلوكيات المدمرة للذات، علماً بأن هذه الأدوية تساعد على تحمل أعراضه ولكن ليس بوسعها معالجة الاضطراب ذاته.

أظهرت الدراسات تحسن حالات المرضى الذين يواظبون على العلاج لفترات مطولة، ولكن بطبيعة الحال يكون التحسن بطيئاً نظراً لأن العلاج يستهدف تغيير سلوكيات وأنماط 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 فترات التحسن بالتعرض لمشاعر من الحزن والخواء وعدم القيمة، ولكن هذه المشاعر تكون أقل حدة وتتعلم كيفية التعايش معها. وقد تظهر نوبات الغضب والشكوك عندك من وقت لآخر ولكنك تصبح لا تبالغ في ردود أفعالك وتحسن قدرتك في السيطرة على السلوكيات الاندفاعية مثل الحد من العلاقات الجنسية العابرة⁵² وتعاطي المخدرات والخمر، وستكف عن التهديد بقتل نفسك والتورط بأعمال تلحق بنفسك قدراً كبيراً من الأذى.⁵³ وتبدأ بالشعور أنك مسيطر على مجرى حياتك وأنت لست تحت رحمة عواطفك وقوى خارجية. فقد تبدأ علاقات شخصية جديدة أو قد تشعر ببساطه أنك تفضل البقاء وحدك.

إذا كان لديك شخص عزيز يعاني من اضطراب الشخصية الحدية، فإنك حتماً ستجد صعوبة في التعامل معه لأنك ستجد نفسك في تحدي ومحط استقزاز⁵⁴. فستجعله الحيرة لا يدري ما إذا كان يجب عليه تقديرك بشكل كبير أو الانتقاص من قدرك، ففي بعض اللحظات يعاملك على أنك أفضل صديق عنده، وقد يتغير الأمر في عجالة لتصبح شخصاً كريهاً لا يمكن الاعتماد عليه، وهذا يؤدي إلى شعورك بالسخط منه. ولكن عليك أن تكون صادقاً في مشاعرك معه وأن تتحلى بالهدوء في ردودك عليه حتى لا تتصاعد أفكاره السيئة عنك، وابتعد عن السخرية منه حتى لا تقع في المصيدة التي نصبها لك. وقد يكون من المفيد أن تلعب أنت دور الذي يصعب التنبؤ بردود أفعاله فإذا كان يتوقع منك الغضب كن وقوراً وحكيماً، وإذا توقع منك أن تكون هادئاً ووقوراً اعلمه أنك غاضب منه، وإذا كنت بالفعل غاضباً فخذ قسطاً من الراحة لتهدأ أعصابك، 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 العلاقات الجنسية العابرة 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 : التورط . بأعمال تلحق بنفسك قدراً كبيراً من الأذى.

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 طلباته أو تهديداته، فقد يطلب منك أن تترك كل شيء و تحضر إليه من أجل قضاء بعض الوقت معه. وقد يطلب منك التقليل من الوقت الذي تقضيه مع الآخرين أو أن يهدد بقطع علاقته بك أو أن يؤدي نفسه عليك أن تقرر ما هي السلوكيات التي يمكنك تحملها وكن واضحاً معه فيما لا تستطيع تحمله و لن تقبل أن تقوم به. فإذا وضعت له هذه الحدود مسبقاً وكنت هادئاً ومتسقاً وداعماً له، فإنه لن ينتابه شعور كبير بالرفض. و عليك أن لا تشعر بالذعر إذا ما عبر صديقك من وقت لآخر عن رغبته بإيذاء نفسه (أنظر "إيذاء الذات") وقد ترغب في إعلامه بأنك مستعد للاصغاء له عندما ينتابه هذا الشعور، و إذا لم يوتِ هذا الحديث النتيجة المطلوبة، دعه يعلم أنك مستعد لطلب سيارة إسعاف من أجله أو أن تأخذه إلى المستشفى بنفسك. وعندما تتعامل مع أية تصرفات اندفاعية عليك أن تشجعه على تحمل مسؤولية اختياراته بدلاً من لعب دور الشخص الذي يراقبه وينقذه.

⁵⁵ الحزن . يخشى أبناؤك عليك بعد وفاة زوجتك لأنك تقضي جل وقتك في النهار تتمشى بين البيت والحديقة، وفي الليل تقلب ألبوم صورها، حتى أنك لم تعد تذهب إلى دور العبادة⁵⁶ كما كنت تفعل سابقاً. استطاع أولادك بعد جهد جهيد اقناعك أن تخرج من المنزل لتناول العشاء معهم، لكنك أبيت إصراراً على الذهاب إلى مطعم جديد غير الذي كانت هي تفضله ولأنك لن تحتمل أن تكون هناك دونها لأنك لن تكف عن التفكير في كيف أنها كانت تستمتع بطبق السمك المفضل لديها، وكانت تعبر عن مدى فخرها بابتكم الذي سينتج في الجامعة قريباً، وبمدى سعادتها بارتباط ابنتكم بخطيبها. لم يعد أحد يذكرها في حديثه في حين أنك لم تكف 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 "المعجم الوسيط" the word حزن means: very sad : وهو خلافُ : حزنُ والْحَزْنُ: نَقِيضُ الْفَرَحِ، وهو خلافُ : حزنُ وأسيتُ "أسى" means: sad "أسى" However, the word "أسى" means: أسى، السُّرور. ورجل حَزْنَانٌ ومَحْزَانٌ: شديد الحزن، "عليه أسى: حَزْنَتْ. وأسِي على مصيبيته، بالكسر، يَأْسِي أسً، مقصور، إذا حَزِن. ورجل أسٍ وأسِيَانٌ: حزين. 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 لم تعد تذهب إلى 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 "places of worship" is favored.

قد يغفل من يعيش في المجتمعات المتقدمة تكنولوجياً⁵⁷ عن حقيقة أن لا مفر من الموت، فعلى سبيل المثال،⁵⁸ يتوقع المواطن الأمريكي أن يعيش إلى منتصف السبعينات من العمر ويتنقل خلالها في أماكن كثيرة غير تلك التي نشأ فيها، فمن المتوقع أن يكون بعيداً و غير معاش لحالات المرض والوفاة التي تلم بكبار السن المقربين منه مثل أبائه وأجداده، ولذلك فقد ينظر الفرد الأمريكي للموت على أنه حالة إستثنائية عوضاً عن كونه أمراً حتمياً، إلا أنه من غير المؤكد إذا ما كان البعد وعدم معاشة مرض و وفاة احد الأقارب يجعل المواطن أكثر عرضة للشعور بالأسى الشديد عند وفاتهم . فقد تختلف حالات الإصابة بالحزن من شخص لآخر، فيلعب إختلاف الثقافات و إختلاف علاقة الاشخاص بالمفقود وأيضاً إختلاف ظروف الموت دوراً في تحديد مدى عرضتهم للإصابة بالحزن.

قد يبدأ الحزن المسبق على وفاة شخص عزيز⁵⁹ عليك إذا كانت وفاته متوقعة، حيث يتاح لك الوقت للالتفاف حوله والتعبير له عن حبك وتوديعه وكذلك التهييء لفقدانه. ستشعر حتماً بالحزن والوحدة بعد وفاته ولكن وقع الصدمة سيكون أقل حدة. أما إذا فقدت أحد الأجزاء على قلبك نتيجة موت الفجأة⁶⁰ أو حادث مأساوي، فإنك ستشعر بالصدمة والذهول وبأنك أخذت على حين غرة⁶¹ وقد تشعر بأن فقيدك قد هجرك، وقد تسأل نفسك:

⁵⁷The 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 ". 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 “الموت الفجأة” that is used to describe the intended meaning. In addition, the concept of موت الفجأة is used in Islamic texts and in Hadith. The Hadith states:

”إنمن أمارات الساعة أن يظهر موت الفجأة” narrated by Anas Bin Malik and was verified by Imam Al-Albani in السلسلة الصحيحة.

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 “fate” 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، كما ستبقى فترة من الزمن تحدث نفسك بأن شيئاً كهذا لم يحدث وتختلف القصص التي تجعل الأمر يبدو وكأنما هناك خطأ ما وقد يطغى شعور الغضب على الحزن.

قد يستمر وقع الصدمة الأولى أياماً أو أسابيع و لكن في نهاية المطاف ستتقبل حقيقة الموت وتنتقل إلى فترة الحداد، قد تشعر بالوحدة وقد تسيطر عليك الذكريات بعد موت شخص محبوب اليك، وستسبب لك الاحلام المتكررة بالشخص الراحل خيبة امل حين تستيقظ على الحقيقة المرة بأن الميت ليس موجوداً، وقد تسمع صوته في مخيلتك وتشعر بوجوده وقد يتهياً لك انك رأيت طيفه. تتشابه كل هذه الأعراض مع الهلوسات التي تحدث في بعض الأمراض العقلية، لكن الفرق يكمن في أنك تترك أنك تتحدث إلى شخص ليس على قيد الحياة إلا أنك تستمر بذكر اسمه. قابلت مرة شخصاً ذهب في رحلة بحرية بعد وفاة زوجته إثر حادث سير، ولكنه ظل يشرح قصة وفاة زوجته لكل من يقابله، أتوقع أن أولاده ظنوا أن هذه الرحلة ستلهمه عن مأساته وتحد من حزنه إلا أنه إصطحب الحزن معه.

ومن ناحية اخرى، قد تتجنب كل ما يذكرك بالفقيد و قد تتجنب الحديث عنه ، وقد يحرص من حولك على ألا يذكروا الشخص الراحل أبداً حتى لا يقلبوا عليك المواجه،⁶² وقد يثير حزنك أي شيء يتعلق بالفقيد، كما أن رؤية صور للفقيد أو زيارة الأشخاص أو الأماكن التي اعتدتم زيارتها معا قد تسبب لك أزمة نفسية. وقد ينتابك الشعور بالذنب لأشياء فعلتها للفقيد أو لأمر فشلت ان تفعلها له قبل وفاته، وفي بعض الأحيان، قد يتسلل الحزن إلى قلبك وقد يغلبك البكاء أحياناً.⁶³

ترتبط هذه الأعراض عادة بالاكتئاب والقلق لكنها تعتبر طبيعية في حالة فقدان شخص عزيز، وفي الحقيقة يعد الشعور بالحزن والوحدة بعد وفاة شخص عزيز امرأ طبيعياً، وقد يستمر لشهور عديدة، وقد يصل إلى عام أو أكثر، فقد تتعرض لضطرابات في النوم والشعور بالوهن وقلة النشاط وفقدان الشهية، وقد تفقد أيضاً الاهتمام بأي أنشطة او خطط كنت تقوم بها وقد تتجنب الاختلاط بالناس والبدا بعلاقات جديدة، وفي الواقع يصاب ثلث من يفقدون أشخاصاً مقربين لهم بالاكتئاب.

بالرغم من أن الشعور بالحزن يعد امرأ طبيعياً إلا أن وفاة شخصٍ عزيزٍ على قلبك قد يشكل ضغطاً نفسياً هائلاً و يسبب لك مرضاً عقلياً، حيث يتفاقم الأمر عند 5% ممن يمرون بهذه التجربة ويصبحون بحاجة إلى علاج من الاكتئاب الحاد. يتوجب عليك أن تلجأ إلى الطبيب النفسي وبخاصة إذا بدأت تعاني من أعراضٍ

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 “وبأنه أخذ على 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 يقلبوا عليك 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 يتسلل إلى قلبك الحزن وقد يغلبك البكاء أحياناً”، because they collocate nicely in Arabic and adequately conveys the meaning.

تعرقل سير حياتك المعتادة مثل فقدان النشاط وإنعدام الحيوية أو أي عرض آخر يلزمك وبالطبع عليك أن تلجأ إلى الطبيب أيضاً إذا تفاقم⁶⁴ عندك الشعور بالذنب أو الشعور بعدم القيمة أو إذا راودتك نفسك بالانتحار. وقد يستند الشعور بالذنب في حالة الاكتئاب للأمور غير واقعية، فقد تشعر بأنك السبب في موت الفقيد أو أنك شخص سيء. وقد تستفيد من العلاج بالأدوية المضادة للاكتئاب إذا تفاقمت حالة الحزن عندك لتصبح حالة الاكتئاب الحاد، ومن الممكن أن تستمر فترة العلاج مدة لا تقل عن عدة اشهر، ويعتبر الأشخاص الذين أصيبوا بالاكتئاب سابقاً أكثر عرضة للإصابة به أثناء فترة الحداد.

يتعرض الاطفال إلى الحزن والأسى وإلى بعض الصعوبات النفسية بعد فقدانهم لأحد والديهم، فحين يفقد طفل دون سن المدرسة أحد والديه قد تصيبه حالة من القلق مع انه لا يدرك مفهوم الموت، أما الطفل الأكبر سناً فقد يصاب بالاكتئاب ويصبح طفلاً عدوانياً (انظر، السلوك المعادي للمجتمع). وقد يشعر الاطفال انهم المتسببون في موت أحد والديهم.

يجب عليك إن فقدت شخصاً عزيزاً على قلبك أن تدرك أنه من الطبيعي أن تشعر بالحزن والوحدة والإحباط، حيث ستزول عنك هذه المشاعر في نهاية المطاف وستكف عن التفكير بمن فقدت وستعود نشاطك المعتاد، وستبدأ بالتعرف على أشخاص جدد وإقامة علاقات جديدة. صحيح أنك لن تتمكن من استبدال فقيدك ولكنك ستشعر بالراحة وانت تمضي قداماً. وستتغير نظرتك إلى العلاقات لترى أنها مصدر سعادة لك وليست مصدراً لفقدان شخص عزيز عليك في المستقبل، كما تصبح الذكريات المتعلقة بالشخص الراحل ذكريات جميلة بعد أن كانت تسبب لك الحزن والالم.

توجد في أغلب الديانات طقوس خاصة بالحداد تهدف لزيادة الترابط بين الناس عند موت أحد أفراد المجتمع، وبالرغم من أنك قد تشعر بعبء كبير من الظهور على الملأ واستقبال المعزين⁶⁵ وهم في حالة من الحزن الشديد، إلا أن ذلك سيساعدك في البقاء على صلة بالواقع والمجتمع بدلاً من الانعزال والانطواء. يجب عليك حين تشعر أن حزنك أصبح يمتلكك أن تشغل نفسك تدريجياً بقضاء الوقت مع الأصدقاء والقيام بأنشطة اعتدت الاستمتاع بها.

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. 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

قدتظهر الأعراض حادة ومتكررة عند شخص واحد من كل عشرين شخص مصاب بحالة من الحزن

1. You certainly need to see someone if you develop strong feelings of guilt or worthlessness

وبالطبع عليك أن تلجأ إلى الطبيب أيضاً إذا تفاقم عندك الشعور بالذنب أو الشعور بعدم القيمة

2. or if you develop suicidal thoughts: نفسك بالانتحار أو إذا راودتك

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

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 معزين which fits comfortably in this context.

وإذا شعرت بالألم الشديد كلما خطر ببالك ذلك الشخص فعليك أن تُعرِّض نفسك تدريجياً للصور والأماكن والأشخاص الذين تخشى أن يثيروا حزنك، حيث يمكنك الاستعانة باختصاصي يرشدك إلى كيفية الإقدام على هذه الخطوات أو تقديم النصح في الحصول على علاج متقدم للاكتئاب إذا قضت الحاجة لذلك. وإذا كان هناك شخص يهكم أمره يشعر بالحزن جراء فقدانه شخصاً عزيزاً عليه، عليك أن تمنحه الوقت الكافي للتعافي، والحضور عند حاجته لك ومساندته في كل ما يحتاجه، فعليك أن تستمع إليه حين يرغب بالحديث عن فقدانه دون أن لا تجبره على ذلك. وسيكون الأمر أكثر صعوبة إذا كان الفقدان شخصاً عزيزاً عليك أنت أيضاً، فقد يحتاج أحدهما للتحدث بينما يفضل الآخر تجنب الأمر. ولكن كن على ثقة بأنه سيرغب في الحديث في وقت ما، وعلينا أن نكون مستعداً لانفعالاته إذ قد تتفاجأ من قدرة شخص لزم عدم إظهار مشاعر هلفترة طويلة على النحيب بهذه الحدة، وفي الواقع قد يتفاجأ هو نفسه من الأمر.

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 1: Idioms Examples

English Idiom	Arabic	Strategy used
Then you <u>fly into an angry rage</u>	يستشيط غضباً	an idiom of similar meaning but dissimilar form
Maybe you'll call him up tonight and <u>give him an earful</u>	تعنيفه	Non-idiom
Full of yourself	متعجرف	Non-idiom
Follow your lead	يحدو حذوه	an Arabic collocation
You feel like you are on top of the world	(يتربع) على قمة العالم	an idiom of similar meaning and form + Collocation

you may <u>go to great lengths to</u> keep up your appearance	وقد <u>تبذل</u> <u>قصارى جهدك</u> من أجل الحفاظ على الشكايات	an idiom of similar meaning
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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 2: Culture Specific Terms Examples

English	Arabic	Strategy
religious salvation	الخلاص الديني	Preserving the SL term intact/ Calque/ Literal
the Messiah	المسيح الموعود	Opting for a term in the TL which seems similar to or has the same “relevance” as the SL term.
Church	دور العبادة	Opting for a word in the TL which seems similar to or has the same “relevance” as the SL term.
Biblical	نصوص من كتابها	Opting for a word in the

verse	المقدس	TL which seems similar to or has the same “relevance” as the SL term.
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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 3: Slang Terms Examples

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

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

English	Arabic	Strategy	
Grandiosity	جنون العظمة	Equivalent term	specialized
Antisocial	معاد للمجتمع	Equivalent term	specialized
Schizophrenia	الفصام	Equivalent term	specialized
Mood swings	تقلب المزاج	Equivalent term	specialized
Grief	الحزن	Equivalent term	specialized
Mania	الهوس	Equivalent term	specialized
Anorexia	فقدان الشهية	Equivalent term	specialized
Bulimia	الشراهة	Equivalent term	specialized
Clinical depression	الاكتئاب السريري	Equivalent term	specialized
Antipsychotic	مضادات الذهان	Equivalent term	specialized

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

Table 5: Collocations Examples

English	Arabic	Strategy	
profound problems	مشكلات عويصة	collocation of similar meaning and form	
“..because you genuinely fear that you	يخشى في قرارة نفسه	adverb translated into a collocation, loss	“genuinely”

are worthless		compensated by higher degree of collocation
underlying feelings	الشعور الكامن	collocation of similar meaning and form
Unanticipated death	الموت المفاجأة	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 6: Acronyms Examples

English	Arabic	Strategy
(SSRI)	مثبطات استرجاع السيروتونين الانتقائية	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 7: Addition and Omission Examples

English	Arabic	Strategy
Then she'll regret passing over you	ويجعلها ذلك تندم على قرارها الخاطيء بتجاهلك و ترقية من هم دونك	Addition for explication
You dress in a flashy manner <u>or put</u>	وقد ترتدي ملابس مثيرة للانتباه، أو تُكثر من وضع	Addition explication + shift of

<p>on too much make-up.</p>	<p>مستحضرات التجميل إذا كان المريض امرأة</p>	<p>person (male to female)</p>
<p>You told him that if he had the least bit of decency, he would have stayed up late with you to help you finish.</p>	<p>فقد شفيت غليلك منه عندما قلت له بأن ليس لديه الحد الأدنى من اللباقة والاحترام لأنه لم يبق معك يساعدك عندما بقيت لساعة متأخرة في العمل لإنجاز المهام التي أكلها إليك.</p>	<p>Addition to maintain coherence</p>

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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