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**Translating terms related to depression from English into
Arabic**

**“The Mindful Way Through Depression” by Mark Williams,
John Teasdale, Zindel Segal, and Jon Kabat-Zinn as a case study**

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Dedication:

*FIRST OF ALL, ALL PRAISES TO ALLAH WHO HELPS ME FINISH
THIS WORK*

“It would be kind to dedicate this work to my dear father who always wished to live this moment with me, but unfortunately...!! The death interrupted this hope and joy, he passed away, and I would like to thank him as if he was alive. All praises be to Allah for what he gives and for what he takes”.

I also dedicate this work to my greatest woman, my mother.

Meriem NAFA

Dedication:

*FIRST OF ALL, ALL PRAISES TO ALLAH WHO HELPS ME
TO FINISH THIS WORK.*

*It would be kind to dedicate this humble work to my parents, the
source of help and advice and encouragement .To all my family
members, my sister and my brothers.*

I also dedicate this work to friends who have supported me.

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List of abbreviations

SL = Source Language

TL = Target Language

ST = Source Text

TT = Target Text

S = Subject

V = Verb

O = Object

LSP = Languages for Specific Purposes

ECT = Electroconvulsive Therapy

MAOI = Monoamine Oxidase Inhibitors

SAD = Seasonal Affective Disorder

WHO = World Health Organization

CBT = Cognitive Behavioral Therapy

IPT = Interpersonal Therapy

PEP = Pleasant Event Program

MBCT = Mindfulness Based Cognitive Therapy

MBSR = Mindfulness Based Stress Reduction

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2- The translation of a part of a book “ The Mindful Way Through Depression” (pages 1 to 30) into Arabic.

Summary

ملخص

General Introduction

Translation is an important discipline in field of language studies, and is considered as one of the most important ancient tasks performed by human, it is the act through which the content of a text is transferred from the source language into the target language. Needless to mention the importance of translation in helping people who do not speak the source language, or they are not from the same speaking community, to communicate effectively and transferring idea and messages or express ideas in different ways by using different words, since the translation is considered as the bridge and the link between all the different languages of the world, but with the establishment of equivalence to get the appropriate meaning. With the technological and scientific development in recent year, we find an exponential increase in the demand for specific types of translation. Translation like other disciplines is diverged into different styles such as scientific translation is one of the most important and complex types of translation.

Scientific translation is mainly about translating terms in all fields of science: medicine, psychology, physics, chemistry, mathematic, computer science...etc. But, each one has its own terminology.

Translating terms related to depression is always linked to medical science and psychological science, as advances have been made in treating people who suffer from these mental disorders across the world, it has accumulated a specific terminology of its own. This leads us to think about the difficulties that translators may face and encounter in this field such as the complexity of the terms, and the different procedures and strategies they adopted in order to render such type of a text in better way by finding relevant, efficient and, effective equivalents during their translation.

1. The present study aims to highlight the problems and difficulties that the translators encounter when attempting to translate specialized field from English into Arabic language in addition, to highlight the methods and strategies that often use when dealing with such specialized field or terms.

In order to examine the translation problems encountered in translating terms related to depression from English into Arabic it is necessary to answer this main question:

- What kind of procedures and strategies used in translating terms related to depression from English into Arabic language?

It is followed by these sub-questions:

- What are the difficulties that the translators face in translating terms related to depression?
- How can we overcome difficulties uncounted while translating terms related to depression?
- What are the solutions that may help the translators to overcome these difficulties?
- To what extent do terms related to depression have real equivalences in Arabic?

In an attempt to answer the questions raised in this research paper we hypothesize the following:

First: Translating terms related to depression are not different from any other scientific/technical texts. However, translators will be able to comprehend and translate the terms if they already have a scientific background.

Second: If translators in this field do rely upon variety of procedures along with bi-specialist, they can produce a text that is close to the original.

Finally: Most of the time the translator uses certain strategies and procedure like comparative stylistics approach of Jean-Paul Vinay and Jean Darbelnet.

The objectives of this research are numerous but the most outstanding are:

- The first is to see how to overcome the linguistic and terminological translation problems by using certain strategies /procedures during the process of translation.
- To contribute in facilitating the work of translators while translating terms related to depression.
- Activating the translation movement especially on the scientific field in order to keep place with the development, because during our research we have see a lack of researches on depression as concept and especially on the translating terms related to depression.

In the field of translation we have many methodologies that the translator can use it during the process of translation for example we have descriptive, comparative, and critic.

During the practical part we have chosen a corpus as a case of study which is a book “The Mindful Way through Depression” , this corpus was written by Mark Williams, John Teasdale, Zindel Segal, and Jon Kabat –Zinn . In other hand, we have provided a translation of the introduction and the first part of the first chapter and we have selected some examples related to our topic in order to investigate the translation procedures, and strategies employed in this corpus.

The methodology followed is descriptive for the theoretical part based on a documentary research that include the theoretical concept related to depression and mindfulness. We have focused also on the concept of translation and their strategies during the practical part by adopting the methodology of Vinay and Darbelnet (1977) which is a comparative stylistics to compare between the SL and the TL, we have used the seven techniques of translation during the translation process equivalence which are provided.

The most important books references we used to elaborate this research are:

- “Comparative Stylistics of French and English” by Jean-Paul Vinay and Jean Darbelnet edited in 1995.
- “Translation as Problems and Solutions” by Ghazala Hasan edited in 1995.
- “The Depression Answer Book: Professional Answer to More than 275Critical Questions about Medication, Therapy, Support & More.” of WES BURGESS, MD, PhD, edited in 2009.

This study is divided into three chapters the first and the second chapters are theoretical framework, and third chapter is practical framework.

The chapter one is divided into two parts the first one deals with the definition of depression, causes, symptoms of this mental disease, and the treatment of this illness. In the second part of this same chapter is on mindfulness, how it can helps people with depression, and how mindfulness influence depression.

The second chapter is about translating scientific texts: a specialized translation the first part is it about text typology and specialized translation; it contains also definition and the characteristics of scientific text and scientific translation. Moreover, the chapter

tackles about English and Arabic translation, depression related to terminology, and procedures and strategies of translating terms related to depression from English into Arabic language.

The third chapter is practical part we have translated a part of the book “The Mindful Way through Depression” written by Mark Williams, John Teasdale, Zindel Segal and John Kabat Zinn, in this book we have all the information that were given in the previous theoretical parts, then we have selected some examples that are related to our theme, and we have applied the translation from English into Arabic through the Comparative Stylistics Approach.

Chapter One:
On Depression and Mindfulness

The concept of mental illness has long been contested one. Since the nineteenth century, psychiatry in the Western world has sought to establish itself as a branch of the natural sciences, and medical approach to mental illness has become dominant. Psychological disorder in adolescents especially depression constitutes an important problem for their Health, symptoms of depression in adolescents are subtle and varied and the diagnosis of depression in adolescents is considered complicated by physiological changes. It is important for the researchers to advance in this domain. The focus of this chapter is build greater understanding of depression, causes, symptoms and the real treatment that can help people who suffers from this mental health , also we give the meaning of mindfulness enhancing physical and mental wellbeing moreover, how mindfulness helps people with depression, and how mindfulness can influence depression .

I-1-Definition of depression:

Depression is one of the most popular psychological concepts just like stress. This popularity has carried an ambiguous and probably incorrect use of it, with diverse related problems arising. It has been conceived as a thought disorder and as a “mood disorder”. The word depression comes from the Latin “depressio ” which means sinking. The person feels sunk with a weight on their existence. It is mood disorder that varies from normal transient low mood in daily life itself, to clinical syndrome, with severe and significant duration and associated signs and symptoms, markedly different from normality. Bernard (2018:6).

The World Health Organization (WHO) defines depression as a “common mental disorder. The human experience involves periods of low mood and loss of enjoyment in things that were previously enjoyed.” (WHO, 2020) Depression disorders are now the single largest contributor to disability worldwide, and are likely to be the leading cause of disease by 2030 (WHO, 2012; 2017).Depression has come to be seen as the illness most emblematic of the modern age (Horwitz, 2011). When most of people say “depression”, they mean major depression; other names of major depression include clinic depression, major depressive illness, major depression with melancholic features, or simply depression. These terms all refer to the same illness, located at the same place in the brain and affecting the same brain cells and chemical. Burgess (2009).

I-1-2-types of depression:

Types of depression according to the Diagnostic and Statistical Manual of Mental Disorders:

- Major depression: This includes symptoms of depression most of the time for at least two weeks that typically interfere with one's ability to work, sleep, study, and eat.
- Persistent depressive disorder: called dysthymia which often includes less severe symptoms of depression that last much longer, typically for at least two years or more.
- Prenatal depression: depression that occurs during pregnancy. This is sometimes also called antenatal depression. (www.nimh.nih.gov/perinataldepression, visited on 2/6/2022 at 02:00 pm)
- Seasonal affective disorder (SAD): some people describe feeling depressed regularly at certain times of the year. A key feature of this kind of depression is the desire to sleep more and eat carbohydrate foods. Usually this kind of depression starts in the autumn or winter, when daylight is reduced. Dr Jo Borrill (2000:7)
- Depression with symptoms of psychosis: Which is severe form of depression where a person experiences psychosis symptoms, such as delusion or hallucinations.

Studies show that depression is a very strange phenomenon because the exact causes of depression are not known but we consider depression as a common and serious medical illness. Depression causes feelings of sadness or loss of interest in activities you once enjoy and low moral which lasts longer than several weeks and affects your everyday life. Being at war on self.

Mean just being in low spirits. It does not stop you leading your normal life but makes everything harder to do and seems less worthwhile. At its most severe, depression can be life – threatening because it can make you feel suicidal.

According to the scientists studying behavior and the brain in the departments of medicine and psychology depression is condition of the brain and nervous system that causes a loss of both pleasure and interest in life. It is usually characterized by sadness, pessimism and hopelessness. However, depression is more than just a change in emotions; it is a real medical illness with physical symptoms such as disturbed sleep, loss of appetite,

change in weight, and difficulty focusing. It is estimated to affect between 264 to 350 million people around the world. In America, more than 17, 3 million individuals have had at least one depressive episode.

The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year. Depressive disorders often start at a young age; they reduce people's functioning and often are recurring. Depressive disorders result in the largest number of days of reduced functioning of any mental disorder (Slade and all, 2009).

Depression concerns not only adult but also adolescents when they reach a particularly vulnerable developmental stage. According to Substance Abuse and Mental Health Services Administration (2014) 10, 7 percent of adolescents aged from 12 to 17 in the US. (i.e 2, 6 millions youths) Suffered from "at least one major depressive episode" In 2013, this was higher than the percentages in the previous decade (ranging from 7, 9% to 9, 1 %). A similar statistic regarding the poor mental health of young people was reported in the U.K. It indicated that this illness can affect people differently and anyone can become depressed, depending on their age. Children, old children or teens, young adults, middle aged adults, and older adult. Anyone can become depressed .Approximately one person in six experience depression of some kind in the course of their lifetime and one in 20 experiences clinical depression. At any one time, about one in 10 people will have some symptoms of depression Of course, people who are depressed do not always seek help and even if they do, they may not always be diagnosed as depressed, so these figures are only estimates. Borrill (2000:2).

I-2-Causes of depression:

There are many possible causes of depression. You may have an increased risk of experiencing depression because of your particular biological make-up. On the other hand, depression is also related to what is happening in your life, and the kind of support you receive from others.

It is important to understand that depression is unlike other illnesses or disorders and it is not caused by one thing, but probably by combination of factors interacting with one another. These factors can be grouped into two broad categories: biology and psychological factors. These factors interact in depression although precisely which specific factors interact may differ from person to person.

I-2-1- Biological factors:

The biological factors that might have some effect on depression include genes, hormones, and brain chemicals.

- **Genetic factors:** We know that depression can sometimes run in families, which suggests that individuals may inherit genes that make them vulnerable to developing depression. However, one may inherit increased vulnerability to the illness, but not necessarily the illness itself. Although many people may inherit the vulnerability, a great many of them may never suffer depressive illness.

- **Hormones:** Research has found that there are some hormonal changes that occur in depression. The brain goes through some changes before and during a depressive episode, and certain parts of the brain are affected. This might result in an over or under production of some hormones, which may account for some of the symptoms of depression. Medication treatment can be effective in treating these conditions. (<http://www.cci.health.wa.gov.au>, visited on 2/6/2022 at 10:30 pm)

- **Brain chemical (Neurotransmitters):** Neurotransmitters are chemical messengers in our brain and central nervous system. Nerve cells in the brain communicate to each other by specific chemical substances called neurotransmitters. It is believed that during depression, there is reduced activity of one or more of these neurotransmitter systems, and this disturbs certain areas of the brain that regulate functions such as sleep, appetite, and

perhaps mood .The reduced level of neurotransmitters results in reduced communication between the nerve cells and accounts to typical symptoms of depression .

I-2-2- Psychological factors:

Depression undoubtedly has many causes and no single cause is likely to provide an adequate explanation .Different individuals may have different factors that contribute to their depression, and for any given individual multiple factors will contribute .Below we discuss some of the most widely researched factors that are thought to contribute to depression.

Research suggests that psychological factors are important in contributing to the onset of depression including: negative thought, stress, drugs and alcohol, and physical illness.

- **Negative thoughts:** Gradually living with negative thoughts makes you change your beliefs about yourself and the rest of the world. You come to expect loss and disappointment. Self criticism becomes a habit, your mind begins to distort your perceptions of the world around you .You feel you life being pulled father and father down. Burgess (2009).

- **Stress:** An accumulation of stressful things that happen in our lives may also bring on depression particularly events involving a loss of some kind, such as unemployment , leaving home, death of a family member or friend , adolescents also experience stress for example due to problems at school or course of study, starting work, or problems with relationship .

- **Drugs and Alcohol:** One research study found that 40 per cent of people with a diagnosis of long-lasting “major depressive disorder” had a history of alcohol problems, and 60 per cent of people with long-lasting alcohol problems also had history of long-lasting depression. This could be party because we sometimes try to cope with depression by drinking, or because heavy drinking causes a lowering of mood, or a combination of the two.

- **Physical illness:** People with ongoing health problems such as diabetes, cancer, and heart disease often experience depression this is probably largely because of the impact on quality of life, but it can also be related to being dependent on others or in some cases to prejudice and discrimination. Bowder and all (2020)

To conclude, depression is a complex disease, no one knows exactly what causes it, but it can happen for variety of reason.

I-3-Symptoms:

Depression is a common condition. It presents differently in each person, but common symptoms. Since the beginning of written medicine, and during that time, depression symptoms have not changed. The Greek godfather of medicine, Hippocrates (who authored the Hippocratic Oath sworn by most doctors), described depression symptoms in 400BC: sleeplessness, despondency, irritability, restlessness, and an aversion to food. Symptoms may vary between individual but, generally they will encompass feelings of sadness and hopelessness. (Lafiany and all., 2019: 218-226). Norman and Ryrle (2018) have said the signs and symptoms of depression can be split into two categories: how an individual feels and how these feelings affect their behavior.

According to the American psychiatric association (2013) depression is condition that is marked by sadness, emptiness, hopelessness, and loss of interest for most of the day.

Not everyone who is depressed experiences every symptom. Some people experience a few symptoms; some many. The severities of symptoms vary among individuals and overtime. The symptoms of depression are not only emotional, but physical as well with such problem of insomnia, loss of appetite, excessive worrying, change in behaviors/ activities as well as the symptoms can be experienced differently among males, females, teens, and children.

If you experience some of the following signs and symptoms of depression nearly every day for at least 2 weeks, you may be living with depression.

Signs and symptoms of depression include:

- 1- Lasting sad, anxious, or empty mood.
- 2- Feeling of hopelessness or pessimism.
- 3- Loss of interest or pleasure in activities once enjoyed.
- 4- Decrease energy, a feeling of fatigue or of being “Slowed down”.
- 5- Change in appetite and unintended weight loss or gain.
- 6- Sleeping too much, or cannot sleep.
- 7- Restlessness or irritability.

- 8- Chronic pain or other persistent bodily symptoms that are not caused by physical illness or injury.
- 9- Thought of death and suicide, or suicide attempts.
- 10- Difficulty concentrating, remembering and making decisions. Burgess (2009: 243).

We all have times when our mood is low, and we are feeling sad or miserable about life. Usually these feelings pass in due to course, but if the feeling are interfering with your life and do not go away with in the suicidal thinking warrants an immediate evaluation after couple of weeks, or if they come back over again for a few days at time, it could be a depression .

I -4- Treatment:

Over the past decade, a number of clinical trials have shown the effectiveness of treatment for depression across a range of source settings. Depression treatment typically involves medication, or both.

I-4-1- Drug treatment:

Many people with depressive illness never seek treatment .But most, even those with the most severe depression, and can get better with some form of treatment. Those shown to be effective include antidepressant medications.

- Anti depressants: Drugs act by increasing the activity of those brain chemicals which affect the way we feel. Anti depressants help between 60 and 70 per cent of people with depression. If you are prescribed drugs for depression you will probably be advised to take them for at least six months. Older people may have to carry on taking drugs for longer than younger people.

I-4-2-None drug treatments:

Once diagnosed, person with depression can be treated a number of ways the most common treatments are medication and psychotherapy .Many studies shows that cognitive behavioral therapy (CBT) , interpersonal therapy(IPT) ,and counseling are highly effective , alone or in combination with drug therapy .

- Cognitive behavior therapy (CBT): People suffering from depression, particularly “non melancholic depression” will often have an ongoing negative view about themselves

and the world around them. CBT shows people how their thought affects their mood and teaches them to correct faulty negative thinking. CBT can be very beneficial for some individuals who have depression, but there will be others for whom it may not be helpful. (<http://moodgym.anu.edu.au> , visited on 7/6/2022 at 10:00 am).

- **Interpersonal therapy (IPT):** Interpersonal therapy focuses on your relationships and on problems such as difficulties in communication, or coping with bereavement. There is some evidence that IPT can be as effective as medication or CBT but more research is needed.

- **Counseling:** Counselors are trained to help you think about the problems you are experiencing in your life and find new ways of coping with difficulties. They give support and help you find your own solution, rather than offering advice or treatment, but some counselors also use some of the techniques from talking therapies such as CBT.

I-4-3- Electroconvulsive therapy (ECT):

One of the most effective treatment according to several studies is Electroconvulsive therapy is usually administered to inpatients in a series of treatment for severely depressed patients who have not responded to other forms of treatment, may also be more effective than medication .

Electroconvulsive therapy is controversial treatment which is used for people with severe depression in an emergency (for example when someone has stopped eating) or for people who have not responded well to other treatment .The person receiving ECT is given an anesthetic and drugs to relax their muscles. Some people say that ECT is very helpful in relieving their depression, although others have reported because drugs are not suitable for them.

Psychotherapy is an important treatment for your depression, but at the same time, there is much that you can do your own to help speed your recovery from depression. Following are some programs inspired by behavioral psychotherapy that can use on your own to help get your depression under control.

The pleasant event program (PEP): Is a great way to start yourself down to road to recovery. PEP helps you get back into a routine of doing things that you like, using pleasant activities to counter period of depression. Ultimately, this will help you remember

how you felt before you will depressed and rechanneled your negative thoughts into positive actions PEP will help you do the activities that make you feel better and will speed your recovery from depression.(MD, PhD. The Depression Answer Book)

We have some others a treatment like diet, getting enough sleep, makes time for physical activity such as yoga moreover there is an effective treatment is to talking with friends and family.

Choosing the right treatment plan should be based on person's individual needs and medical situation under a provider's care. It may take some trial and error to find the treatment that works best for you.

I-5- Mindfulness: Enhancing physical and Mental Wellbeing

I-5-1- The history of mindfulness:

Mindfulness as technique has also existed for thousands of years as a part of several eastern cultural and traditional practices. Its roots in India, especially in meditation practices in Theravada and Mahayana Buddhism that was prominent about 500B.C. (Goleman, 1977) . Theravada is a form of Buddhism that developed in India after Buddha's death, and spread of Sri Lanka, Burma, Laos, and Thailand .It was not until the late 19th century that the teachings of Theravada and Mahayana Buddhism reached the west (Bullit, 2005). According to ancient Buddhism literature the term mindfulness roughly means "awareness". Mindfulness has enjoyed a tremendous surge in popularity in the past decade, both in population press and in the psychotherapy literature. They have identified mindfulness as key factor in its practice.

Mindfulness involves contemplation of one's own experience involving the four

establishments of body, feeling, states of mind, and experiential phenomena which means all the other content of mind such as thoughts, views, desire, emotions, plants, conflict, etc.

according to Marlatt and Kristeller is a way of paying attention by "bringing one's complete attention to present experience on a moment to moment basis"(Marlatt&Kristeller ,1999:68).Or as "state of psychological freedom that occurs when attention remains quiet and limber, without attachment to any particular point of view (Martin, 1997:291).

I-5-2- Mindfulness definition:

“Mindfulness means paying attention, in particular way: on purpose, in the present moment, and non- judgmentally” “(Dr Jon Kabat -Zinn, 1994). Mindfulness can simply be defined as” moment by moment awareness” (Germar and al, 2005:6).

The simple definition of mindfulness is paying attention to one’s experience in the present moment .It involves observing thoughts and emotions from moment to moment without judging or becoming caught up in them .During a practice session, when the mind wanders, the meditation ideally takes note of where it goes, and calmly returns to the moment hard, perhaps focusing on breath, bodily sensations or a simple yoga move.

Being mindful is when you are aware of what is happening in and around you it is like watching your life from a distance and seeing the right action to take at every point in your life.

An operational definition as espoused by(Kabat Zinn 2003:144-156) is “awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment “Hanh describes mindfulness as “keeping one’s conscious alive to the present reality “(Hanh 1976:11). A person practicing mindfulness will be open to thought , will not judge these thoughts , should use concentration ,being observationally aware ,non reactive ,and being non-judgmental are foundation of mindfulness.

Grossman, Tiefenthaler and all (2007:227) define mindfulness as “dispassionate, non-evaluative and sustained movement to movement awareness of perceptible mental states and processes .This includes continuous , immediate awareness of sensory sensations, perception, affective states, thought, imagery or other discernible mental content. An integral part of the practice is to cultivate an attitude of kindness, acceptance, generosity, and patience toward even unpleasant emotions or thoughts “

“In mindfulness meditation, you watch your breathing but don’t try to control it .Be fully aware of it” is a way to understand the regulation of the breath Kabat- Zinn (1990:22)

“Mindfulness meditation enables people you to be more familiar with your own actual moment to moment experience and relaxation comes automatically with continued practice” Kabat- Zinn (1990:23)

Being mindful is when you are aware of what is happening in and around you, or is paying full attention to what is going on in you and outside. Without trying to interpret, understand, or judge those feeling it means you observe your thoughts, and feelings .It is like watching your life from a distance and seeing the right action to take at every point in your life.

I-5-3-How mindfulness helps people with depression?

Depression is one of the most common mental health conditions in the worldwide. According to the World Health Organization, more than 264million people around the world live with some form of depression.

Typically, doctors and psychiatrists treat depression with therapy and medication .But currently research suggests that mindfulness and regular meditation practice can also help relieve depression.

Professor Jon Kabat-Zinn, founder and former director of the Stress Reduction Clinic at the university of Massachusetts Medical Center, helped to bring the practice of mindfulness meditation into mainstream medicine and demonstrated that practicing mindfulness can bring improvements in both physical and psychological symptoms as well as positive changes in health, attitudes, and behaviors.(Harvard Health article: 1)

Mindfulness is the practice of purposely focusing your attention in the present moment- and accepting it without judgment .Mindfulness is now being examined scientifically and has been found to be a key element in depression and stress reduction and overall happiness.

Mindfulness can help reduce stress, boost creativity, improve attention, working memory and concentration and strengthen relation- ships mindfulness .It help manage depression , anxiety , suicidal ideation , chronic pain, addiction recovery and relapse prevention and eating disorders . Mindfulness is a powerful skill that can help you face the stresses of day to –day life, enables people to become more aware of their body sensations and the way they are thinking and feeling also, can improve both your psychological and physical health.

Research suggests that mindfulness practices offer psychotherapists a way to positively affect aspects of therapy that account for successful treatment.

There are many studies showing how regular mindfulness meditation practice can change the brain responds to stress and anxiety, scientists have discovered that depression can shrink parts of the brain that help regulate mood and emotion . The brain regions most affected by depression include the hippocampus, amygdale, frontal, and prefrontal cortices. When the hippocampus and amygdale shrink, you become more vulnerable to the adverse effects of stress and anxiety .Smaller frontal and prefrontal cortices can negatively impact impulse control and make it hard for you to regulate your emotions. One of the researches shows that meditate regularly react differently to sadness than those who do not. The study from 2010 suggested that experienced meditators used “the present moment network “in their brain when feeling sad.

Many people have negative emotions when they are depressed, this helped them to experience the pure feeling of sadness, without becoming caught up in it or making it worse with worrying thought, also aids to regulate negative thoughts by identifying process and accepting these negative feelings instead of avoiding or fighting them, when we accept your feelings it can lead to better coping skills, which may help better manage your depression. Hence, you can also build your ability to focus on your thoughts and how you feel emotionally at the moment.

The benefits of mindfulness for depression are quite extensive, but not nearly given the proper amount of attention in modern health care. In 2016, a large research study including 158patients with recurrent depression showed that patients given mindfulness based treatment had a significantly lower risk of falling back into depression, than those given usual care.

There is no need to be religious or spiritual to practice mindfulness Grossman and all, (2004: 226-233). It is a technique that helps people to pay attention to the present moment Kabat Zinn, (2003: 144-156) and uses practices such as yoga, meditation and breathing.

Mindfulness is now considered to have the potential to produce benefits in the treatment of physical and mental illness (Hooker and Fodor, 2008), and there are no side effects, cognitive behavioral therapists have adopted mindfulness practices as components of their treatment, there are two types of mindfulness based cognitive therapy (MBCT)and mindfulness based stress reduction (MBSR)

Mindfulness enables people to become more aware of their body sensations and the way they are thinking and feeling. It has potential to produce benefits in the prevention and treatment of physical and mental wellbeing.

I-5-3-1-Mindfulness improves physical health:

Much clinical research employs the use of mindfulness because it can help relieve symptoms of range of different health conditions in numbers of ways, like improve mood, help to combat or relieve stress, treat heart disease and obsessive- compulsive disorder, it may also be helpful for people who are dealing with chronic illness like lower blood pressure, respiration and measures of cardiovascular or brain wave functioning. In addition, biochemical measurements such as cortisol levels and changes in neuroendocrine levels (such as pituitary or limbic functions) help to understand biological markers pertaining to stress , anxiety and depression .The addition of these measurements would have helped to understand further the physical health impact of this mindfulness program .In particular, because the participants self-report measures did not indicate an increase in quality of life pertaining to chronic illness, physiological measurements may have provided a clearer understanding pertaining to this issue .

I-5-3-2-Mindfulness improves mental health:

Mindfulness plays a big role in improving your overall mental health. In recent years, psychotherapists have turned to mindfulness meditation as an important element in the treatment of number of problems, including: depression, substance abuse, eating disorders, couples conflicts, anxiety disorders, and obsessive –compulsive disorder. It has shown to be effective in people with health conditions like hypertension, chronic pain, and heart failure.

Psychologists and mental health therapists recommend mindfulness as away to help heal and head off depression, research also shows that this practice gives you an open and accepting attitude you are able to accept anything that arises, rather than trying to avoid or ignore problems. When you practice mindfulness, it gets easy to indentify stress, anxiety, or depression signals. You become more positive in the way you respond to signs of mental health problems.

I-5-3-3-Mindfulness improves wellbeing:

Since depression involves a lot of negative thought and thinking, but with practicing mindfulness the symptoms of depression will disappear because you will become able to recognize and observe your negative thoughts and feelings in order to be well, moreover mindfulness supports many attitudes that contribute to satisfied life and can help us enjoy the world around us more and understand ourselves better.

Being mindful makes it easier to savor the pleasures in life as they occur , helps you become fully engaged in activities , and creates a greater capacity to deal with adverse events by focusing on the here and now , many people who practice mindfulness found that they are less likely to get caught up in worries about the future or regrets over the past , are less preoccupied with concerns about success and self-esteem ,and are better able to form deep connection with others .

Conclusion:

Depression is not trendy diagnosis, we have known about it and been aware of its seriousness for long time, also mindfulness existed since long time. This chapter is divided into two parts the first part tackles about definition of depression, causes, symptoms, and treatment by using associated terms and words employed by psychiatry professional to describe diseases, then the second part we have talked about mindfulness definition and history , moreover about how mindfulness helps people with depression.

In the next chapter, we will deal with text typology, specialized translation also, definition of scientific text and scientific translation .Moreover, depression terminology, translation problems. Finally, The different procedures and strategies of translating terms related to depression from English into Arabic.

Chapter two:

***Translating scientific texts: a specialized
translation***

The following chapter try to give an overview depression's terms starting with Text typology, then specialized translation, after that we find translation in the Arab world, as well as, definition of scientific text and scientific translation. In addition, depression related terminology, translation problems, Thus, procedures and strategies of translating terms related to depression from English into Arabic language, then, Equivalence forms.

II-1- Text typology

Needless to say that not all texts are the same type. We may distinguish between many types of texts, medical, legal, political. We may also see the similarities between them but, in fact, they are not the same (for instance argumentative texts differ from expository texts, etc). All types of texts differ in ways that are a little clear intuitively (Trosborg, 1984)

Reiss (1970) argued that typology of texts classification based on texts types, a text typology along functional lines could include descriptive, narrative, argumentative texts.

Reiss notion of text types mainly focuses on different texts functions in the culture they were produce in and how these functions can be reflected in the translation of text.

Text typology determines the procedure of translation and methods. (as cited in Munday, 2001: 73-74)

II-2- What Specialized Translation means ?

Mentioned by Scarpa as cited in (Palumbo 2009: 108) the term specialist translation, also referred to as LSP translation, where LSP stands for language for special or specific purpose can be defined as the translation of texts dealing with subject-specific knowledge, using specialized terminology, having a particular communicative purpose and addressing a specific audience. In general it refers to the translation of specific field that requires specialized knowledge.

II-3-Specialised Translation in the Arab world

Historically speaking, the development of translation studies as a discipline is a success story of the 1980s (Bassnet & Lefevere, 1990). In the Arab world, the subject has developed in terms of theory and practicing and is clearly to continue developing well into the twenty-first century. As a result of the process of development that happens at a high speed, the Arabs have struggled to integrate this development into their societies. Thus, they realized that the only way for propagating what has been achieved is only by translation (Shaheen, 1991). Furthermore, the Arab world is constantly living in a time of rapid and radical political, social and economic changes that surely and inevitably affect the nature and development of academic disciplines and fields of knowledge. Translating as a creative intellectual activity, consequently, flourished due to the emergence of private publishing companies and governments' effort in supplying good translations and it has been revived at the hands of a group of Arab intellectuals who are motivated by a curiosity for translating interesting books. The development in Arabic translation studies nowadays owes part of its success to the prestigious past of Arabic translation as well as to the developments in the field of translation studies as a whole. Translation in the Arab world is deeply steeped in the history of Arabs and Islam (Shaheen, idem).

It has been argued that an Arabic translation movement took place in the era of Abbasid Rule. Most researchers agree that a medieval Arabic translation movement started in the period of Abbasid Rule and reached its peak during the rule of the Caliph Al-Ma'mun (813-833) who established 'بيت الحكمة' Bayt Al-Hikma' (House of Wisdom) to deal with translation matters. Al-Ma'mun encouraged translators to translate Greek works especially in astronomy and medicine into Arabic. During the 9th-13th centuries, Arabic translators played a very important role in transferring knowledge of science and medicine into Europe through Arabic translation. During the mid-20th and 21st centuries, translation played the same role, but it was mainly from English, French and Italian into Arabic in order to transfer knowledge of modern science and technology into the Arab world. As a result of this, modern Arabic translation started to transfer the scientific and technological works available in English into Arabic (Argeg, 2015).

There is no doubt that the relative prestige and power of Arabic translation have fluctuated over time following many historical changes. One big reason for the low ranking of contemporary Arabic translation is the restricted comparisons of Arabic translation to its

glorious medieval counterpart. Apparently, there are many more individual and collective efforts still needed to develop an awareness of translation as a discipline and respected profession. Also, nowadays, Arabic translators work hard, but their biggest challenge and fear would be when they work in isolation with no one documenting their achievements. Systematic documentation is required and can help change the course of contemporary Arabic translation and literature.

II-4- Scientific text

II-4-1- Definition

According to Senoz-Ayata (2005), as cited in Yildiz (2015:255-256), the scientific text is a part of informative texts which is conducted to present clear stated information by using terms related to the scientific and technical field. Like most of the texts, the scientific one should include main elements which are; Introduction, body, and conclusion.

In our opinion, a text is a coherent of statements to communicative purpose through signs. The scientific word, in turn, means what belongs or relates to science (i.e. the set of methods and techniques for organizing information).

II-4-2- Characteristics

Mentioned by Mistrik (1970) as cited in Mastna (2010) scientific and technical style has some unique features which are considered the most important, the use of terms, objectivity, accuracy, and expertise. The scientific text uses the terms and expressions that have a keen relationship with the scientific field and branch.

The scientific text is characterized by its objectivity and the use of impersonality. Turner (1973) as cited in Mastna (2010) stated that the impersonality is achieved through the following ways:

- The use of passive voice.
- The use of general pronoun “we”.
- The frequent use of the third-person style.
- The use of abstract nouns formed from verbs and adjectives.

It is characterized also by:

- Clarity: scientific writing avoids as much as it can unnecessary details.
- Simplicity: the use of direct language and avoiding complicated sentences.
- Impartiality: it supports its ideas with evidence and avoids using suppositions and it shows how and where information were collected
- The logical order of ideas and processes.
- Accuracy: it avoids the use of vague and ambiguous language so the reader receives the information easily.
- Objectivity: one of the most known characteristics of scientific writing is the objectivity; by which the author avoids any subjective or personal ideas or expressions. This can be achieved through evidence and concrete examples and information.

(University of Leicester 2009, student learning development cited by www.le.ac.uk/succeedinyourstudies)

II-5- Scientific translation

II-5-1- Definition

Ghazala (1995) said “ Scientific translation is mainly about translating terms in the field of science and technology of all kinds, medicine, physics, and chemistry, mathematics, and computer sciences... from one SL into TL”. Scientific translation is not like general translation, it aims to transmit scientific information from SL into TL. Also, it deals with texts on subject based on applied knowledge from the natural sciences. Each field of science has its specific language so it is a must for the translator to have a specific scientific background which allows him to translate from one language into another. The translator of Mathematics for instance, needs to know the mathematical terms and abbreviations. Hence, scientific translation deals only with translating text that belongs to science rather than literary text.

II-5-2- Characteristics

Relying on snell-Hornby (1995) as cited in Kruger (2014) the scientific translation has the following features:

- Subject matter knowledge: Since scientific translation deals with texts belong to the scientific field, it is necessary to have prior knowledge about the text the translator is going to translate concerning terms and concepts...etc.

- Stability of meaning: It all about “understands the source text”; that is to say, the translator has to have a good understanding of the ST so s/he renders it with the same meaning into the TT.

- Invariance of meaning: The translator should keep the same meaning of the ST when s/he translates it into the TT.

- Communicative function: As long as informing is the main objective of scientific translation, it is necessary to achieve that objective in scientific translation.

II-5-3- English-Arabic scientific translation

As science and technology develop, new English words used to express new concepts, techniques and inventions come into existence. These words have developed more rapidly during the last decades that dictionaries can by no means trigger off. This development has brought to Arabic serious linguistic problems of expressing this ever-expanding wave of newly founded concepts and techniques for which no equivalents in Arabic exist. But while coinage, borrowing, transliteration and other means of transfer made for a huge bulk of English scientific terminology, translating of full technical texts from English into Arabic still poses a major intellectual challenge. It is axiomatic that not all ideas or information are recorded in one single language. This stresses the paramount importance of scientific translation onto Arabic is getting increasingly important because many Arab countries are currently undergoing a large-scale modernization process. It is interesting to note that Nida has in his discourse on scientific translation (Nida, 1964: 223), pointed to this challenge, he said:

If, however, the translation of scientific texts from one language to another participating in modern cultural development is not too difficult, it is not surprising that the converse is true that translating scientific material from a modern Indo-European language into a language largely outside the reach of Western science is extremely difficult. This is one of the really pressing problems confronting linguists in Asia today.

Translation of science from English to Arabic poses huge linguistic obstacles. One of these obstacles, yet a significant one, runs as follows: Translation of scientific terms is considered by Al-Hassnawi (2010) as a real intellectual challenge. It requires skills, intelligence, and mastery of both English and Arabic.

Arabic suffers a serious shortage of vocabulary that covers the fields of technology and science; therefore, translators should consider this problem before anything else. Moreover, Esmail Seiny (1985) mentioned that Krollman (1978) stated that terminology is responsible for 40% to 60% of the technical translator's errors, and it takes up to 50% of his precious time to set the appropriate terms. Beston (1970:115) explained the importance of having new terminology for the scientific field as:

The need for a large new vocabulary dealing with technological and scientific matters is, however, the least interesting feature of the new lexical development; more fascinating, though more elusive, is the evolution of new words for intellectual concepts.

Thus, scientific translation has become a crucial step towards the acquisition of new technologies and spread of technology all over the world, hence, the coinage of new scientific vocabulary is seriously required to enrich the Arabic language.

The cross-cultural recognized terms do not impose serious translation problems. The equivalents for this type are easily achieved since the cultural gap between source language and target language is smaller, no difficulties will arise. The only aspect that should be necessarily considered by the translator is the coinage of new terms that correspond to the phonological and morphological rules of the target language.

Yowell and Lataiwish (2000:126) added: "The condition for a successful term is that it is accepted by the user of the language and thus it gradually becomes established."

In reviewing some aspects concerning translation and scientific translation, there are numerous translation strategies that are involved in translation process. Terminology is

considered to be a serious obstacle in translating scientific terms from English language into Arabic; the translator should acquire a mastery of the two languages and a wide background knowledge, which may help in choosing the appropriate translation technique in order to ensure the accurate rendering of the English terms. This distinction has one significant texts: he has to poses some knowledge of the subject matter of text he is working on, over the rest of the pre-requisites which he shares with translators of other text types. However, certain rules which are applicable to theories of literary translation can be safely applied to scientific translation in general and to English-Arabic scientific translation in particular.

Finally, there have been great effort to bring new technical terms into Arabic, by any means available, yet these methods should not threaten the Arabic identity. Translators should consider the linguistic differences between English and Arabic, for that they need to coin terms that are linguistically suitable to Arabic.

II-6- Depression related terminology

Depression terminology is very similar to learning a new language. At first, the words seem strange and complicated, although they may stand for commonly known disorders and terms. For example:

Antidepressant: A drug used to treat depression.

Anxiety disorder: A chronic condition that causes anxiety so severe it interferes with your life. Some people with depression also have overlapping anxiety disorder.

Bipolar disorder: A type of depression that causes sometimes extreme mood swings between depression and mania (or hypomania). This condition used to be called manic depression.

Depression: An illness that involves the body, mood, and thoughts that affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things.

Dysphoric mood: Low mood that may include dissatisfaction, restlessness, or depression.

Dysthymia: A type of chronic, low-grade depression that is less severe than major depression. It can also last of years. Dysthymia may not disable a person, but it prevents one from functioning normally or feeling well. Modern diagnostic systems include “Dysthymia” with “chronic major depression” (that is, a major depressive episode lasting two years or more in an adult or one year or more in children and adolescents) under the general term “persistent depressive disorder”.

Electroconvulsive therapy (ECT): A treatment for depression performed under general anesthesia that uses an electric current to create a brief, controlled seizure. It is safe and often effective for depression that hasn’t responded to drugs or therapy or when symptoms are so severe that a rapid response is especially important.

Hypomania: A milder form of mania.

Hypothyroidism: A condition when the thyroid doesn’t produce enough thyroid hormone. This can lead to symptoms of depression, fatigue, weight gain, and other health problems.

Light therapy: Therapy consisting of exposure to light that is brighter than indoor light and mimics sunlight. It may help treat some forms of depression.

Major depression: The medical diagnosis for an episode of clinical depression that lasts for at least two weeks and interferes with daily life. It causes symptoms like low energy, fatigue, and feelings of hopelessness.

Mania: A phase of bipolar disorder, mania is a period of intense energy, euphoria or irritability, sleeplessness, or recklessness. It is so extreme that it interferes with a person’s life and can involve false beliefs (delusions) or perceptions (hallucinations).

Monoamine oxidase inhibitors (MAOIs): A group of medicines sometimes prescribed to treat severe depression. MAOIs increase the concentration of chemicals responsible for sending information between nerves in particular regions of the brain, which may lead to better mental functioning.

Mood stabilizers: A class of drugs used to treat some types of depression, like bipolar disorder. They include lithium and some drugs originally used for seizures called anticonvulsants. These include Depakote (divalproex), carbamazepine (Tegretol), and Lamictal (lamotrigine).

Neurotransmitter: A chemical in the brain, like serotonin or norepinephrine, that sends messages between brain cells. Medicines that treat depression often alter the levels or functioning of these chemicals.

Panic attack: A sudden feeling of intense fear or anxiety, accompanied by physical symptoms, that isn't triggered by real danger. Panic attacks are common in many anxiety disorders.

Postpartum depression: Depression that affects women who have recently given birth. Many new mothers experience a brief episode of mild mood changes known as the "baby blues", but some will have postpartum depression, a much more serious condition that requires active treatment and emotional support for the new mother.

Psychiatrist: A medical doctor (MD or DO) who specializes in the treating mental health disorders. Because psychiatrists are doctors, they can prescribe drugs like antidepressants. Some also use psychotherapy.

Psychologist: A non-MD professional (PhD or PsyD) who specializes in the treatment of mental or emotional disorders. Psychologists typically use psychotherapy to treat people with depression and other conditions. They are also trained to give psychological tests such as IQ tests, cognitive function tests, or personality measures.

Psychotherapy: A way of treating a mental or emotional disorder by talking with a therapist. It may also be called "talking therapy" or "talk therapy".

Seasonal affective disorder (SAD): Depression that happens seasonally, usually starting in fall or winter and ending in spring or early summer. It is often treated with phototherapy.

Hence, your first task in learning terms related to depression is to understand how to divide words into their component part. Logically, most terms, whether complex or simple, can be broken down into basic parts and then understood and starting our translation of these terms.

(Cited by <https://www.webmd.com> visited on: July 26, 2022 at 9:00 am)

II-7-Translation problems

Ghazala (1995) defines problems of translation as the obstacle(s) the translator faces in the translation process which makes him/her stop the process. There are many problems the translator comes across in scientific translation.

Argue with Ghazala (2011:18) “translation can be posed by grammar, style or sound thus. We have grammatical, lexical, stylistic, and phonological” .

II-7-1- Grammatical problems

The grammatical difference between the languages is considered one of the main problems the translator faces, taking the example of English and Arabic languages.

The sentence in the English language is only verbal, while in the Arabic language there are either verbal or nominal sentences. In addition, English language grammar has twelve tenses, whereas in Arabic there are only three. Moreover, the word order varies between the two languages, in other words, the English language sentence consists of “S+V+O” .However, the Arabic sentence contains “V+S+O”.

II-7-2- Lexical problems

This type of problem is related to language words and vocabulary. According to Ghazala (1995: 19), this problem arises when a word or an expression in SL is unknown or indirectly understood in TL, examples like; the translation of polysemous words, synonyms, and collocations. Considering the example of polysemous words, words that have more than one meaning, the word “spiring” for instance is translated in Arabic into ربيع، منبع، يقفز، ينشأ...

II-7-3- Stylistic problems

These problems are concerned with style in the sense that style plays an important role in affecting meaning, and grammar. The degree of Formality and informality leads to stylistic problems. For instance, the conjunction “but” has the equivalent of "بيد ان" in formal style whereas in informal style we may use "لكن".

Joos (1962) suggested a formality scale of the English language.

1. Frozen formal (فصيح جدا- متصلب- قح)

- | | |
|-------------------|-----------------------|
| 2. Formal | (فصيح) |
| 3. Informal | (غير فصيح - شبه فصيح) |
| 4. Colloquial | (عامي) |
| 5. Vulgar (slong) | (سوقي) |

Ghazala (1996: 20).

To illustrate this scale, Ghazala gives the following examples:

- | | |
|-----------------------|----------------------------|
| 1. "be seated" | (عليك بالجلوس) |
| 2. "have a seat" | (تفضل بالجلوس) |
| 3. "sit down, please" | (اجلس لو سمحت) |
| 4. "feel at home" | (ارتاح - استرح - خذ راحتك) |
| 5. "sit bloody down" | (تضرب على قلبك) |

Ghazala (1996:20)

This scale shows differences between the source and target languages which result in problems for students because they do not know about these scales Ghazala (1995).

II-7-4-Phonological problems

These types of problems are concerned with sounds. Phonological problems occur when the translator ignores how to transmit a particular sound; in this case the translator should be a careful listener keeping the same meaning from the target language. Those problems are encountered mostly in literature and advertising. Ghazala(1995:17)

Phonological problems are related to sounds since there are some sounds in the SL which have no equivalent in the TL. For instance, the letters: "ق" ، "خ" ...in Arabic have no equivalent letters in English.

II-8- Procedures and strategies of translating terms related to depression from English into Arabic

So far, some of the translation theories and methods have been discussed briefly. When analyzing translations of any sort, be they literary or non-literary texts, there are certain categories that allow us to examine how the TT functions in relation to the ST. These categories are widely known as 'translation procedures' or 'translation techniques'.

Indeed, translation procedures depend on the choice of translation method, which is a global choice of a translator on a large scale. However, one may agree with Newmark (1988:81) that “while translation methods relate to whole texts, translation procedures are used for sentences and the smaller units of language”. For this reason, translation procedures should not pass unnoticed.

Jaaskelainen (1999: 71) considers strategy as, “a series of competencies, a set of steps or processes that favour the acquisition, storage, and/or utilization of information”. Loescher (1991: 8) defines translation strategy as “a potentially conscious procedure of solving a problem faced in translating a text, or any segment of it”. Accordingly, the notion of consciousness is significant in distinguishing strategies which are used by the translator. Furthermore, Venuti (2004: 240) indicates that translation strategies “involve the basic tasks of choosing the foreign text to be translated and developing a method of translate it”. He employs the concepts of domesticating and foreignizing to refer to translation strategies.

Translation procedures, according to Vinay & Darbelnet (1995), can be classified into direct procedures and oblique procedures. To begin with direct translations, they occur when there is an exact structural, lexical or even morphological equivalence between the languages so this type of procedures harks back to a well-known ‘literal translation’ dichotomy. In a narrow sense, it has been noted due to structural and metalinguistic parallelisms that occur between languages, it is often possible to overcome gaps (or lacunae) between the SL and the TL by transposing the SL message piece by piece into the TL. In such cases, when the translator notices a gap in the TL, he/she can employ either a parallel category or a parallel concept to convey the meaning of the ST.

Conversely, Vinay (1995) notes that due to structural and metalinguistic differences between languages, certain stylistic effects are unattainable without upsetting the lexis or the syntactic order in the TL. If translations were always only the instances of the application of direct translation procedures, it would not require any special stylistic skills on the part of the translator. It follows that translators many times need to have recourse to more complex, i.e. oblique translation procedures. In such cases more complex methods must be employed to convey the meaning of the ST. Although at a cursory glance they might look fairly sophisticated. Or even unusual, the oblique translation procedures allow translators to exert a strict control over the reliability of their efforts. Thus oblique

translation procedures are employed when a literal translation is unacceptable. The following are the main direct and oblique translation procedures.

II-8-1- Borrowing

According to Vinay and Darbelnet (1995: 31-32), borrowing is the simplest strategy, they said that “in order to introduce the flavour of SL culture into translation, foreign terms may be used”

No doubt that lexis in a part of language, which is liable to swift changes in multifarious areas under the influence of the dynamic development of society. Lexis of each language must be sensitively responsive to new ideas, concepts, objects and inventions of the extra-linguistic reality. Borrowing involves using foreign phrasing in the TT. To be precise, borrowing, which is relatively the simplest of all procedures used for translation, is to take a word or expression straight from another language, for example, the word ‘*computer*’ is transliterated as 'كمبيوتر'. Translators resort to this procedure because the concept discussed in the SL is relatively unknown to the target audience. Nowadays, borrowing is frequently caused by new technologies entering rapidly the surrounding reality and it is used to overcome a lacuna, usually a metalinguistic one, for example, a new technical process or an unknown concept Venuti (2004).

Also as reported by Dickins and all: (2002: 32) “the first alternative is to transfer an SL expression verbatim into the TT. This is termed cultural borrowing. It introduces a foreign element into the T.T.

II-8-2- Calque

A calque is a loan translation, in accordance with Vinay and Darbelnet (1995: 32), this procedure refers to “a special kind of borrowing whereby a language borrows an expression form of another, but then translates literally each of its elements”.

A calque is a translation strategy which is defined as “An expression that consists of TL words and respects TL syntax, but is unidiomatic in the TL because it is modelled on the structure of an SL. Expression” Dickins, Hervey, & Higgins (2002: 31).

II-8-3- Literal translation “word for word”

“Literal, or word for word, translation is the direct transfer of a SL text into a grammatically and idiomatically appropriate TL” Vinay and Darbelnet (1995:33-34)

In addition as judged by (Ghazala, 1995: 5) “this method regards translation to be a translation of individual words. All we have to do is find the equivalent word in Arabic for the English word, regardless of differences in grammar, word order, context or special use. Moreover, the whole concentration is on the source language, whereas the target language should follow, imitate and mirror it blindly, perfectly, straight forward way of translation, which makes it common among students in particular”.

II-8-4- Adaptation

Mentioned by Vinay and Darbelnet “ it is used in those cases where the type of situation being referred to by the SL message is unknown in the TL culture. In such cases translator have to create a new situation that can be considered as being equivalent”.

According to Peter Newmark (1987: 46). Adaptation is the freest of translation, it is used mainly for plays (comedies) and poetry Plots are usually preserved, the source language culture converted to the target language and the text rewritten.

II-8-5- Transposition

Any translation involves some modifications and changes on the linguistic level, because of structural and syntactic differences between the two languages involved. Transposition (also known as Catford’s term ‘shift’) is defined by Vinay & Darbelnet (1995) as a translation procedure that involves in a change of grammar or word class from SL to TL without changing the meaning of the text. In a narrow sense, transposition will be apprehended as replacement of one word class or syntactic category with another without altering the semantics of the message, thus keeping the non-literary text’s information invariant. Transposition can be applied intralinguistically, i.e. within a particular language.

Vinay & Darbelnet summarize a distinction between two types of transposition; namely, obligatory and optional transpositions as follows:

1. Transposition is obligatory when there is no other alternative to preserve and render the SL meaning in the TL, i.e. when there is only one way of rendering

the SL structure in TL. English word order on the phrase level usually demands obligatory transposition in Arabic. For instance, an English ‘adjective + noun’ is, in most cases, rendered in Arabic by a ‘noun + adjective’. For example, the phrase ‘a narrow and deserted street’ which is composed of ‘adjective + adjective noun’ is rendered in Arabic as 'شارع ضيق مهجور' which is structured as ‘noun + adjective + adjective’.

2. An optional transposition occurs when the translator is faced with two choices. His/her choice of one or the other option is usually stylistically motivated, e.g. the phrase ‘*when he arrived*’ which can be translated in Arabic as either 'عند وصوله' OR 'عندما وصل'.

II-8-6-Modulation

While transposition, or recasting, operates on the syntactic and structural level of discourse, modulation operates on the semantic level and on the variation of point of view. Translators tend to resort to modulation as a translation procedure that focuses on a change of viewpoint. Modulation is used by translators when the TL rejects literal translation. In other words, this oblique translation procedure entails a variation of the form of the message, obtained by a change in the point of view Venuti (2004). This suggests that this semantic-pragmatic procedure rests on a shift of cognitive categories between two languages. This shift seems to be justified in cases when a literal or even transposed translation results in a grammatically correct utterance but is still, however, considered somewhat unsuitable, unidiomatic or awkward in the TL Vinay & Darbelnet (1958/1995). Thus modulation consists of choosing other symbols for the same signification, i.e. the same idea expressed differently in SL and TL. Whereas transposition puts the translator’s, first and foremost, syntactic abilities to the test, modulation is said to be a real touchstone for a competent translator. Transposition affects syntactic function of TL units only, modulation, on the other hand, involves alteration of semantic categories or the processes by which thoughts are conveyed.

Generally speaking, when one reads a text, he/she constructs a mental representation as a result of the interpretative process. Accordingly, a translator’s goal is to produce a text in the TL which, in the right context, will enable the reader to construct a mental representation that resembles the one constructed by the reader of the ST. Given the

assumptions above, modulation may be construed as a relation between two texts that yield the same mental representation but via a different process of interpretation.

II-8-7- Transliteration

This technique is used when the other technique does not result in the desired purpose; it is a letter for a letter exchange.

Is a technique in which it is a phonetic transliteration from a source language of a word by the usage of differing script is called transliteration; that is, to transliterate is to write a letter or a word using the closet corresponding letters of a different alphabet or language. Compact oxford English dictionary (2011).

II-8-8- Arabization

Ghazala (1995) defined this procedure “naturalization” he states that “it is to take the English term and adapt it to Arabic alphabet and grammar, by changing one or two of its letters into Arabic ones and having singular, plural, masculine, feminine or verbs forms of it”. In a similar case, Mattlub define this procedure “As the writing of foreign words in Arabic or orthography” mattlub (1983: 29).

However, Hashim (1988: 34-38) sees that Arabization “As the use of Arabic as the language of thought education, science and communication”.

For instance: serologist, serologic translated into TT: **السيرولوجيا، السيرولوجي**.

II-8-9- Reduction (omission)

As defined by Dickins, Hervey, & Higgins (2002: 23) “the most obvious form of translation loss is when something which occurs in the ST is simply omitted from the TT. Such omission occurs fairly frequently in Arabic/English translation and is therefore worth specially identifying”.

Reduction is, according to Zakhir (2008), the process whereby the translator reduces the number of elements in the TT, though he/she ought to respect the important requirements; to be precise, no central information is to be dropped. This entails that reduction is to select among a set of ST elements those which do not significantly affect the original meaning in order to get rid of in the TT. This procedures, briefly, allows the translator to reduce the number of words, but not to drop crucial information.

II-8-10- Translation by addition

Unlike reduction, expansion involves providing the target reader with further explanation regarding a given element in the ST. Through expansion, the translator moves from the implicit into the explicit Zakhir (2008). To be precise, expansion in translation means to clarify an item in the ST by offering more details, so that the target readers can fully grasp the intended meaning. Yet, these details are not major significance; rather they are secondary in importance.

As judged by Dickins, Hervey, & Higgins (2002 : 23) “translation by addition in translation in which something is added to the TT which is not present in the ST. Like omission, addition is fairly common feature of Arabic/English translation and is therefore worth specially identifying”.

II-9-Equivalence forms

We must define translation before talking about equivalence forms, which is the replacement text in one language by representation of an equivalent text in a second language. Bell (1991: 6).

Conforming to Baker (1998) equivalence indicates “the relationship between a source text (ST) and the target text (TT) that allows the TT to be considered as a translation of the ST in the first place”.

Mona Baker in her book “In Other Words” (1992) suggested different levels in the issue of equivalence, including all different aspects of translation.

II-9-1- Equivalence at word level

We primarily to tack into consideration by translator, in agreement with Bolinger and Sears as cited in Baker (1992), the word is “the smallest unit of language that can be used by itself” meaning can be carried by units smaller than the word, e.g. reread, there are different component of meaning in it re and read (to read gains).

Component of meaning are represented by many orthographic word in one language, moreover, may be represented by one orthographic word in another and vice versa. Baker (1992: 10-11).

II-9-2- Equivalence above word level

We move to equivalence above word level that is mentioned by Baker (2002) who discusses the issue of word classes that each word start combining with other word to form expression extension of language. In this field Baker focuses on collocation and fixed expressions.

II-9-3- Equivalence at sentence level

The grammatical category difference of the source and target language often outcome some change in the information content of the message through translation .This change occurs in distinct form to illustrate the strategy of addition a grammatical category, that does not exist in the source language.

II-9-4-At discourse level

Cohesion and coherence are two main aspects of discourse.

Cohesion describes the ways in which components of the sentences of a text, i.e. the words we actually hear and use are mutually connected (grammatically and lexically). According to Halliday and Hasan (1976:11), cohesion exists “where the interpretation of any item in the discourse requires making reference to some other item in the discourse”.

Following Baker as cited in Halliday and Hasan identify five main cohesive devices in English: reference, substitution, ellipsis, conjunction, and lexical cohesion. And for Coherence Is defined by Neubert and Shreve (1992:94) “A coherent text has an underlying logical structure that acts to guide the reader through the text” so that “it ‘sticks together’ as a unit”. Hatch (1992:209).

Conclusion

To conclude, no one can translate correctly or perfectly, any translator may face any difficulties during translation of depression terms from English into Arabic. To solve these problems, the translator may use procedures and strategies to find accurate equivalent to source language into target language, this study tries to come out with something new and original.

Chapter three:
Translation analysis

The current chapter represents the practical part of the dissertation it attempts to investigate the procedures and strategies used in psychology field .We have supporting our research by dealing with an example of scientific translation in form of translated a famous book.

The aim of this chapter is to find equivalent of terms related to the mental health which is “Depression” and we try to highlight on these terms that are associated with the theme. Furthermore, we have the purpose which is to link some of what has been mentioned in the theoretical part with the samples chosen, in addition to the methodology used to investigate the validity of the hypothesis .It attempts also to answer questions previously raised.

III-1-1- Presenting the corpus:

The corpus we have chosen is : “The Mindful Way through Depression” We have selected this corpus because it is scientific document that contains texts and terms which serve this study.

The book is in English version comprises 273pages, this corpus was written by Mark Williams, John Teasdale, Zindel Segal, and Jon Kabat –Zinn, and it is the first edition. The version published by Guilford press on Juin21, 2007, and printed in the United States of America. “The Mindful Way through Depression” was bestseller more than 450,000 in print.

This volume divided into four (04) parts with in eleven (11) chapters. The references and further reader are available at the end of the book provide comprehensive starting point.

The paperback and hardcover formats include an audio CD narrated by Jon Kabat – Zinn inside of the back cover .The e-Pub e-book format sold at Guilford, Amazon and Barnes & Noble contains embedded audio files. For the e-book purchases from other online vendors, they offer the same audio files in MP3 format to stream or download from the web.

This book is the best self –help title. Because, is an amazing resource if you are interested in the science of fighting depression. It offers invaluable practical strategies for banishing depression also, it explore how we can help you to break the cycle of chronic

unhappiness once and for all, and provides step by step guidance for building your mindfulness practice in 8 weeks. In “The Mindful Way through Depression” four (04) uniquely qualified experts explain how can you attempt to snap out of a bad mood by trying to eliminate our negative feeling is what exacerbates our depression and make use the more vulnerable to it in the future, they demonstrate how to sidestep the mental habits that lead to despair, including rumination and self-blame. Consequently, successfully working through depression and becoming resilient to it depends on cultivating a better relationship with our negative emotions not eliminating them. In addition, the researchers recommend cognitive therapy to triumph over this illness.

This volume it is as a complete package for anyone seeking to regain a sense of hope and well-being. This will be an essential read for practicing psychiatric and psychologists who work with the persons suffers from depression, and those intending further study.

III-1-2-About the Authors:

Mark Williams, PHD, is Professor of Clinical Psychology and Well come Trust Principal Research Fellow at the University of Oxford, United Kingdom. From 1983 to 1991 he was Research Scientist at the Medical Research Council's Cognition and Brain Sciences Unit in Cambridge, United Kingdom, after which he was Professor of Clinical Psychology at the University of Wales, Bangor, where he founded the university's institute of Medical and Social Care Research (IMSCaR) and the Center for Mindfulness Research and Practice. Dr. Williams is the author of the *Psychology treatment of depression* and *Cry of Pain: Understanding suicide and self-Harm* and co-author of *cognitive Psychology and Emotional Disorders* and *Mindfulness-Based Cognitive Therapy for Depression: A new approach to preventing Relapse*. His research in clinical and experimental psychology focuses on understanding the psychological processes that underlie depression and suicidal behaviour and the development of new psychological treatments.

John Teasdale, PHD, held a Special Scientific Appointment with the United Kingdom Medical Research Council's Cognition and Brain Sciences Unit in Cambridge, England. He is a Fellow of the British Academy and the Academy of Medical Sciences. .

He is a co-author of *Affect, Cognition and Change* and *Mindfulness-Based cognitive therapy for depression: A new Approach to Preventing Relapse*.

Dr Teasdale's research has investigated basic psychological processes and the application of that understanding to the development of therapies for emotional disorders. For many years, this research involved the exploration of cognitive approaches to understanding and treating major depression, and he was one of the pioneers of cognitive therapy research in the United Kingdom. More recently, the findings of his earlier research have been applied to the development and evaluation of mindfulness-based cognitive therapy. Currently retired, Dr. Teasdale continues to pursue interests in the practice, study, and teaching of meditation and mindfulness training.

Zindel Segal, PHD, is the Morgan Firestone Chair in Psychotherapy at the University of Toronto. He is Head of the Cognitive behaviour Therapy Unit at the Centre for Addiction and Mental Health, Professor in the Departments of psychiatry and psychology, and head of the Psychotherapy Program in the department of Psychiatry, all at the University of Toronto. Dr. Segal co-authored *Interpersonal Process in Cognitive Therapy*, *Cognitive Vulnerability to Depression*, and *Mindfulness Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*. His research has helped to characterize psychological markers of relapse vulnerability to affective disorder. He continues to advocate for the relevance of mindfulness-based clinical care in psychiatry and mental health.

Jon Kabat-Zinn, PHD, is a scientist, writer, and meditation teacher. He is Professor of Medicine emeritus at the University of Massachusetts Medical School, where he was founding Executive Director of the Center of Mindfulness in Medicine, Health care, and Society (1995), and founder (in 1979) and former Director of its world renowned Stress Reduction Clinic. He is the author of *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*; *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*; and *Coming to Our Senses: Healing Ourselves and the World through Mindfulness*; and is a co-author *Blessings: The Inner Work of Mindful Parenting*. Dr. Kabat-Zinn's work has contributed to a growing movement of mindfulness in such mainstream institutions as schools, corporations, prisons, and professional sports teams as well as in the domains of medicine and psychology. He is the founding convener of the Consortium of Academic Health Centers for Integrative Medicine and Vice Chairman of the Board of the Mind and Life Institute, a group that organizes dialogues between the Dalai Lama and Western scientists to promote deeper understanding of different ways of knowing and probing the nature of mind, emotions, and

reality. Dr. Kabat-Zinn was co-program chair of the 2005 Mind and Life Dialogue: The Clinical Applications of Meditation, held in Washington, DC.

III-2-Analysis methodology:

The methodology adopted in this chapter is translating the introduction and part one of the first chapter of the book in titled: “The Mindful way through Depression” edited by Mark Williams, Jon Teasdale, Zindel Segal, and Jon Kabat- Zinn, aims to investigate the procedures and strategies used in translating terms related to depression , from English language into Arabic language. By using the methodology for translation by Jean-Paul Vinay and Jean Darbelnet which called “Comparative Stylistics Approach”.

III-3- Select translation

III-3-1-Sample one

Depression hurts.

الاكتئاب مؤلم.

ST : Depression

Type : Noun

TT translation : الاكتئاب

Type : Noun (اسم)

Discussion :

We have translated the noun "Depression" into "الاكتئاب" which led to the same meaning, therefore, we adopted the equivalence procedure in translating this term. Because we think that it is the right way to render the meaning of the concept. It would be incorrect if we translate the word “depression” in English into “الحزن أو الانخفاض” by using another strategy such Literal translation by giving correct sense and meaning, as mentioned by Vinay and Darbelnet in the Comparative Stylistics Approach.

III-3-2-Sample two

It can leave you feeling hopeless, listless, and worn down by the pervasive joylessness and disappointment associated with longing for a happiness never tasted.

يمكن ان يجعلك تشعر باليأس، والفتور، والارهاق، ويسبب اليأس المنتشر والجفاء المرتبط بالشوق الى السعادة التي لم تتذوقها ابدا.

ST : Hopeless

Type : Adjective

TT translation : اليأس

Type : Noun (اسم مجرور)

Discussion :

We have translated the ST term “hopeless” into "اليأس", the first notice is that we have translated the ST term of adjective type into a TT term of ,noun, so the procedure used is Transposition because the adjective "hopeless" is translated as a noun in Arabic. For that we think that it is the right way to render the meaning of the concept. It would be incorrect if we translate the word “Hopeless” from the ST into "فاقد الامل" in TT by using another strategy such as Equivalence, the Transposition strategy allows to translate correctly, according to Vinay and Darbelnet approach.

III-3-3-Sample three

ST: Worn down

Type : Verb + Noun

TT translation : الارهاق

Type: Noun (اسم)

Discussion:

The ST collocation “worn down” is of Verb + Noun type, and we have translated it into "الارهاق", this collocation is of Noun type. Therefore, the procedure used is Transposition since the change is on the level of grammar. For that we think that this is the right way to render the meaning of the concept. It would be incorrect if we translate the word “Worn down” from the ST into "التعب" in TT, and using another strategy such as Literal translation. Transposition is the correct one to get a correct translation.

III-3-4-Sample four

ST: Joylessness

Type: Noun

TT translation: الجفاء

Type: Noun (اسم)

Discussion:

We have used the Equivalence procedure in translating this term, and we kept the same grammatical level, because we have translated the ST term of noun type “joylessness” into a TT term of noun type "الجفاء". Because we think that this is the right way to render the meaning of the concept. It would be incorrect to translate “Joylessness” into "التعاسة" for example to use another strategy such as Literal translation. The Equivalence allows to render the correct meaning to concept , as supported by Comparative Stylistics approach.

III-3-5-Sample five

This program, known as mindfulness-based cognitive therapy(MBCT), brings together the latest understanding of modern science and forms of meditation that have been shown to be clinically effective within mainstream medicine and psychology.

يجمع هذا البرنامج، المعروف باسم العلاج المعرفي القائم على اليقظة، أحدث مفاهيم العلم الحديث، وأشكال التأمل التي تثبت انها فعالة اكلينيكيًا في الطب وعلم النفس السائد.

ST : Mindfulness-based cognitive therapy.

Type : Verbal phrase

TT translation : العلاج المعرفي القائم على اليقظة

Type: Nominal phrase (جملة اسمية)

Discussion:

We notice that we have conveyed the same meaning of ST collocation “mindfulness-based cognitive therapy”, because we translated it into the TT “العلاج المعرفي القائم على اليقظة”, although we have changed the grammatical structure of the collocation translated, in other words, we had in the ST a collocation of verbal phrase type translated into a collocation of nominal phrase type. Accordingly, the procedure used is Transposition since the change is on the level of grammar. Because we think that this is the right way to render the meaning of the concept. It would be incorrect if we translate “mindfulness based cognitive therapy” from ST into “اليقظة الادراكية المرتكزة على العلاج” by using another strategy such as Literal translation “word for word” rather than transposition allows to get a correct sense which is “العلاج المعرفي القائم على اليقظة” .

III-3-6-Sample six

Many people who suffer the hopelessness and pain associated with depression never seek professional help, but they still know they’ve been imprisoned by a chronic unhappiness that subsumes large stretches of their lives.

كثير من الأشخاص الذين يعانون من اليأس والألم المرتبطين بالاكتئاب، لا يسعون المساعدة المهنية أبداً، لكنهم مازالوا يعرفون أنهم سجنوا بسبب التعاسة المزمنة التي تستوعب فترات طويلة من حياتهم.

ST : Chronic unhappiness

Type : Adjective+ noun

TT translation : التعاسة المزمنة

Type: Noun+ adjective (اسم موصوف+ صفة)

Discussion:

In this example, we have translated the English collocation “chronic unhappiness” into “التعاسة المزمنة” keeping the same grammatical structure from ST into TT, i.e. adjective + noun into noun+ adjective. Then, the procedure used is a literal translation. Because we think that this is the correct way to render the meaning of the concept. It would be incorrect if we translate “chronic depression” into “الادمان على التعاسة” for example to use another strategy like Transposition by changing the grammatical level. Literal translation allows to

have the correct meaning and achieve a correct translation, relying on Comparative Stylistics Approach.

III-3-7-Sample seven

It turned out that antidepressant medications “fixed” depression, but only as long as people kept taking them.

اتضح ان الادوية المضادة للاكتئاب "مثبتة" للاكتئاب، ولكن فقط طالما استمر الناس في تناولها.

ST : Antidepressant medications

Type : Noun+ noun

TT translation : الادوية المضادة للاكتئاب

Type: Nominal phrase (جملة اسمية)

Discussion:

We have translated the nominal phrase “antidepressant medications” into “الادوية المضادة” which led to the same meaning. Therefore, we adopted the Equivalence procedure. For that we think that this is the right way to render the meaning of the concept. It would be incorrect if we translate “Antidepressant medications” into “العلاج ضد الاكتئاب” this if we have used another strategy like Transposition, But in this example the correct way of translation was by using Equivalence procedure.

III-3-8- Sample eight

But over the next five years he withdrew more and more , had a lot of minor health complaints and ,in the words of his wife “just wasn’t the man I used to know”

على مدار السنوات الخمس التالية، انسحب اكثر واكثر، وكان لديه الكثير من الشكاوي الصحية البسيطة، وعلى حد تعبير زوجته "لم يكن الرجل الذي اعرفه".

ST: Minor health complaints.

Type: Adjective+ noun+ noun.

TT: الشكاوي الصحية البسيطة

Type: Noun+ noun+ adjective (جملة اسمية)**Discussion:**

We have translated the Source text collocation” Minor health complaints” into” الشكاوي الصحية البسيطة “ the first notice is we have translated the ST collocation of adjective + noun +noun type into a TT collocation of noun + noun + adjective type therefore , the procedure used is transposition because he changed structure of the collocation. Because we think that it is the right way to render the meaning of the concept. It would be incorrect to translate “Minor Health Complaints” into "شكاوي صحية غير مهمة" for example to use another strategy such as Transposition, rather than Literal Translation “word for word”.

III-3-9-Sample nine

Each episode of depression increases the chances that person will experience another episode by 16%.

تزيد كل نوبة اكتئاب من فرص تعرض الشخص لنوبة اخرى بنسبة 16 %

ST: Episode of depression.

Type: Noun +preposition+ noun.

TT: نوبة من الاكتئاب

Type: Noun + preposition+ Noun. (اسم+ حرف جر+ اسم)

Discussion:

A literal translation was adopted in this example because in the ST noun +preposition+ noun collocation “Episode of depression” is translated into “نوبة اكتئاب” which is the same type noun +preposition + noun and has the same literal meaning each word of the collocation i.e. The noun “episode” was translated into an noun “نوبة” and the preposition “of” into “من” in Arabic, and the noun “depression” was also translated into noun “الاكتئاب”. Therefore we think that this is the right way to render the meaning of the concept. It would be incorrect to translate “Episode of depression” which is "نوبة من الاكتئاب" by "واقعة من" أو "حادثة من الحزن" by using another strategy such as Transposition, because it allows to find the right meaning.

III-3-10-Sample ten

Because these down ward spirals are so easily triggered by small events mood shifts, they feel as if they come out of nowhere.

نظرا انه من السهل جدا تحفيز هذه اللوالب من خلال احداث صغيرة او تقلبات مزاجية، فإنها تشعرنا وكأنها تأتي من العدم.

ST : Mood shifts.

Type: Noun + noun

TT: تقلبات مزاجية

Type: Noun +noun (اسم + اسم)

Discussion:

In this example we have conveyed the same meaning of the ST collocation “mood shifts” into “تقلبات مزاجية”, and we have kept the same grammatical structure noun +noun so, we have used literal translation procedure. And that because we think it is the right way to render the meaning of the concept. It would be incorrect to translate it into "نوبات مزاجية" for example to use another strategy such as Equivalence of the word “shifts” which is "نوبات". The Literal translation allows to get the correct sense of the sentence, according to Vinay and Darbelnet Comparative Stylistics Approach .

III-3-11-Sample eleven

In general, when we encounter something negative the body tends to tense up.

يشكل عام، عندما نواجه شيئا سلبيا، يميل الجسم الى التوتر.

ST: Tense up.

Type: Verb +preposition

TT: التوتر

Type: Noun (اسم)

Discussion:

We have conveyed the same meaning of the ST collocation “Tense up” since we have translated it into “التوتر” but the change was on the grammar level as we have changed the verb to a noun and he has omitted the preposition , consequently , the Procedure has adopted is transposition. And that because we think it is the correct way to render the

meaning of the concept, It would be incorrect if we translate the word “Tense up” from the ST into "الضغط" in the TT, and using another strategy like Literal Translation, Transposition is the correct one to achieve a correct translation.

III-3-12-Sample twelve

Negative thoughts can trigger depression, or feed it once a low mood is up on us.

يمكن للأفكار السلبية ان تؤدي الى الاكتئاب بمجرد ان تكون الحالة المزاجية سيئة.

ST : Negative thoughts

Type: Adjective +noun

TT: الأفكار السلبية

Type: Noun +adjective (اسم+ صفة)

Discussion:

In this example we have translated the same meaning of the ST collocation “negative thoughts” into “الأفكار السلبية”, and keeping the same grammatical structure of the collocation “adjective +noun” type in the ST into a TT collocation “ noun+ adjective” type so , we have used literal translation (word for word). Because we think that this is the right way to achieve a correct meaning of the concept, it will be incorrect to translate “negative thoughts” into “الأفكار الهدامة” by using another strategy such as Transposition rather than the Literal Translation. The Literal Translation in this case allows to achieve the correct translation as declared by Vinay and Darbelnet.

III-3-13-Sample thirteen

Such self critical thought are extremely powerful and potentially toxic.

ان افكار النقد الذاتي هذه قوية للغاية ومن المحتمل ان تكون سامة.

ST : Self critical

Type: Noun +noun

TT: النقد الذاتي

Type: Noun+ noun (اسم+اسم)

Discussion:

If we translate the word “self critical” into Arabic, we will find “النقد الذاتي” though we have not changed the grammatical structure of the collocation translated therefore, the procedure used here is literal translation. Therefore we think that this is the right way to render the meaning of the concept. It would be incorrect if we translate “Self critical” in English into “تخطئة النفس”, if we use another strategy like Equivalence. The Literal Translation allows to get a correct translation from ST into TT, as cited in Comparative Stylistics Approach.

III-3-14-Sample fourteen

Around 12% men and 20% of women will suffer major depression at same time in their lives.

يعاني حوالي 12٪ من الرجال و 20٪ من النساء من اكتئاب شديد في وقت ما من حياتهم.

ST : Major depression.

Type: Adjective +noun

TT: اكتئاب شديد

Type: Noun+ adjective (اسم + صفة)

Discussion:

We have translated the adjective+ noun collocation “major depression” into “اكتئاب شديد” which led to the same meaning, therefore we adopted the equivalence procedure in translating this collocation. Because we think that this is the right way to get a successful translation of the concept. Of course that it would be incorrect if we translate “Major depression” into “إكتئاب عظيم” with the use of another strategy like Literal Translation. The Equivalence permits to have the right meaning.

III-3-15- Sample fifteen

We might sink into a glum mood by thinking nothing ever goes right for me.

قد تدخل في مزاج كئيب من خلال التفكير أن لا شيء يسير على مايرام بالنسبة لي.

ST : Glum mood

Type: Adjective +noun

TT: مزاج كئيب

Type: Noun +adjective (اسم + صفة)

Discussion:

A literal translation was adopted in this example because the ST adjective +noun collocation “glum mood “ is translated into “مزاج كئيب” which is in the same type ;noun +adjective and has the literal meaning of each word of the collocation. We consider this strategy as the right way to render the meaning of the concept. It would be incorrect if we translate this collocation by "طبع حزين" for example the using of another strategy such as Equivalence. In this case the Literal Translation permits to success in the translation as mentioned by Vinay and Darbelnet in Comparative Stylistics Approach.

III-3-16- Sample sixteen

It is normal for emotions to come and go, but it is rare for such depressive feelings to occur by themselves.

فمن الطبيعي ان تأتي المشاعر وتذهب، ولكن من النادر ان تحدث مثل هذه المشاعر الاكتئابية من تلقاء نفسها.

ST: Depressive feelings

Type: Noun +noun

TT: المشاعر الاكتئابية

Type: Noun+ adjective (اسم + صفة)

Discussion:

Transposition was adopted in this example because the ST noun +noun” depression feelings” collocation was translated into “المشاعر الاكتئابية” noun +adjective we have changed the grammatical level by changing the noun into adjective. Therefore we think that this is the right way to render the meaning of the concept. It would be incorrect if we translate “Depressive feelings” from the ST into "الاحساس بالحزن" in the TT by using another strategy such as Equivalence rather than Transposition that permits to success in this translation, as declared in Comparative Stylistics Approach by Vinay and Darbelnet.

III-3-17- Sample seventeen

Irritability is particular common symptom of depression.

تعتبر العصبية من الاعراض الشائعة بشكل خاص عند الاشخاص المصابين بالاكتئاب.

ST : Irritability

Type: Noun

TT: العصبية

Type: Noun (اسم)

Discussion:

We have used equivalence procedure in translating this term and we kept the same grammatical level because we have translated the ST term "irritability" which is "noun" into a TT term noun type "العصبية". Therefore we think that this is the right way to render the sense of the concept. It would be incorrect if we translate this term "Irritability" from English language into "التهيج المفرط" or "الطيش", also it would be incorrect if we use another strategy like Literal Translation. So, we used Equivalence that allows to render the exactly meaning in Arabic language.

Conclusion

To sum up, it can be concluded that terms and collocations in scientific texts are not translated the same from English into Arabic. Most of the time the structure of collocations that hold the same meaning changes from English into Arabic, and there are many translation procedures used in translating these terms and collocations for instance; transposition, literal translation, equivalence...etc, but the dominant procedures are literal translation and equivalence, and this is because most of the terms and most of the collocations found are related to the scientific field and should be kept the same so that it conveys the same meaning. Hence, the difference between the two languages, English and Arabic, create many lexical problems for the translator.

General conclusion

It was attempted through this work to investigate the problems and difficulties encountered by translators when attempting to translate terms related to depression from English into Arabic language. In addition, we tried to highlight the methods and strategies that are often used when dealing with such specialized field or terms.

This research was divided into two main parts, a theoretical and practical ones. In the first chapter of the theoretical part, we have explained what meant by Depression along with the definitions, types, causes, symptoms, and treatment. Then, we moved to Mindfulness and its history, definition, and how it can help people with depression.

The second chapter provided a general overview of terms related to depression in relation to specialized translation. It tried to present the methods and strategies adopted by the translators in translating these terms from English into Arabic.

In the practical part, we have translated a part of the book “The mindful way through depression” written by Mark Williams, John Teeasdale, Zindel Segal and John Kabat Zinn, this chapter attempted to analyse the form of terms and collocations related to depression, and the way they have been translated from English into Arabic.

The discussions of the 17 examples taken from the corpus have shown that translating this kind of terms is one of the challenges issues that translation has. Simply, terms related to depression are not like other translation words which can be easily found in dictionaries. Generally speaking, they occupy an important position in language studies, and the translators should have a scientific background to be able to translate this kind of scientific terms.

The translation of a part in the corpus “The mindful way through depression” , and the analysis of 17 examples taken from the same corpus showed that the translators may face some difficulties while translating terms related to depression from English into Arabic. But, by using the comparative stylistics approach of Vinay and Darbelnet they can overcome these difficulties.

These are the results of our dissertation:

- The main difficulties facing translators of terms related to depression are: Grammatical problems, lexical problems, and stylistic problems.

- Translating terms related to depression from English into Arabic requires: Specialist knowledge, careful work methods, linguistic skills, precision, stress resistance, and rendering the author's intended message using terms as close in meaning as possible.
- The comparative stylistics, as a translation approach, could provide translator some strategies and procedures to make a good translation such as: Borrowing, calque, literal translation....ect

We think we have answered, even partly, to the research problem set at the beginning of this dissertation. But, to know more about translating terms related to depression, we suggest the following topics to be handled by the coming translation students:

- Translation techniques of depression terms.
- Problems of finding linguistic equivalence when translating terms related to depression.
- Master students difficulties and strategies in translating terms related to depression.

Bibliography

John, T., Jon, K. Z., Mark, W., Zindel, S. (2007). *The Mindful Way Through Depression*. New York. London. As a corpus of this study.

Books:

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders* : fifth edition (DSM-5)

Al-Hassnawi, A. R. A. *Aspects of scientific Translation*. Retrieved on May 20, 2012 from:

<http://www.Translationdirectory.com>

Baker, M. (1988). *In Other Words. A course book on translation*. London. Routledge.

Baker, M. (1992). *In Other Words. A course book on translation*. London. Routledge Compact. Oxford English dictionary. 2011.

Beeston, A. F. L. (1970). *The Arabic Language Today*. London: Hutchinson University Library. Bernard, J. (2018). *Depression: a review of its Definition*. Venezuela.

Bell, R.T. (1991). *Translation and translating*. London and New York. Longman.

Bernard, J. (2018). *Depression: a review of its Definition*. Venezuela.

Borrill, J. (2000). *All about Depression*. Clinical research manager, mental health foundation .U.K office, London.

Bowden, G., Holltom, S., Shankar, R., Cooke, A., Kinderman, P., (2020). *Understanding Depression* .The British psychological society. U.K. : Andrew House

Bullit, J. (2005). *What is Theravada Buddhism?*

<http://www.accesstoinsight.org/lib/authors/bullitt/theravavada.html> Retrieved on January 27, 2008.

Burgess, W. (2009). *The Depression Answer Book : professional answers more than 275 critical questions about medication, therapy, support & more*. United States of America:

SourceBooks, INC.

Dickins, J. Harvy, S, and Higgars, I. (2002). *Thinking-Arabic Translation. A course in translation Method. Arabic to English*. London. Routledge.

Farghal, M. And Shunnaq, A. (1999). *Translation with Reference to English and Arabic*. Irbid: Dar Al-Hilal for Translation.

Germer, G. K., Seigel, R.D., & Fulton, P .R. (2005). *Mindfulness and Psychotherapy*. New York :Guilford press.

.Ghazala, H. (1995). *Translation as Problems and Solutions: A textbook for university students and trainee translators*, Beirut, Lebanon: Dar El. Ilm Lilmalayin.

Ghazala, H. (1995). *Translation as Problems and Solutions*. Malta: Elga publications.

Goleman, D. (1977). *The Varieties of meditative experience*. New York: Dutton

Grossman, P., Tiegenthaler-Gilmer, U., Raysz, A. &Kesper, U. (2007).*Mindfulness training as an intervention for fibromyalgia: Evidence of post intervention and 3-year follow-up benefits in well being* ,psychotherapy and psychosomatics, 76, 226-233.

Hanh, T.N. (1976). *The miracle of mindfulness: A manual for meditation*. Boston: Beacon Press.

Hashim, A. (1988). “*Mafhum altarib*”. Majalat majma-al lugha al arabiyya-vol 30: 34-38.

Harvard University Health Services Center for Wellness. (2009). *Meditation modalities*

Retrieved on 6/3/2009 from <http://www.cw.uhs.harvard.edu/tools/modalities.html>.

Horwitz, A.V. (2011). *Creating an age of Depression: The social construction and consequences of the major depression diagnosis*. Society and mental health.

Kabat -Zinn, J. (1990).*Full catastrophe living: Using the wisdom of your body and mind to face stress and pain*. New York :Rondom House.

Kabat-Zinn, J. (2003).Mindfulness –based interventions in context: past, present and future. *Clinical psychology: Science and practice*, 10(2), 144-156.

- Kruger, R. (2014). *Exploring the interface between Scientific and Technical translation and cognitive linguistics: The case of Explication and Implicitation* (Ph.D. thesis). University of Salford, Salford, UK..
- Mastna, E. (2010). *The nature of scientific/ trchnical texts from view point of translation studies* (Bachelor dissertation), Tomas Bata University, Zlin, Czech.
- Newmark, P. (1988). *A text book of translation*, Prentice Hall, Hertfordshire.
- Newmark, P. (1987). *A textbook of translation*. London and NewYork: Prentice Hall.
- Nida, E.A. (1964). *Towards a science of Translating*. Leiden: E. J.Brill.
- Norman, I. Ryrie, I. (2008) .*The art and science of mental health nursing: principles and press*.
- Slad, T., Johnston, A., Oakley Browne M.A., Andreus, G., & Whiteford H. (2009) .*National survey of mental health and wellbeing: methods and key findings: Austria*.
- Trosporg, A. *Text typology and translation*. John Benjamin's Publishing corp.
- University of Leicester, (n.d). Writing for science, Retrieved on January 31, 2019, from <https://www2.le.ac.uk/offices/Id/resources/writing-resources/science> at 22:51 pm.
- Vinay, J.P, and Darbenlet, J. (1995). *Comparative Stylistics of French and English: A methodology for translation*. Amsterdam/ Philadelphia John Benjamin's publishing company.
- .Retrieved on <http://www.who.int> /Health –topic depression //tab =tab.
- Yildiz, I.G. (2015). *Sample scientific texts analysis through text linguistic approach*. ELT Research Journal, 4(4), 255-265.
- Yowell, Y. A and Lataiwish, M. S. (2000) . *principles of Translation*. Libia: Dar Annahda Alarbiya.

Papers:

- Joos, M. (1962). *The five clocks*. International Journal of American Linguistics, 28,2pts (Bloomington).

Lotfaliany, M. (2019) *Variation in the prevalence of depression and patterns of association, sociodemographic and life style factors in community- dwelling older adults in six low and middle –income countries* .Journal of affective disorders;251:218-226.

Martin, J.R. (1997).*Mindfulness: a proposed common factor*. Journal of Psychotherapy.

World Health Organization .*Depression: Overview*

Web sites:

<http://www.cci.health.wa.gov.au> retrieved on 06/10/2022 at 10:30 pm.

www.nimh.nih.gov / perinataldepression retrieved on 02/06/2022 at 02:00 pm.

<http://moodgym.anu.edu.au> retrieved on 07/06/2022 at 10:00 am.

<http://www.webmd.com> retrieved on 26/07/2022 at 9:00 am.

English- Arabic Glossary

This bilingual glossary below comprises mainly all terms related to depression translation, which are relevant to this dissertation.

ST	TT
Antidepressant medications	ادوية مضادة للاكتئاب
Anxiety disorder	إضطرابات القلق
Anxious	قلق
Bipolar disorder	إضطراب ذو اتجاهين
Cognitive behaviour therapy	علاج السلوك المعرفي
Chronic pain	ألم مزمن
Chronic depression	تعاسة مزمنة
Depression	إكتئاب
Depressed	مكتئب
Dysphoric mood	مزاج مزعج
Dysthemia	إكتئاب
Electroconvulsive therapy	علاج بالصدمة الكهربائية
Fatigue	تعب
Hypomania	هوس خفيف
Hypothyroidism	قصور الغدة الدرقية
Hopeless	يأس
Irritability	عصبية
Light therapy	علاج ضوئي
Major depression	إكتئاب شديد

Mania	الهوس
Mental disorder	إضطراب عقلي
Mindfulness	تركيز كامل للذهن
Mood stabilizers	مثبتات المزاج
Mood shifts	تقلبات مزاجية
Negative thoughts	أفكار سلبية
Panic attach	نوبة ذعر
Pessimism	تشاؤم
Psychotherapy	علاج نفسي
Psychiatrist	طبيب نفسي
Postpartum depression	إكتئاب مابعد الولادة
Seasonal affective disorder	إضطرابات عاطفية موسمية
Self critical	نقد ذاتي
Stress	ضغط عصبي
Suicide	إنتحار
Tense up	توتر
Worn down	إرهاق

عربي- إنجليزي مسرد

يشتمل هذا المسرد ثنائي اللغة على جميع المصطلحات التي لها علاقة بالإكتئاب، والمتعلقة أيضا بهذا البحث.

اللغة الأصلية	اللغة الهدف
Antidepressant medications	أدوية مضادة للاكتئاب
Negative thoughts	أفكار سلبية
Chronic pain	ألم مزمن
Worn down	إرهاق
Anxiety disorder	اضطرابات القلق
Bipolar disorder	اضطراب ذو اتجاهين
Seasonal affective disorder	اضطرابات عاطفية موسمية
Mental disorder	اضطراب عقلي
Dysthemia	إكتئاب
Depression	إكتئاب
Major depression	إكتئاب شديد
Postpartum depression	إكتئاب مابعد الولادة
Suicide	إنتحار
Mindfulness	تركيز كامل للذهن
Pessimism	تشاؤم
Fatigue	تعب
Chronic depression	تعاسة مزمنة
Mood shifts	تقلبات مزاجية

Tense up	توتر
Psychiatrist	طبيب نفسي
Stress	ضغط عصبي
Irritability	عصبية
Cognitive behaviour therapy	علاج السلوك المعرفي
Electroconvulsive therapy	علاج بالصدمة الكهربائية
Light therapy	علاج ضوئي
Psychotherapy	علاج نفسي
Hypothyroidism	قصور الغدة الدرقية
Anxious	قلق
Mood stabilizers	مثبتات المزاج
Dysphoric mood	مزاج مزعج
Depressed	مكتئب
Self critical	نقد ذاتي
Panic attack	نوبة ذعر
Mania	هوس
Hypomania	هوس خفيف
Hopeless	يأس

Introduction

Tired of Feeling So Bad for So Long

DEPRESSION HURTS. IT'S THE "BLACK DOG" OF THE night that robs you of joy, the unquiet mind that keeps you awake. It's a noonday demon that only you can see, the darkness visible only to you.

If you've picked up this book, chances are you know these metaphors are no exaggeration. Anyone who has been visited by depression knows that it can cause debilitating anxiety, enormous personal dissatisfaction, and an empty feeling of despair. It can leave you feeling hopeless, listless, and worn down by the pervasive joylessness and disappointment associated with longing for a happiness never tasted.

Any of us would do anything not to feel that way. Yet, ironically, nothing we do seems to help . . . at least not for long. For the sad fact of the matter is that once you have been depressed, it tends to return, even if you have been feeling better for months. If this has happened to you, or if you can't seem to find lasting happiness, you may end up feeling that you are not good enough, that you are a failure. Your thoughts may go round and round as you try to find a deeper meaning, to understand once and for all why you feel so bad. If you can't come up with a satisfactory answer, you might feel even more empty and desperate. Ultimately, you may become convinced that there is something fundamentally wrong with you.

But what if there is nothing "wrong" with you at all?



المقدمة

تعبت من الشعور بالسوء لفترة طويلة

الاكتئاب مؤلم، كالكلب الأسود في الليل الذي يسلبك الفرح، إنه العقل القلق الذي يبقيك مستيقظاً. وشيطان الظهيرة الذي لا يراه غيرك، والظلام المرئي لك فقط.

إذا كنت قد التقطت هذا الكتاب، فمن المحتمل أنك تعرف أن هذه الأوصاف ليست مبالغة. يعرف أي شخص أصيب بالاكتئاب أنه بإمكانه أن يسبب قلقاً منهكاً، واستياء شخصياً هائلاً، وشعوراً فارغاً باليأس. يمكن أن يجعلك تشعر باليأس، والفتور، والإرهاق، وبسبب اليأس المنتشر والاضطراب المرتبط بالشوق إلى السعادة التي لم تتذوقها أبداً.

يجعلك تفعل أي شيء حتى لا تشعر بهذا الشعور، ومع ذلك، ومن المفارقات أنه لا شيء نفعله قادر على مساعدتنا، على الأقل ليس لفترة طويلة. الحقيقة المحزنة في الأمر أنه بمجرد إصابتك بالاكتئاب، فإنه يميل إلى العودة حتى لو كنت تشعر بالتحسن منذ شهور. إذا حدث لك هذا، أو إذا كنت لا تستطيع العثور على سعادة دائمة، فقد ينتهي بك الأمر بالشعور بأنك لست في حالة جيدة بما يكفي، وأنت فاشل. قد تدور أفكارك حولك وأنت تحاول العثور على معنى أعمق، لفهم مرة واحدة وإلى الأبد لماذا تشعر بالسوء الشديد. إذا لم تتمكن من الوصول إلى إجابة مرضية، فهذا يجعلك تشعر بمزيد من الفراغ والقصر. وفي النهاية، قد تصبح مقتنعا بوجود خطأ جوهري فيك.

ولكن ماذا لو لم يكن هناك أي شيء "خطأ" معك على الإطلاق؟

What if, like virtually everybody else who suffers repeatedly from depression, you have become a victim of your own very sensible, even heroic, efforts to free yourself—like someone pulled even deeper into quicksand by the struggling intended to get you out?

We wrote this book to help you understand how this happens and what you can do about it, by sharing recent scientific discoveries that have given us a radically new understanding of what feeds depression or chronic unhappiness:

- At the very earliest stages in which mood starts to spiral downward, it is not the mood that does the damage, but how we react to it.
- Our habitual efforts to extricate ourselves, far from freeing us, actually keep us locked in the pain we're trying to escape.

In other words, nothing we *do* when we start to go down seems to help because trying to get rid of depression in the usual problem-solving way, trying to “fix” what’s “wrong” with us, just digs us in deeper. The 3:00 A.M. obsessing over the state of our lives . . . the self-criticism for our “weakness” when we feel ourselves slipping into sadness . . . the desperate attempts to talk our hearts and bodies out of feeling the way they do—all are mental gyrations that lead nowhere but farther down. Anyone who has tossed and turned night after sleepless night or been distracted from everything else in life by endless brooding knows well how fruitless these efforts are. Yet we also know how easy it is to get trapped in these habits of the mind.

In the following pages and in the accompanying CD we offer a series of practices that you can incorporate into your daily life to free you from the mental habits that keep you mired in unhappiness. This program, known as mindfulness-based cognitive therapy (MBCT), brings together the latest understandings of modern science and forms of meditation that have been shown to be clinically effective within mainstream medicine and psychology. The novel yet potent synthesis of these different ways of knowing the mind and the body can help you make a radical shift in your relationship to negative thoughts and feel-

ترجمة الصفحة (2):

المقدمة

ماذا لو أصبحت ضحية لجهودك المعقولة للغاية، وحتى البطولية مثل أي شيء آخر يعاني من الاكتئاب بشكل متكرر ويحاول تحرير نفسه، أو مثل شخص انجرّ إلى أعماق الرمال المتحركة من خلال الكفاح الذي يهدف إلى إخراجه؟

كتب هذا الكتاب لمساعدتك على فهم كيفية حدوث ذلك، وما يمكنك فعله حيال ذلك، من خلال مشاركة الاكتشافات العلمية الحديثة التي منحتنا فهما جديدا لما يغذي الاكتئاب أو التعاسة المزمنة:

- في المراحل المبكرة جدًا التي يبدأ فيها المزاج بالانهيار. كيف نتفاعل مع هذا المزاج رغم أنه ليس من يسبب الضرر؟
- جهودنا المعتادة لتخليص أنفسنا، بعيدا عن تحريرنا، تجعلنا في الواقع محبوسين في الألم الذي نحاول الهروب منه.

وبعبارة أخرى، لا شيء نفعله عندما نبدأ في الانهيار سيساعد، لأنّ محاولة التخلّص من الاكتئاب بالطريقة المعتادة لحلّ المشاكل ومحاولة "إصلاح" ما هو "خطأ" لدينا، قد يغوصنا في العمق. والساعة 3:00 صباحا هاجس على حياتنا، والنقد الذاتي لـ"ضعفنا" عندما نشعر بأننا ننزلق إلى الحزن. المحاولات اليائسة للتحدّث عن قلوبنا وأجسادنا بعيدا عن الشّعور بالطريقة التي يفعلونها، كلّها تقلّبات عقلية لا تؤدي إلى أيّ مكان بل إلى الأسفل. أيّ شخص يقذف ويتحوّل ليلة بعد ليلة بلا نوم أو يشنّت انتباهه عن كلّ شيء آخر في الحياة بفعل الحضانة اللانهائية، يعرف جيّدا مدى عقم هذه الجهود. ومع ذلك، فإننا نعلم أيضا مدى سهولة الوقوع في هذه العادات الذهنية.

في الصفحات التالية وفي القرص المضغوط المصاحب، نقدّم مجموعة من الممارسات التي يمكنك دمجها في حياتك اليومية لتحريرك من العادات العقلية التي تجعلك غارقا في التعاسة. يجمع هذا البرنامج، المعروف باسم العلاج المعرفي القائم على الذهن (MBCT)، أحدث مفاهيم العلم الحديث وأشكال التأمل التي تثبت أنها فعّالة إكلينيكيًا في الطبّ وعلم النفس السائد. يمكن أن يساعد التأليف الجديد والفعال لهذه الطرق المختلفة لمعرفة العقل والجسد في إحداث تحوّل جذري في علاقتك بالأفكار والمشاعر السلبية.

ings. Through this shift, you can find a way to break out of the downward spiral of mood so that it does not become depression. *Our research has shown that the program outlined in this book can cut the risk of relapse by half in those who have had three or more episodes of depression.*

The women and men who took part in our studies had all suffered repeated bouts of clinical depression. But you don't have to have been officially diagnosed with depression to derive significant benefit from this book. Many people who suffer the hopelessness and pain associated with depression never seek professional help, but they still know they've been imprisoned by a chronic unhappiness that subsumes large stretches of their lives. If you've felt yourself repeatedly floundering in the quicksand of despair, inertia, and sadness, our hope is that you will discover in this book and the accompanying CD something of potentially enormous value that can help you free yourself from the downward pull of low mood and bring a robust and genuine happiness into your life.

Exactly how you will experience the profoundly healthy shift in your relationship to negative moods and what will unfold for you in its aftermath are difficult to predict because they are different for everyone. The only way anyone can really know what benefits such an approach offers is to suspend judgment temporarily and engage in the process wholeheartedly over an extended period of time—in this case for eight weeks—and see what happens. This is exactly what we ask of the participants in our programs. To deepen the process and make it more real, we have included the accompanying CD that guides you carefully and with precision in the meditative practices described in the book.

Along with the meditative practices, we will be encouraging you to experiment with cultivating attitudes of patience, compassion for yourself, open-mindedness, and gentle persistence. These qualities can aid in freeing you from the “gravitational pull” of depression by reminding you in key ways of what science has now shown: it is actually okay to stop trying to *solve* the problem of feeling bad. In fact it is wise because our habitual ways of solving problems almost invariably wind up making things worse.

ترجمة الصفحة (3):

المقدمة

يمكنك أن تجد طريقة للخروج من دوامة المزاج السّفليّة حتّى لا تتحوّل إلى اكتئاب من خلال هذا التّحوّل. أظهر بحثنا أنّ البرنامج الموضّح في هذا الكتاب يمكن أن يقلّل خطر الانتكاس بمقدار النّصف لدى أولئك الذين عانوا من خلال ثلاث نوبات أو أكثر من الاكتئاب.

لقد عانى جميع الرّجال والنّساء الذين شاركوا في دراستنا من نوبات متكرّرة من الاكتئاب المرضي. لكن ليس من الضروري أن تكون قد تمّ تشخيص إصابتك بالاكتئاب بشكل رسمي، للاستفادة من هذا الكتاب. كثير من الأشخاص الذين يعانون من اليأس والألم المرتبطين بالاكتئاب، لا يطلبون المساعدة المهنيّة أبداً، لكنهم مازالوا يعرفون أنّهم سُجنوا بسبب التّعاسة المزمنة التي تستوعب فترات طويلة من حياتهم. إذا شعرت أنّك تتخبّط مراراً وتكراراً في رمال اليأس والجمود والحزن، نأمل أن تكتشف في هذا الكتاب والقرص المضغوط المصاحب شيئاً ذا قيمة هائلة يمكن أن تساعدك على تحرير نفسك من السّحب السّفلي للمزاج المتدنّي، وجلب السّعادة القويّة والحقيقيّة إلى حياتك.

من الصّعب التّنبؤ بالكيفيّة التي ستختبر بها التّحوّل الصّحي العميق في علاقتك بالمزاج السّلبّي، وما سيحدث لك في أعقاب ذلك لأنّهما مختلفان بالنّسبة لكلّ واحد. الطّريقة الوحيدة التي يمكن لأيّ شخص أن يعرف بها حقاً الفوائد التي يقدّمها مثل هذا البرنامج هي تعليم الحكم مؤقتاً، والانخراط في العمليّة بإخلاص على مدار فترة زمنيّة طويلة في هذه الحالة لمدة ثمانية أسابيع ومعرفة ما سيحدث. هذا هو بالضبط ما نطلبه من المشاركين في برامجنا، لتعميق العمليّة وجعلها أكثر واقعيّة، قمنا بتضمين القرص المضغوط المصاحب الذي يرشدك بعناية وبدقّة في الممارسات التأمليّة الموضّحة في الكتاب.

إلى جانب الممارسات التأمليّة، سنشجّعك على تجربة تنمية مواقف الصّبر والتّعاطف مع نفسك والعقليّة المنفتحة والمثابرة اللّطيفة. يمكن أن تساعد هذه الصّفحات في تحريرك من "جاذبيّة" الاكتئاب من خلال إعادة التّفكير في الطّرق الرّئيسيّة لما أظهره العلم الآن: من الجيّد في الواقع التّوقّف عن محاولة حلّ مشكلة الشّعور بالسّوء. ففي الواقع هذا أمر حكيم لأنّ طرقنا المعتادة في حلّ المشكلات تقريبا تنتهي دائماً بجعل الأمر أسوأ.

As scientists and clinicians we came to a new understanding of what is and what is not effective in dealing with repeated depression by a somewhat circuitous route. Until the early 1970s, scientists had concentrated on finding effective treatments for acute depression—for that devastating first episode often triggered by a catastrophic event in one's life. They found them in the form of antidepressant medications, which remain enormously helpful in treating depression for many people. Then came the discovery that depression, once treated, often returns—and becomes more and more likely to recur the more often it is experienced. This changed our entire concept of depression and chronic unhappiness.

It turned out that antidepressant medications “fixed” depression, but only as long as people kept taking them. When they stopped, depression came back, even if not until months later. Neither patients nor doctors liked the idea of anyone taking lifelong medicine to keep the specter of depression from the door. So in the early 1990s we (Zindel Segal, Mark Williams, and John Teasdale) started exploring the possibility of developing an entirely new approach.

First, we set to work to discover what keeps depression coming back: what makes the quicksand more treacherous with every encounter. It turns out that every time a person gets depressed, the connections in the brain between mood, thoughts, the body, and behavior get stronger, making it easier for depression to be triggered again.

Next we started exploring what could be done about this ongoing risk. We knew that a psychological treatment called *cognitive therapy* had proven effective for acute depression and protected many people against relapse. But no one knew for sure how it worked. We needed to find out—not just out of theoretical interest but because the answer had huge practical implications.

Until that time, all therapies, both antidepressant medication and cognitive therapy, were prescribed to people only once they were already depressed. We reasoned that if we could identify the critical ingredient in cognitive therapy, we might be able to teach those skills to people *when they were well*. Rather than waiting for the catastrophe of the next episode to happen, we could, we hoped, train people to use

ترجمة الصفحة (4):

المقدمة

توصلنا كعلماء وأطباء إلى فهم جديد لما هو فعال وما هو غير فعال في التعامل مع الاكتئاب المتكرر بطريقة ملتوية إلى حد ما. حتى أوائل سبعينات القرن الماضي، كان العلماء يركزون على إيجاد علاجات فعالة للاكتئاب الحاد لتلك الحلقة الأولى المدمرة التي غالبا ما تنجم عن حدث كارثي في حياة المرء. لقد وجدوها في شكل أدوية مضادة للاكتئاب. والتي تظل مفيدة للغاية في علاج الاكتئاب لعدد من الناس. ثم جاء اكتشاف بأن الاكتئاب بمجرد علاجه غالبا ما يعود ويصبح أكثر عرضة للتكرار كلما مررت به كثيرا. لقد غير هذا مفهومنا الكامل عن الاكتئاب والتعاسة المزمنة.

اتضح أن الأدوية المضادة للاكتئاب "مثبتة" للاكتئاب، ولكن فقط طالما استمر الناس في تناولها. عندما أوقفوها عاد الضغط، حتى إن لم يعد بعد توقيف الدواء مباشرة فسيعود حتما بعد شهور، لم يحب المرضى ولا الأطباء فكرة تناول أي شخص دواء مدى الحياة لإبعاد شبح الاكتئاب عن الباب. لذلك في أوائل التسعينات بدأنا (زيندل سيجال، ومارك ويليامز، وجون تيسدال) في استكشاف إمكانية تطوير نهج جديد تماما.

أولا بدأنا العمل لاكتشاف ما الذي يحافظ على عودة الاكتئاب، ما الذي يجعل الرمال المتحركة أكثر غدرا مع كل مواجهة.

اتضح أنه في كل مرة يصاب فيها الشخص بالاكتئاب، تزداد الروابط في الدماغ بين الحالة المزاجية والأفكار والجسم والسلوك أقوى، مما يجعل من الأسهل تحفيز الاكتئاب مرة أخرى.

بعد ذلك، بدأنا في استكشاف ما يمكن فعله بشأن هذه المخاطر المستمرة. علمنا أن العلاج النفسي المسمى العلاج المعرفي قد أثبت فعاليته في علاج الاكتئاب الحاد وحماية العديد من الأشخاص من الانتكاس. لكن لا أحد يعرف على وجه اليقين كيف يعمل، كنا بحاجة لمعرفة ذلك ليس فقط من باب الاهتمام النظري ولكن لأن الإجابة لها آثار عملية ضخمة.

حتى ذلك الوقت، تم وصف جميع العلاجات، سواء الأدوية المضادة للاكتئاب أو العلاج المعرفي توصف للناس فقط بمجرد أن يكونوا جاهزين للاكتئاب. لقد استنتجنا أنه إذا تمكنا من تحديد الأهمية من تحديد الأهمية الحاسمة في العلاج المعرفي، فقد نتكّن من تعليم هذه المهارات للأشخاص عندما يكونون بصحة جيدة، إضافة إلى ذلك نأمل على تدريب الناس على استخدامها بدلا من انتظار حدوث كارثة الحلقة القادمة.

these skills to nip it in the bud and prevent it from happening altogether.

Curiously enough, our individual lines of research and inquiry ultimately led us to examine the clinical use of meditative practices oriented toward cultivating a particular form of awareness, known as *mindfulness*, which originated in the wisdom traditions of Asia. These practices, which have been part of Buddhist culture for millennia, had been honed and refined for use in a modern medical setting by Jon Kabat-Zinn and his colleagues at the University of Massachusetts Medical School. Dr. Kabat-Zinn had founded a stress-reduction program there in 1979, now known as MBSR, or *mindfulness-based stress reduction*, which is anchored in mindfulness meditation practices and their applications to stress, pain, and chronic illness. Mindfulness could also be described as “heartfulness” because it is really about a compassionate awareness. MBSR has proved to be enormously empowering for patients with chronic diseases and debilitating conditions, as well as for psychological problems such as anxiety and panic. These benefits could be seen not only in changes in the way people felt, thought, and behaved, but also in changes in the patterns of brain activity that we know underlie negative emotions.

Despite some initial skepticism about what our colleagues and patients might say if we suggested we were considering meditation as a preventive approach to depression, we decided to take a closer look. We soon discovered that the combination of Western cognitive science and Eastern practices was just what is needed to break the cycle of recurrent depression, in which we tend to go over and over what went wrong or how things are not the way we want them to be.

When depression starts to pull us down, we often react, for very understandable reasons, by trying to get rid of our feelings by suppressing them or by trying to think our way out of them. In the process we dredge up past regrets and conjure up future worries. In our heads, we try out this solution and that solution, and it doesn’t take long for us to start feeling bad for failing to come up with a way to alleviate the painful emotions we’re feeling. We get lost in comparisons of where we are versus where we want to be, soon living almost entirely in our heads.

ترجمة الصفحة (5):

المقدمة

من الغريب أنّ خطوط البحث والاستفسار الفردية لدينا دفعتنا في الوقت المناسب إلى دراسة الاستخدام المرضي للممارسات التأملية أو التي تهدف إلى تنمية شكل معين من الوعي، المعروف باسم اليقظة والذي نشأ في تقاليد الحكمة في آسيا. هذه الممارسات التي كانت جزءاً من الثقافة البوذية لآلاف السنين، تمّ صقلها لاستخدامها في بيئة طبية حديثة بواسطة "جون كابات زين" وزملائه في كلية الطب بجامعة "ماساتشوستس". كان الدكتور "كابات زين" قد أسس برنامجاً للحدّ من التوتّر هناك في عام 1979، ويعرف الآن بالحدّ من التوتّر القائم على اليقظة أو التقليل منه، والذي يركز على ممارسات التأمل الذهني وتطبيقاتها للتوتّر والألم والأمراض المزمنة. يمكن أيضاً وصف اليقظة بـ"طبية القلب" لأنها حقاً تتعلّق بالوعي الرحيم. أثبت برنامج MBSR يعني الحدّ من التوتّر القائم على اليقظة أنّه يمكن المرضى الذين يعانون من أمراض مزمنة وحالات منهكة، وكذلك للمشاكل النفسية مثل القلق والذعر، يمكن رؤية هذه الفوائد ليس فقط في التغيرات في الطريقة التي يشعر بها الناس وكيف يفكرون ويتحمّلون، ولكن أيضاً في التغيرات في أنماط نشاط الدماغ التي نعرف أنّها تكمن وراء المشاعر السلبية.

على الرغم من بعض الشكوك الأولية حول ما قد يقوله زملائنا ومستخدمونا إذا اقترحنا أنّنا نفكر في التأمل باعتباره نهجاً وقائياً للاكتئاب، فقد قررنا إلقاء نظرة فاحصة وسرعان ما كشفنا أنّ الجمع بين العلوم المعرفية الغربية والممارسات الشرقية كانت فقط ما هو مطلوب لكسر حلقة الاكتئاب المتكرر، الذي تميل فيه إلى تجاوز الخطأ الذي حدث أو كيف أنّ الأمور ليست بالطريقة التي نريدها أن تكون.

عندما يبدأ الاكتئاب في إجهادنا غالباً ما نتفاعل، وهذا لأسباب مفهومة للغاية، من خلال محاولة التخلّص من مشاعرنا عن طريق قمعها أو بمحاولة التفكير في طريقنا للخروج منها، في هذه العملية نخرج ندم الماضي واستحضار مخاوف المستقبل، في أذهاننا نجرب مختلف الحلول، ولن يستغرق الأمر وقتاً طويلاً حتى نبدأ في الشعور بالسوء لفشلنا في التوصل إلى طريقة للتخفيف من مشاعر الألم التي نشعر بها. نضيع في المقارنات بين ما نحن فيه مقابل المكان الذي نريد أن نكون فيه، وسرعان ما يعيش بالكامل تقريباً في رؤوسنا.

We become preoccupied. We lose touch with the world, with the people around us, even with those we most love and those who most love us. We deny ourselves the rich input of the full experience of living. It's no wonder that we get discouraged and may wind up feeling that there is nothing we can do. But this is exactly where compassionate meditative awareness can play a huge role.

HOW TO MAKE THE BEST USE OF THIS BOOK

The mindfulness practices taught in this book can help you take a wholly different approach to the endless cycles of mental strategizing that increase your risk of getting depressed. In fact, they can help you disengage from this entire pattern of mental activity. Cultivating mindfulness can help you let go both of past regrets and worries about the future. It increases mental flexibility so that new options open up to you when the moment before you may have felt there was nothing you could do. The practice of mindfulness can prevent the normal unhappiness we all experience from spiraling down into depression. It does so by helping us get back in touch with the full range of our inner and outer resources for learning, growing, and healing, resources we may not even believe we have.

One vital inner resource we often ignore or take completely for granted, whether depressed or not, is the body itself. When we get lost in our thoughts and try to jettison our feelings, we pay very little attention to the physical sensations from our bodies. Yet those sensations within the body give us immediate feedback about what's going on in our emotional and mental state. They can give us valuable information in our quest to free ourselves from depression, and focusing on them not only keeps us out of the mental trap of leaning into the future or getting stuck in the past but can also transform the emotion itself. Part I of this book examines how the mind, body, and emotions work together to compound and sustain depression and what this view emerging from cutting-edge research tells us about how to break out of this vicious cycle. It brings into sharp relief how we are all prey to habit-

ترجمة الصفحة (6):

المقدمة

أصبحنا منشغلين، وفقدنا الاتصال بالعالم مع الأشخاص المحيطين بنا، حتّى أولئك الذين نحبه كثيرًا والذين يحبوننا، نحن نحرم أنفسنا من الدخيلات الغنيّة لتجربة الحياة الكاملة. لا عجب أنّنا نشعر بالإحباط وقد ينتهي بنا الأمر إلى الشعور بأنّه لا يوجد شيء يمكننا القيام به. ولكن هذا هو بالضبط المكان الذي يمكن أن يلعب فيه الوعي الطّبي الرّحيم دورا كبيرا.

كيفية الاستفادة من هذا الكتاب على أفضل وجه

يمكن أن تساعدك ممارسات اليقظة التي يتم تدريسها في هذا الكتاب على اتّباع نهج مختلف تماما للدّورات التي لا نهاية لها من التّخطيط الدّهني التي تزيد من خطر إصابتك بالاكتئاب. في الواقع يمكنهم مساعدتك على الانسحاب من هذا النمط الكامل من النّشاط العقلي. يمكن أن تساعدك تنمية اليقظة الدّهنية على التّخلي عن نم الماضي ومخاوفك بشأن المستقبل. إنّّه يزيد من المرونة العقلية بحيث تتفتح لك الخيارات الجديدة عندما تشعر في اللحظة السابقة أنّه لا يوجد شيء يمكنك القيام به. يمكن لممارسة اليقظة أن تمنع السّعادة الطّبيعية التي نشعر بها جميعا من الانحدار إلى الاكتئاب. إنّّه يفعل ذلك من خلال مساعدتنا على إعادة الاتّصال بمجموعة كاملة من مواردنا الدّاخليّة والخارجيّة للتّعلّم، والنّمو والشّفاء، والموارد التي قد لا نعتقد أنّنا نملكها.

أحد الموارد الدّاخلية الحيوية التي غالبا ما نتجاهلها أو نأخذها تماما. سواءا أكان مكتنبا أم لا، هو الجسد نفسه. عندما نضيع في أفكارنا ونحاول التّخلّص من مشاعرنا، فإنّنا نولي القليل من الاهتمام للأحاسيس الجسديّة من أجسامنا. ومع ذلك فإنّ تلك الأحاسيس داخل الجسم تعطينا ردود فعل فوريّة حول ما يحدث في حالتنا العاطفيّة والعقليّة. يمكنهم تزويدنا بمعلومات قيّمة في سعيّنا لتحرير أنفسنا من الاكتئاب، والتركيز عليهم لا يبعدنا فقط عن الفخ العقلي المتمثّل في الميل إلى المستقبل أو الوقوع في الماضي، بل يمكنه أيضا تغيير المشاعر نفسها. يبحث الجزء الأوّل من هذا الكتاب في كيفية عمل العقل والجسد والعواطف للوصول إلى الاكتئاب وإدامته، وما ينبثق عن هذا الرّأي من الأبحاث المتطوّرة التي تخبرنا عن كيفية الخروج من هذه الحلقة المفرغة. إنّّه يبرز بوضوح كيف أنّنا جميعا فريسة للعادة

driven patterns—of thinking, feeling, and doing—that curtail the joy inherent in living and our sense of possibilities. It makes the case that there is an unsuspected power in inhabiting the moment you're living in right now with full awareness.

Logic and the knowledge of the latest research findings can be persuasive, but they are not necessarily of practical use in and of themselves, in part because they tend to speak only to the head through thought and reasoning. So Part II invites you to experience for yourself what any of us may be missing when we get totally caught up and lost in our mental gyrations, aimed at “fixing” our state of unhappiness, and lose touch with other aspects of our being and our intelligence, including the power of mindfulness. At this point it may be just an abstraction, another concept, to contemplate what it might mean to cultivate mindfulness of your own mind, body, and emotions. That is why this section is designed to help you develop your own practice of mindfulness and see for yourself how profoundly transforming and liberating it may be.

Part III will help you refine your practice and bring it to bear on the negative thoughts, feelings, physical sensations, and behaviors that come together to create the spiral that can change unhappiness into depression.

Part IV brings everything together into one unified strategy for living more fully and more effectively in the face of all of life's challenges and, in particular, the specter of recurrent depression. We share stories of people who have grown and changed by engaging in the mindfulness practices in the face of their histories of depression, and we offer a systematic and easy-to-implement eight-week program for putting together all the elements and practices described in the book in a practical way. It is our hope that reading the book and engaging in the practices themselves will put you in touch with your inherent capacity for both wisdom and healing in the most practical and doable of ways.

There are multiple ways to derive benefit from this approach. There is no need to commit yourself right off the bat to doing the whole eight-week program, although the benefits of doing so could be

ترجمة الصفحة (7):

المقدمة

أنماط مدفوعة من التفكير والشعور والقيام بذلك تقلل من الفرح المتأصل في الحياة وإحساسنا بالإمكانات. إنه يوضح أن هناك قوة غير متوقعة في العيش في اللحظة التي نعيش فيها الآن بوعي كامل.

يمكن أن يكون المنطق والمعرفة بأحدث نتائج الأبحاث مقنعين، لكنهما ليسا بالضرورة استخداما عمليا في ذواتهم، ويرجع ذلك جزئيا إلى أنهم يميلون إلى التحدث فقط إلى الرأس من خلال الفكر والمنطق. لذا يدعوك الجزء الثاني للتجربة بنفسك ما قد يفقده أي منا عندما ننشغل تماما ونضيع في تحولاتنا العقلية، والتي تهدف إلى "إصلاح" حالة تعاستنا، ونفقد الاتصال بالجوانب الأخرى لكياننا ووجودنا وذكائنا بما في ذلك قوة اليقظة. في هذه المرحلة قد يكون مجرد امتناع، وبمفهوم آخر أن تفكر في ما قد يعنيه تنمية اليقظة الذهنية لعقلك وجسدك وعواطفك. هذا هو السبب في أن هذا القسم مصمم لمساعدتك على تطوير ممارستك الخاصة في التفكير اليقظ وترى بنفسك مدى العمق الذي يمكن أن تتحول إليه وتحرره.

سيساعدك الجزء الثالث على تحسين ممارستك وجعلها تؤثر على الأفكار السلبيّة والمشاعر والأحاسيس الجسدية والسلوكيات التي تتجمع معا لتكوين دوامة يمكن أن تحول التعاسة إلى اكتئاب.

يجمع الجزء الرابع كل شيء معا في استراتيجية واحدة موحدة للعيش بشكل كامل وأكثر فاعلية في مواجهة كل تحديات الحياة، وعلى وجه الخصوص، شبح الاكتئاب المتكرر. نشارك قصص الأشخاص الذين نموا وتغيروا من خلال الانخراط في ممارسات اليقظة في مواجهة تاريخهم من الاكتئاب، ونقدم برنامجا منهجيا وسهل التنفيذ لمدة ثمانية أسابيع لتجميع جميع العناصر والممارسات الموضحة في الكتاب بطريقة عملية. نأمل أن يجعلك هذا الكتاب، والقيام بالممارسات المذكورة فيه على القدرة الكامنة في كل من الحكمة والشفاء بأكثر الطرق عملية وقابلة للتنفيذ.

هناك طرق متعددة للاستفادة من هذا النهج. وليست هناك حاجة إلى إلزام نفسك فورا بالقيام ببرنامج الأسابيع الثمانية بالكامل، على الرغم من أن فوائد القيام بذلك يمكن أن تكون

enormous when the time is right for that kind of commitment. In fact, you don't even have to have a specific problem with depression to benefit profoundly from engaging in one or more of the mindfulness practices described here. The habitual and automatic patterns of mind we will be examining afflict virtually all of us until we learn to come to grips with them. You may want simply to learn more about your mind and your interior emotional landscape. Or, in doing so, you may be naturally drawn by your own curiosity to experiment with some of the mindfulness practices, perhaps starting with those in Part II. This, in turn, may motivate you to launch yourself wholeheartedly into the 8-week program and see what happens.

Two words of caution before we go further. *First, the various meditative practices that we describe often take some time to reveal their full potential.* That is why they are called "practices." They require revisiting, returning to them over and over again with a spirit of openness and curiosity rather than forcing some outcome that you feel is important to justify your investment of time and energy. This is really a new kind of learning for most of us, but one that is well worth experimenting with. Everything we cover here is meant to support you in your efforts.

Second, it may be wise not to undertake the entire program while in the midst of an episode of clinical depression. Current evidence suggests that it may be prudent to wait until you have gotten the necessary help in climbing out of the depths and are able to approach this new way of working with your thoughts and feelings, with your mind and spirit unburdened by the crushing weight of acute depression.

Whatever your starting point, we encourage you to practice the exercises and meditations described here and on the CD with a combination of patience, self-compassion, persistence, and open-mindedness. We invite you to let go of the tendency we all have to try to force things to be a certain way and instead work with allowing them to be as they actually already are in each moment. As best you can, simply trust in your fundamental capacity for learning, growing, and healing as we go along through this process—and engage in the practices as if your life depended on them, which in many ways, literally and metaphorically, it surely does. The rest takes care of itself.

ترجمة الصفحة (8):

المقدمة

هائلة عندما يحين الوقت المناسب لهذا النوع من الالتزام. في الواقع ليس عليك حتى أن تكون لديك مشكلة معينة مع الاكتئاب للاستفادة بشكل عميق من الانخراط في واحد أو أكثر من ممارسات اليقظة الموصوفة هنا. سوف نختبر الأنماط الذهنية المعتادة والتلقائية التي نبثلي بها جميعا تقريبا حتى نتعلم كيف نتعامل معها. قد ترغب ببساطة في معرفة المزيد عن عقلك والمشهد العاطفي الداخلي الخاص بك. أو عند القيام بذلك، قد تنجذب بشكل طبيعي إلى فضولك لتجربة بعض ممارسات اليقظة الذهنية، وربما تبدأ بتلك الموجودة في الجزء الثاني. وهذا بدوره قد يحفزك على الانطلاق بإخلاص في برنامج الأسابيع الثمانية ومعرفة ما سيحدث.

نصيحتين قبل أن تذهب أبعد من ذلك، أولاً، غالباً ما تستغرق الممارسات التأملية المختلفة التي نصفها بعض الوقت للكشف عن فعاليتها الكاملة. هذا هو السبب في أنها تسمى "ممارسات". إنها تتطلب إعادة النظر، وإعادة الرجوع إليها مرار وتكراراً بروح من الانفتاح والفضول بدلاً من فرض بعض النتائج التي تشعر أنها مهمة لتبرير استثمارك للوقت والطاقة. هذا حقاً نوع جديد من التعلم بالنسبة لمعظمنا، ولكنه نوع يستحق التجربة. كل ما نغطيه هنا يهدف إلى دعم جهودك.

ثانياً، قد يكون من الحكمة عدم تنفيذ البرنامج بأكمله أثناء وجودك في خضم نوبة اكتئاب مرضي. تشير الأدلة الحالية إلى أنه قد يكون من الحكمة الانتظار حتى تحصل على المساعدة اللازمة في التسلق من الأعماق وتكون قادراً على الاقتراب من هذه الطريقة الجديدة في العمل بأفكارك ومشاعرك، مع عقلك وروحك غير مثقلة بالوزن الساحق للاكتئاب الحاد.

مهما كانت نقطة البداية، فإننا نشجعك على ممارسة التمارين والتأملات الموصوفة هنا وعلى القرص المضغوط، تجمع بين الصبر والتعاطف مع الذات والمثابرة والانفتاح. ندعوك للتخلي عن الاتجاه الذي يتعين علينا جميعاً محاولة إجبار الأشياء على أن تكون بطريقة معينة والعمل بدلاً من ذلك على السماح لها بأن تكون كما هي بالفعل في كل لحظة، بأفضل ما يمكنك، ببساطة ثق بقدرتك الأساسية على التعلم والنمو والشفاء بينما نواصل هذه العملية وننخرط في الممارسات كما لو حياتك تعتمد عليها، والتي تفعل أكيد من نواحي كثيرة، وهذا بالمعنى الحرفي والمجازي. والباقي يعتني بنفسه.

PART I



Mind, Body, and Emotion

الجزء الأول:

العقل، الجسد، والعاطفة.

ONE



“Oh No, Here I Go Again” Why Unhappiness Won’t Let Go

ALICE TOSSED AND TURNED. SHE COULDN’T SLEEP. It was 3:00 in the morning, and she’d awakened with a jolt two hours earlier, her mind instantly buzzing with a rerun of the afternoon meeting with her supervisor. This time, though, there was a commentator. It was her own voice, chiding her with shrill questions:

“*Why* did I have to put it *that* way? I sounded like an idiot. What did he mean by ‘satisfactory’—okay, but not nearly good enough for a raise? Kristin’s department? What do they have to do with the project? That’s *my* territory . . . at least for now. Is that what he meant by evaluating how things go? He’s planning to put someone else in charge, isn’t he? I *knew* my work wasn’t good enough—not for a raise and maybe not even to keep my job. If only I’d seen it coming. . . .”

Alice couldn’t get back to sleep. By the time her alarm went off, her thoughts had moved on, from the hopelessness of her position at work to the dire straits she and the children would be in once she was out looking for a job again. As she wrenched her aching body out of bed and struggled toward the bathroom, she was already picturing herself being rejected by one new prospective employer after another.

"أوه لا، ها أنا ذا مرة أخرى" لماذا لا تتركني التعاسة

كانت الساعة 3:00 صباحا ولم تستطع النوم، تنحسر وتتقلب، وقد استيقظت على هزة قبل ساعتين، وكان عقلها يدق على الفور مع إعادة لقاء بعد الظهر مع مشرفها. ولكن هذه المرة كان هناك معلق وقد كان صوتها وهو يوبّخها بأسئلة حادة:

"لماذا كان عليّ أن أصف الأمر بهذه الطريقة؟ بدوت أحمق. وماذا كان يقصد بكلمة "مرض" حسنا، ولكن ليس جيّدا بما يكفي للحصول على زيادة؟ فرع كريستن؟ ماعلاقتهم بالمشروع؟ هذه منطقتنا... على الأقل في الوقت الحالي. هل هذا ما قصده بتقييم كيف تسير الأمور؟ إنه يخطّط لتعيين شخص آخر في المسؤولية، أليس كذلك؟ كنت أعرف لم يكن عملي جيّدا بما يكفي. ليس فقط من أجل الزيادة في الراتب وربما حتى للحفاظ على وظيفتي. فقط لو رأيت ذلك قادمًا..."

لم تستطع أليس العودة إلى النوم. بحلول الوقت الذي انطلق فيه جرس الإنذار، كانت أفكارها قد انتقلت، من يأسها في العمل إلى الضيق الشديد الذي كانت ستعيشه مع الأطفال بمجرد خروجها للبحث عن وظيفة مرة أخرى. بينما كانت تنتزع جسدها المؤلم من السرير وتكافح نحو الحمام، كانت تتخيل نفسها يتم رفضها من قبل صاحب عمل جديد محتمل بعد آخر.

"I can't blame them. I just can't understand why I feel so down so often. Why do I get so overwhelmed by everything? Everyone else seems to manage fine. I obviously don't have what it takes to cope with both a job and a home. What was it that he said about me?"

The tape loop in her head started over again.

Jim hadn't had any trouble sleeping. In fact, he just seemed to have a hard time being awake. There he was again, sitting in his car in the office parking lot, feeling the sheer weight of the day pinning him to his seat. His whole body felt leaden. It was all he could do just to unlatch his seat belt. And still he sat, immobile, stuck, unable to grab the door handle and just go to work.

Maybe if he mentally ran through his schedule for the day . . . that always got him moving, started the ball rolling. But not today. Every appointment, every meeting, each phone call he had to return made him swallow what felt like an iron ball, and, with each swallow, his mind wandered away from the day's agenda to the nagging question that seemed to be with him every morning:

"Why do I feel so bad? I've got everything most men could ask for—a loving wife, great kids, a secure job, a nice house. . . . What's wrong with me? Why can't I pull myself together? And why is it always this way? Wendy and the kids are sick to death of my feeling sorry for myself. They are not going to be able to put up with me much longer. If I could figure it out, things would be different. If I knew why I felt so rotten, I know I could solve the problem and just get on with life like everyone else. This is really stupid."

Alice and Jim just want to be happy. Alice will tell you she's had good times in her life. But they never seem to last. Something sends her into a tailspin, and events she would have shaken off when younger now seem to plunge her into despair before she knows what's hit her. Jim says he's had good times too—but he tends to describe them as pe-

ترجمة الصفحة (12):

العقل، الجسد، والعاطفة

"لا أستطيع أن ألومهم. لا أستطيع أن أفهم لماذا أشعر بالإحباط كثيرا. لماذا يغمرني كل شيء؟ يبدو أن كل شخص آخر يدبر الأمور على ما يرام. من الواضح أنني لا أملك ما يلزم للتعامل مع الوظيفة والمنزل. ما الذي قاله عني؟"

بدأت حلقة الشريط في رأسها من جديد.

لم يكن لدى جيم أي مشكلة في النوم، في الحقيقة هو فقط يواجه صعوبة في الاستيقاظ. وهو مرة أخرى جالسا في سيارته في ساحة انتظار المكتب، يشعر بثقل اليوم الذي يعلقه على مقعده. شعر جسده كله بالرصاص. كان كل ما يمكنه فعله فقط لفك حزام الأمان. ولكنه ما زال جالسا، ثابتا، عالقاً، وغير قادر على الإمساك بمقبض الباب والذهاب إلى العمل.

ربما لو فكّر في جدولته لهذا اليوم، كان يجعله يتحرك دائما لكن ليس في هذا اليوم، وفي كل موعد وكل اجتماع، كل مكالمات هاتفية كان عليه العودة، جعلته يبتلع ما بدا وكأته كرة حديدية، ومع كل ابتلاع كان عقله يبتعد عن جدول أعماله اليوم إلى السؤال المزعج الذي بدا أنه كان معه كل صباح:

"لماذا أشعر بالسوء؟ لدي كل ما يمكن أن يطلبه معظم الرجال من زوجة محبة إلى أطفال رائعون ووظيفة آمنة ومنزل جميل... فما هي مشكلتي؟ لماذا لا يمكنني تجميع نفسي معا؟ ولماذا دائما على هذا النحو؟ ويندي والأطفال مرضى حتى الموت من شعوري بالأسف على نفسي. لن يكونوا قادرين على التحمل لفترة أطول. إذا تمكنت من اكتشاف ذلك، فستكون الأمور مختلفة. إذا كنت أعرف لماذا شعرت بالفساد الشديد، فأنا أعلم أنه يمكنني حل المشكلة والاستمرار في الحياة مثل أي شخص آخر، حقاً هذا غباء"

أليس وجيم يريدان فقط أن يكونا سعداء. ستخبرك أليس أنها مرت بأوقات جيدة في الحياة لكنهم لا يدومون، فدائما ما تكون في حالة انهيار، والأحداث التي كانت تنفضها عنها عندما كانت أصغر سناً الآن يغرقها في اليأس حتى قبل أن تعرف ما الذي أصابها. يقول جيم إنه قضى أوقاتا جيدة أيضا، لكنه يميل إلى وصفها بأنها

riods marked more by the absence of pain than by the presence of joy. He has no idea what makes the dull ache recede or return. All he knows is that he can't put his finger on the last time he spent an evening laughing and joking with family or friends.

As visions of being unemployed swirl through Alice's head, a deep fear of being unable to do what she needs to do for herself and her kids lurks around the edges of her mind. *Not again*, she thinks with a sigh. She remembers well what happened when she found out that Burt had been cheating on her and she kicked him out of the house. Naturally, Alice had felt sad and angry, but also humiliated by the way he had treated her. He had been unfaithful. She had wound up feeling that she had "lost" her battle to save the relationship. Then she felt trapped by her circumstances as a single mother. At first she had put up a good front for the sake of the children. Everyone was supportive, but there came a point when she thought that she should be over it by now. She couldn't continue to ask for help from family and friends. Four months later, she found herself feeling more and more tearful and depressed, losing interest in the children's choir she directed, unable to concentrate at work, and feeling guilty about what a "bad mother" she was. She couldn't sleep, she was eating "constantly," and eventually she went to her family physician, who diagnosed depression.

Alice's doctor prescribed an antidepressant, which made a big improvement in her mood. Within a couple of months she was back to her normal self—until nine months later, when she totaled her new car in an accident. She couldn't shake the feeling that she'd narrowly escaped death, even though she'd walked away with just a few bruises. She found herself repeatedly reviewing the accident, asking herself how she could possibly have been so reckless, how she could have exposed herself to a risk that might have robbed her kids of the only real parent they now had. As the dark thoughts got louder, she called her doctor for another prescription, and soon she felt better again. This pattern repeated itself a few more times over the next five years. Every time she noticed the signs of being pulled down into the vortex again, she felt increasing dread. Alice wasn't sure she could take it anymore.

Jim had never been diagnosed with depression—he had never

فترات تميّزت بغياب الألم أكثر من وجود الفرح. ليس لديه أدنى فكرة عمّا يجعل الألم الباهت ينحسر أو يعود. كلّ ما يعرفه هو أنّه لا يستطيع وضع إصبعه على آخر مرّة أمضى فيها ليلة من الضحك والمزاح مع العائلة والأصدقاء.

بينما تدور رؤى "عاطلة عن العمل" في رأس أليس، يتربّص خوف عميق من عدم قدرتها على القيام بما تحتاج إلى القيام به لنفسها ولأطفالها. ليس مرّة أخرى، وهي تفكّر بحسرة وتتنكّر جيّداً ما حدث عندما اكتشفت أنّ بيرت كان يخونها وطردته من المنزل. وبطبيعة الحال، شعرت أليس بالحزن والغضب، ولكنّها شعرت بالإهانة أيضاً بسبب الرّقة التي عاملها بها. لقد كان غير مخلص، وانتهى الأمر بالشّعور بأنّها "خسرت" معركتها لإنقاذ العلاقة. ثمّ شعرت بأنّها محاصرة بسبب ظروفها كأّم عزباء. في البداية كانت قد وضعت جبهة جيّدة من أجل الأطفال. كان الجميع داعمين لها، ولكن كانت هناك نقطة اعتقدت أنّها يجب أن تكون قد تجاوزتها الآن. لم تستطع الاستمرار في طلب المساعدة من العائلة والأصدقاء. بعد أربعة أشهر، وجدت نفسها تشعر بالبكاء والاكتئاب أكثر فأكثر، وفقدت الاهتمام بفرقة أطفال كانت تديرها، وغير قادرة على التّكهن في العمل، وشعرت بالذنب لما كانت عليه "الأم السيّئة". لم تستطع النّوم، وكانت تأكل "باستمرار"، وفي النّهاية ذهبت إلى طبيب العائلة الذي قام بتشخيص الاكتئاب.

وصف طبيب أليس مضادا للاكتئاب، ممّا أدّى إلى تحسّن كبير في مزاجها. في غضون شهرين عادت إلى حالتها الطّبيعيّة، حتّى بعد تسعة أشهر، عندما تعرّضت سيارتها الجديدة لحادث. لم تستطع التّخلّص من الشّعور بأنّها قد تخطّت الموت بفارق ضئيل، على الرّغم من أنّها غادرت ببضع كدمات. وجدت نفسها تراجع الحادث مرارا وتكرارا، وتسأل نفسها كيف كان من الممكن أن تكون متهورّة جدّا، وكيف كان من الممكن أن تعرض نفسها لخطر قد يسرق أطفالها من الوالد الحقيقي الوحيد الذي لديهم الآن. عندما تصاعدت الأفكار المظلمة، اتّصلت بطبيبها للحصول على وصفة طبّيّة أخرى، وسرعان ما شعرت بتحسّن مرّة أخرى. تكرّر هذا النمط عدّة مرّات خلال السّنوات الخمس التّالية. في كلّ مرّة لاحظت فيها علامات الانزلاق إلى الدّوامة مرّة أخرى، شعرت بالرّهبة المتزايدة. لم تكن أليس متأكّدة من أنّها يمكن أن تأخذه بعد الآن.

لم يتمّ تشخيص جيم بالاكتئاب، لم يحدث

even talked to his doctor about his bleak frame of mind or his persistently low moods. He was surviving, and everything in his life was fine; what right did he have to complain about it to anyone? He would just sit there in his car until something came to him that would move him to open that door and get going. He tried thinking about his garden and all the beautiful new tulips that would be sprouting up soon, but that just reminded him that he hadn't really done the fall cleanup adequately and he'd have a lot to do to get the yard ready now, a thought that exhausted him. He thought about his kids and his wife, but the idea of trying to participate in dinner conversation that night just made him want to go to bed early, as he had last night. He had planned to get up early to finish what he'd left on his desk yesterday, but he just couldn't seem to wake up. Maybe he would just stay at the office till he finished the thing once and for all, even if he had to be there till midnight. . . .

Alice has recurrent major depressive disorder. Jim may suffer from dysthymia, a sort of low-grade depression that is more a chronic state than an acute condition. The diagnosis doesn't matter that much. The problem for Alice and Jim and many of the rest of us is that we want desperately to be happy but have no idea how to get there. Why do some of us end up feeling so low over and over? Why do some of us feel as if we're never really happy but just dragging ourselves through life, chronically down and discontented, tired and listless, with little interest in the things that used to give us pleasure and make life worthwhile?

For most of us, depression starts as a reaction to a tragedy or reversal in life. The events that are particularly likely to produce depression are losses, humiliations, and defeats that leave us feeling trapped by our circumstances. Alice became depressed following the loss of her long-term relationship with Burt. At first she was fueled by righteous indignation and tackled single-parenthood with a vengeance. But it was all she could do to take care of things on the home front when she returned from work at night, so she gave up postwork get-togethers with friends, dinner with her mother, and even phone calls to her sister in a

أنّه تحدّث إلى طبيبه عن حالته العقلية الكئيبة أو مزاجه المتدني. كان على قيد الحياة، وكان كلّ شيء في حياته على ما يرام، لم يشكو لأيّ شخص، كان فقط يجلس هناك في سيارته حتّى يأتيه شيء يحركه لفتح هذا الباب والمضي قدما. لقد حاول التفكير في حقيقته وكلّ زهور التوليب الجديدة الجميلة التي ستنبت قريبا، لكن هذا ذكره فقط أنّه لم يقم بالفعل بتنظيف الخريف بشكل سريع وأنّه سيكون لديه الكثير ليفعله لتجهيز الفناء الآن، وهذا الفكرة أنهكته. لقد فكّر في أطفاله وزوجته، لكن فكرة محاولة المشاركة في محادثة العشاء في تلك الليلة جعلته يريد الذهاب إلى الفراش مبكرا، كما فعله الليلة الماضية. كان قد خطّط للاستيقاظ مبكرا لإنهاء ما تركه على مكتبه بالأمس، لكنّه لم يستطع الاستيقاظ. ربّما كان سيبقى في المكتب حتّى ينتهي من هذا الشئ مرّة واحدة وإلى الأبد، حتّى لو كان هناك حتّى منتصف الليل...

أليس تعاني من اضطراب اكتئابي شديد متكرّر. قد يعاني جيم من اضطراب المزاج، وهو نوع من الاكتئاب منخفض الدرجة والذي يعتبر حالة مزمنة أكثر من كونه حالة حادة. التشخيص لا يهم كثيرا. مشكلة أليس وجيم والعديد منّا هي أننا نريد بشدّة أن نكون سعداء ولكن ليس لدينا أيّ فكرة عن كيفية الوصول إلى هناك. لماذا ينتهي الأمر ببعضنا بالشعور بالإحباط مرار وتكرارا؟ لماذا يشعر البعض منّا كما لو أننا لا نكون سعداء حقّا ولكن فقط نجرّ أنفسنا خلال الحياة، بشكل مزمن وساخط، متعب وفتور، مع القليل من الاهتمام بالأشياء التي كانت تمنحنا المتعة وتجعل الحياة تستحق بعض الوقت؟

بالنسبة لمعظمنا، يبدأ الاكتئاب كرد فعل لمأساة أو تقديس سالٍ في الحياة. الأحداث التي يرجح أن تسبّب الاكتئاب بشكل خاص هي الخسائر والإذلال والهزائم التي تجعلنا نشعر بأننا محاصرون بظروفا. أصيبت أليس بالاكتئاب بعد فقدان علاقتها طويلة الأمد مع بيرت. في البداية كانت تعذبها الأمومة الصالحة المعوّزة وتعاملت مع الأبوة والأمومة بطريقة انتقاميّة. ولكن كان كلّ ما يمكنها فعله للعناية بالأشياء على واجهة المنزل عندما عادت من العمل ليلا، لذلك تخلّت عن العمل بالبريد، اللقاءات مع الأصدقاء، والعشاء مع والدتها، وحتّى المكالمات الهاتفية لأختها في

nearby state. Soon she felt weighed down by loneliness, crushed by a constant sense of abandonment.

For Jim, the loss was a little more subtle and a lot less visible to the outside world. A few months after he received a promotion at his consulting firm, Jim found he no longer had time to spend with friends and had to drop out of his gardening club because he was staying later and later at the office. He also realized he didn't actually enjoy his new supervisory role. Eventually he asked to return to a job similar to the one he had done before. The change was a relief, and no one knew Jim wasn't happy—not even Jim at first. But he started getting spacey and seemed often distracted. In his head, Jim was second-guessing his decision, overanalyzing every brief interaction with his bosses, and ultimately chiding himself over and over for having “failed” his company and himself. He said nothing and tried to ignore these thoughts, but over the next five years he withdrew more and more, had a lot of minor health complaints, and, in the words of his wife, “just wasn't the man I used to know.”

Loss is an unavoidable part of the human condition. Most of us find life an enormous struggle after the sort of crisis that Alice went through, and many of us feel diminished by disappointments in ourselves or others, as Jim did. But embedded in Alice's and Jim's stories are clues to why only some of us suffer lasting effects from such difficult experiences.

WHEN UNHAPPINESS TURNS INTO DEPRESSION . . . AND DEPRESSION WON'T GO AWAY

Depression is a huge burden affecting millions today and becoming more common in Western countries, as well as in developing countries that are “Westernizing” their economies. Forty years ago depression struck people first, on average, in their 40s and 50s; today it's their mid-20s. Other statistics in the box on page 16 show the scope of the problem today, but none may be more alarming than the data showing that

دولة مجاورة. سرعان ما شعرت بأنها مثقلة بالوحدة التي يستحقها شعور دائم بالتخلي.

بالنسبة لجيم، كانت الخسارة أكثر دقة وأقل وضوحاً للعالم الخارجي. بعد بضعة أشهر من حصوله على ترقية في شركته الاستشارية، وجد جيم أنه لم يعد لديه وقت يقضيه مع الأصدقاء واضطر لترك نادي البستنة الخاص به لأنه كان يقيم في المكتب. لقد أدرك أيضاً أنه في الواقع لم يستمتع بوظيفته الجديدة كمشرف. في النهاية طلب العودة إلى وظيفة مشابهة للوظيفة التي كان قد عمل بها من قبل. كان التغيير مريحاً، ولم يعرف أحد أن جيم لم يكن سعيداً وحتى جيم لم يكن يعلم في البداية. لكنه بدأ في الشعور بالفضول وبدأ مشغولاً في كثير من الأحيان. في عقله، كان جيم يخمن حول قراراته المبالغية وذلك من خلال تحليل كل تفاعل مع رؤسائه، ويؤخّر نفسه مراراً وتكراراً لأنه "فشل" في إنجاح شركته ونفسه. لم يقل شيئاً وحاول تجاهل هذه الأفكار على مدار السنوات الخمس التالية، انسحب أكثر وأكثر، وكان لديه الكثير من الشكاوي الصحية البسيطة، وعلى حدّ تعبير زوجته "لم يكن الرجل الذي كنت أعرفه".

الخسارة جزء لا مفرّ منه من حالة الإنسان. يجد معظمنا في الحياة صراعاً هائلاً بعد الأزمة التي مرّت بها أليس ويشعر الكثير منّا بالضعف بسبب خيبات الأمل في أنفسنا أو في الآخرين، كما فعل جيم. لكن المضمون قصص أليس وجيم هي أدلة على سبب معاناة البعض منّا وفقط من آثار دائمة مثل هذه التجارب.

عندما تتحوّل التعاسة إلى اكتئاب... والاكتئاب يبقى في حالة استمرار

اليوم أصبح الاكتئاب عبئاً ثقيلاً يؤثر على الملايين وصار أكثر شيوعاً في الدول الغربية، وكذلك في البلدان النامية التي "تغرب" اقتصاداتها. قبل أربعين عاماً، كان الاكتئاب يصيب أشخاص ذو الفئات العمرية المتوسطة ما بين الأربعينات والخمسينات. أمّا اليوم فقد يصيب من هم في منتصف العشرينات من العمر. تظهر الإحصائيات الأخرى في المربع في الصفحة 16 نطاق المشكلة اليوم ولكن لا شيء قد يكون أكثر إثارة للقلق من البيانات التي تظهر أن

depression tends to return. At least fifty percent of those experiencing depression find that it comes back, despite the fact that they appeared to have made a full recovery. After a second or third episode, the risk of recurrence rises to between eighty and ninety percent. People who first became depressed before they were twenty years of age are at particularly high risk for becoming depressed again. What's going on here? As psychologists who had been involved in treating and researching depression for many years, three of us (Mark Williams, Zindel Segal, and John Teasdale) wanted to find out. The rest of this chapter, plus Chapter 2, explains what science has learned about the nature of depression and unhappiness and how that knowledge, once we banded together with our fourth author (Jon Kabat-Zinn), ultimately produced the treatment on which this book is based.

One of the most critical facts we learned was that there is a difference between those of us who have experienced an episode of depression and those who have not: *depression forges a connection in the brain between sad mood and negative thoughts, so that even normal sadness can*

The Prevalence of Depression Today

Around 12% of men and 20% of women will suffer major depression at some time in their lives.

The first episode of a major depression typically occurs in the mid-20s. A substantial proportion of people experience a first full episode in late childhood or adolescence.

At any one time, some 5% of the population are suffering depression of this severity.

Sometimes the depression persists; 15–39% of cases may still be clinically depressed one year after symptom onset, and 22% of cases remain depressed two years later.

Each episode of depression increases the chances that the person will experience another episode by 16%.

Ten million people in the United States are taking prescription antidepressants.

الاكتئاب يميل إلى العودة. ما لا يقلّ عن خمسين في المائة ممّن يعانون من الاكتئاب يجدون أنّه يعود. على الرّغم من حقيقة أنّهم على ما يبدو قد تعافوا تماما. بعد النّوبة الثّانية أو الثّالثة، يرتفع خطر تكرار النّوبة إلى ما بين ثمانين وتسعين بالمائة. نجد أنّ الأشخاص الذين أصيبوا بالاكتئاب لأوّل مرّة قبل بلوغهم العشرين من العمر معرّضون بشكل خاص لخطر الإصابة بالاكتئاب مرّة أخرى. ماذا يحدث هنا؟ بصفتنا علماء نفس ممّن شاركوا في علاج الاكتئاب والبحث فيه لسنوات عديدة أراد ثلاثة منا (مارك ويليامز، زيندل سيغال وجون تيسدال) معرفة ذلك... يشرح الجزء المتبقّي من هذا الفصل، بالإضافة إلى الفصل 2 ما توصّل إليه العلم حول طبيعة الاكتئاب والتّعاسة وكيف أنّ هذه المعرفة قد تمّت بمجرد أن نتحدّد مع مؤلّفنا الرّابع (جون كابات زين) في النّهاية تمّ التّوصّل لإنتاج العلاج الذي يتضمّن هذا الكتاب.

من أهمّ الحقائق التي تعلّمناها أنّ هناك فرقا بين أولئك الذين عانوا من نوبة من الاكتئاب وأولئك الذين لم يعانون من ذلك: فالالاكتئاب يصوغ رابطا في الدّماغ بين الحالة المزاجيّة الحزينة والأفكار السّلبية، فبالنّسبة يمكن حتّى للحزن العادي أن يصوغ هذا الرّابط.

انتشار الاكتئاب في يومنا هذا.

يعاني حوالي 12% من الرّجال و20% من النّساء من اكتئاب شديد في وقت ما من حياتهم. عادة ما تحدث النّوبة الأولى من الاكتئاب الشّديد في منتصف العشرينات. نسبة كبيرة من النّاس يعانون من أوّل حلقة كاملة في الطّفولة المتأخّرة أو المراهقة. في أيّ وقت، يعاني حوالي 5% من السّكان من اكتئاب بهذه الشّدة. في بعض الأحيان يستمرّ الاكتئاب 15-39% من الحالات قد تظلّ مكتئبة بعد عام واحد من ظهور الأعراض، وتظلّ 22% من الحالات مكتئبة بعد ذلك بعامين. تزيد كلّ نوبة اكتئاب من فرص تعرّض الشّخص لنوبة أخرى بنسبة 16%. يتعاطى عشرة ملايين شخص في الولايات المتحدّة الأدوية المضادة للاكتئاب.

reawaken major negative thoughts. This insight added a new dimension to our understanding of how depression works. Decades ago pioneering scientists like Aaron Beck had the insight that negative thoughts play a leading role in depression. Beck and his colleagues made a huge leap in our understanding of depression when they found that mood was strongly shaped by thoughts—that it wasn't necessarily events themselves that drove our emotions but our beliefs about or interpretations of those events. Now we know there is much more to the story. Not only can thoughts affect mood, but in those of us who get depressed, mood can affect thoughts in ways that can then make an already low mood even lower. It doesn't require a traumatic loss for those of us who are vulnerable to plunge down into the spiral again; even the kinds of everyday difficulties that many people shrug off can start the descent into depression or perpetuate unhappiness from day to day. Even more, as we'll see, this connection becomes so ingrained that sometimes the negative thoughts that lead to depression can be triggered by sadness so fleeting or minimal that the person experiencing it is hardly aware of it.

No wonder so many of us feel we can't pull ourselves out of the abyss, no matter how hard we try. We have no idea where the descent began.

Unfortunately, our valiant efforts to figure out how we got where we are turn out to be part of a complicated mechanism by which we get dragged down even farther. The way in which our efforts to understand ourselves can lead to additional problems instead of solutions is a complex story. It starts with a fundamental knowledge of the anatomy of depression and of its four key dimensions: feelings, thoughts, body sensations, and behaviors, through which we respond to the events of life. Key to this understanding is how these different dimensions interact.

THE ANATOMY OF DEPRESSION

Let's look briefly at the development of the whole pattern of depression before we get into its individual elements.

When we become deeply unhappy or depressed, an avalanche of

إعادة إيقاظ الأفكار السلبية الرئيسية. أضافت هذه البصيرة بعدا جديدا لفهمنا لكيفية عمل الاكتئاب. منذ عقود مضت، كان لدى العلماء الرّواد مثل آرون بيك فكرة مفادها أنّ الأفكار السلبية تلعب دورا رئيسيا في الاكتئاب. حقّق بيك وزملاؤه قفزة هائلة في فهمنا للاكتئاب عندما وجدوا أنّ الحالة المزاجية تتشكّل بقوة من خلال الأفكار. ليس بالضرورة أن تكون الأحداث هي التي تحرّك مشاعرنا ولكن معتقداتنا أو تفسيراتنا لتلك الأحداث. الآن نحن نعلم أنّ القصة أكثر من ذلك بكثير. لا يمكن للأفكار أن تؤثر فقط على الحالة المزاجية، ولكن بالنسبة لأولئك الذين يعانون من الاكتئاب، يمكن أن يؤثر المزاج على الأفكار بطرق يمكن أن تجعل الحالة المزاجية منخفضة. لا يتطلب الأمر خسارة مؤلمة لمن هم عرضة للانغماس في اللّولب مرّة أخرى؛ يتجاهل الكثير من الأشخاص أنواع عديدة من الصّعوبات اليومية التي يمكن أن تبدأ الانحدار إلى الاكتئاب أو استمرار التعاسة من يوم لآخر. ولأكثر من ذلك، كما سنرى، أنّ هذا الاتّصال سيصبح راسخا لدرجة أنّ الأفكار السلبية التي تؤدي إلى الاكتئاب في بعض الأحيان يمكن أن تكون ناتجة عن الحزن العابر أو ضئيل للغاية بحيث لا يكاد الشخص الذي يمرّ به يدرك ذلك.

لا عجب أن يشعر الكثير منّا أنّنا لا نستطيع إخراج أنفسنا من الهاوية، بغض النّظر عن صعوبة المحاولة. وليس لدينا أدنى فكرة من أين بدأت الحالة التي وصلنا إليها.

لسوء الحظ، فإنّ جهودنا الجريئة لم تتمكّن من معرفة كيف وصلنا إلى الحالة لتصبح جزءا من آلية معقّدة يتمّ من خلالها السحب إلى أبعد من ذلك. وهي الطّريقة التي يمكن أن تؤدي إلى فهم أنفسنا وقد يؤدي هذا إلى إضافة مشاكل بدلا من إيجاد الحلول فهي قصة معقّدة. يبدأ بمعرفة أساسية لتحليل الاكتئاب وأبعاده الرئيسية الأربعة: المشاعر والأفكار والأحاسيس الجسدية والسلوكيات، والتي من خلالها نستجيب لأحداث الحياة. المفتاح الرئيسي هو فهم كيفية تفاعل هذه الأبعاد المختلفة.

تحليل الاكتئاب

دعونا نلقي نظرة موجزة على تطوّر النمط الكامل للاكتئاب قبل أن ندخل في عناصره الفردية.

عندما نصبح غير سعداء أو مكتئبين بشدّة، فسيكون هناك انهيار

feelings, thoughts, physical sensations, and behaviors comes into play, as revealed in the checklist of the hallmark symptoms of major depression (see box, p. 19) The huge emotional upheaval that can come from experiencing loss, separation, rejection, or any reversal that brings a sense of humiliation or defeat is normal. Disturbing emotions are an important part of life. They signal to us and to others that we are severely distressed, that something untoward has happened in our lives. But sadness can give way to depression when the sadness turns into endemically harsh negative thoughts and feelings. This morass of negative thinking then generates tension, aches, pains, fatigue, and turmoil. These, in turn, feed more negative thinking; the depression gets worse and worse and, with it, the hurt. We only compound our feelings of depletion if we deal with them by giving up activities that normally nourish us, like getting together with friends and family who might be a real support for us. Our exhaustion is compounded if we deal with it by simply working harder.

It's not difficult to see how feelings, thoughts, physical sensations, and behaviors are all part of depression. Earlier in this chapter we described the aches that Alice felt after a night of berating herself, the "iron ball" that Jim felt like he had to keep swallowing when he thought about what his day held in store. As many of us are only too aware, being "down" can make it hard to do much of anything or to make choices that get us where we want to go. What's harder to see is how any one part of this anatomy can trigger the downward spiral and then how each component feeds into and reinforces the others. By this process the state of mind that keeps us unhappy or leaves us vulnerable to depression gets stronger and stronger. A closer look at the parts at this point may help us see the whole more clearly.

Feelings

If you think back to the last time you began to feel unhappy and describe your feelings, many different words might come to mind: sad, blue, downhearted, miserable, despondent, low, feeling sorry for yourself. The strength of such feelings can vary; for example, we can feel

في المشاعر، الأفكار، الأحاسيس الجسدية، والسلوكيات وهي التي تلعب دورا كما هو موضَّح في القائمة المرجعية لأعراض للاكتئاب الشَّدِيد (أنظر الإطار ص19) يمكن أن تأتي الاضطرابات العاطفية الهائلة من خلال التَّعرُّض للخسارة، الانفصال، الرِّفض أو أي انعكاس يجلب إحساسا بالإذلال أو الهزيمة وهذا أمر طبيعي. العواطف المزعجة جزء مهم من الحياة. إنهم يشيرون إلينا وللآخرين بأننا نشعر بالحزن الشَّدِيد، وأن شيئا غير مرغوب فيه قد حدث في حياتنا. لكن عندما يتحوَّل الحزن إلى أفكار ومشاعر سلبية قاسية فمن الممكن أن يفسح المجال للاكتئاب. هذا المستنقع من التفكير السلبي يولد التوتر، الأوجاع، الآلام، التعب، والاضطراب. هذه بدورها تعطي المزيد من التفكير السلبي؛ فيزداد الاكتئاب سوءا ومعه الألم. نجد أننا نضاعف في مشاعرنا بالضيق إذا تعاملنا معهم من خلال التَّخلي عن الأنشطة التي عادة ما كنَّا نمارسها مثل الالتقاء بالأصدقاء والعائلة الذين قد كانوا دعما حقيقيا لنا حيث يتفاهم استنفادنا إذا تعاملنا معه بطريقة أكثر جدية.

ليس من الصَّعب أن ترى كيف أنَّ المشاعر، الأفكار، الأحاسيس الجسدية والسلوكيات كلُّها جزء من الاكتئاب. كتبنا في وقت سابق من هذا الفصل حول الآلام التي شعرت بها أليس بعد ليلة من توبيخ نفسها، أمَّا جيم فقد كان يشعر كأنه ابتلع "كرة حديدية" وكان عليه أن يستمرَّ في ابتلاعها حينما يفكر في ما يخبئه يومه في المتجر. الكثير ممَّا يدرك تماما أنَّ "الإحباط" يجعلك تشعر أنَّه من الصَّعب القيام بالكثير من الأشياء أو اتخاذ قرارات التي توصلنا إليها إلى حيث نريد أن نذهب. ما يصعب رؤيته هو كيف يمكن لأيِّ جزء من هذا التحليل أن يؤدي إلى حدوث دوامة هبوطية. ثمَّ كيف يتغذى كلُّ مكوِّن على الأجزاء الأخرى ويعززها. من خلال هذه العملية تصبح الحالة الذهنية التي تجعلنا غير سعداء أو تجعلنا عرضة للاكتئاب أكثر وأكثر. قد يساعدنا في إلقاء نظرة من أجل رؤية أجزاء هذه المرحلة بشكل أكثر وضوحا.

المشاعر:

إذا فكَّرت في المرَّة الأخيرة التي بدأت فيها في الشعور بالتَّعاسة ووصفت مشاعرك، فقد تتبادر إلى ذهنك كلمات مختلفة: حزينة، كئيبة، بائسة، يائسة، محبطة، تشعر بالأسف على نفسك. فيمكن أن تختلف قوَّة هذه المشاعر؛ على سبيل المثال يمكننا أن نشعر بـ:

Major Depression

Major depression is diagnosed when someone experiences either of the first two symptoms in the following list, and at least four or more of the other symptoms, continuously over at least a two-week period and in a way that departs from normal functioning.

1. Feeling depressed or sad most of the day
2. Loss of interest or ability to derive pleasure from all or nearly all activities that were previously enjoyed
3. Significant weight loss when not dieting, or weight gain, or a decrease or increase in appetite nearly every day
4. Difficulty sleeping through the night or the need for more sleep during the day
5. Noticeably slowed down or agitated throughout the day
6. Feeling fatigued or a loss of energy nearly every day
7. Feelings of worthlessness or extreme or inappropriate guilt
8. Difficulties with concentration or the ability to think, which can also be seen by others as indecisiveness
9. Recurrent thoughts of death or ideas about suicide (with or without a specific plan for committing suicide) or a suicide attempt

anywhere from slightly sad to extremely sad. It's normal for emotions to come and go, but it is rare for such depressive feelings to occur by themselves. They often cluster with anxiety and fear, anger and irritability, hopelessness and despair. Irritability is a particularly common symptom of depression; when down, we may feel impatient, at the end of our rope with many of the people in our lives. We may be more prone than usual to angry outbursts. For some, especially young people, irritability is a more prominent experience than sadness in depression.



The feelings by which we generally define depression are usually thought of as an end point. We're depressed; we feel sad, low, blue, miserable, despondent, desperate. But they're also a starting point: research has shown that the

الاكتئاب الحاد.

يتمّ تشخيص الاكتئاب عندما يعاني شخص ما من أيّ من أوّل عرضين في القائمة التّالية، وعلى الأقلّ أربعة أو أكثر من الأعراض الأخرى، وتكون مستمرة على مدى أسبوعين على الأقلّ وبطريقة تخرج عن الأداء الطّبيعي.

- 1- الشّعور بالاكتئاب أو الحزن معظم اليوم.
- 2- فقدان الاهتمام أو القدرة على الحصول على المتعة من جميع الأنشطة التي كنت تستمتع بها سابقا.
- 3- فقدان الوزن أو زيادته وذلك بشكل ملحوظ وذلك لعدم اتّباع النّظام الغذائي أو انخفاض أو زيادة الشهية كلّ يوم تقريبا.
- 4- صعوبة النّوم ليلا أو الحاجة لمزيد من النّوم أثناء اليوم.
- 5- تباطؤ واضطراب بشكل ملحوظ طوال اليوم.
- 6- الشّعور بالإرهاق وفقدان الطّاقة كلّ يوم تقريبا.
- 7- الإحساس بانعدام القيمة أو الذّنب الشّديد.
- 8- صعوبات التّركيز أو القدرة على التّفكير، التي يمكن أن ينظر إليها الآخرون على أنّها متردّدة.
- 9- أفكار متكرّرة عن الموت أو أفكار حول الانتحار (ذلك يوضّح خطّة مسبقة أو بدون تخطيط مسبق من أجل الانتحار، أو محاولة الانتحار).

الأشخاص المصابين بالاكتئاب. عندما نصاب بالإحباط نشعر بفقدان الصّبر وغالبا ما يكون هذا سببا لخسارة العديد من الأشخاص قد كانوا في حياتنا. يتعرّض البعض خصوصا الشّباب إلى نوبات الغضب حيث تعتبر العصبية تجربة أكثر بروزا من الحزن في الاكتئاب.

~

غالبا ما تحدّد المشاعر التي نعرف بها الاكتئاب على أنّها نقطة نهاية. نحن مكتوبون فبالتّالي نشعر بالحزن، الإحباط، الكآبة، التّعاسة، البأس، اليأس. لكنّها أيضا نقطة انطلاق: أظهرت الأبحاث أنّ

more we've been depressed in the past, the more sad mood will also bring with it feelings of low self-esteem and self-blame. Not only do we feel sad, we may also feel like failures, useless, unlovable, losers. These feelings trigger powerful self-critical thoughts: we turn on ourselves, perhaps berating ourselves for the emotion we are experiencing: *This is dumb, why can't I just get over this and move on?* And, of course, thinking this way just drags us down further.



Such self-critical thoughts are extremely powerful and potentially toxic. Like our feelings, they can be both an end point and a starting point of depression.

Thoughts

Take a moment or two to imagine the following scene as vividly as possible. Taking your time, note, as best you can, what goes through your mind:

You are walking along a familiar street. . . . You see someone you know on the other side of the street. . . . You smile and wave. . . . The person makes no response . . . just doesn't seem to notice you . . . walks right past without any sign of recognizing your existence.

- *How does this make you feel?*
- *What thoughts or images go through your mind?*

You may think there are obvious answers to these questions. But if you try this scenario on your friends and family, you'll probably get a range of reactions. What each of us feels depends critically on why we think the other person walked by us. This situation is ambiguous. It can be interpreted in a variety of ways and thus can evoke a range of emotional reactions.

Our emotional reactions depend on the story we tell ourselves, the

كلّما شعرت بالاكتئاب في الماضي، كلّما كان المزاج أكثر حزنا فبالتالي يجلب معه مشاعر تدني احترام الذات ولوم الذات. لا نشعر بالحزن فحسب، بل قد نشعر أيضا بالفشل، وأننا عديمي الفائدة، وغير محبوبين، وأننا في خسارة. تثير هذه المشاعر أفكارا قوية للنقد الذاتي: نحن ندير أنفسنا، وربما أيضا نوبّخ أنفسنا بسبب المشاعر التي نمرّ بها: فتراودنا أفكار أنّ هذه المشاعر غريبة، أو لماذا لا يمكننا تجاوز هذا والمضي قدما؟ وبالطبع، التفكير بهذه الطريقة يجرّنا أكثر إلى الأسفل.



إنّ أفكار النقد الذاتي هذه قويّة للغاية ومن المحتمل أن تكون سامة. مثل مشاعرنا، يمكن أن تكون كلاهما نقطة نهاية وبداية للاكتئاب.

الأفكار:

خذ لحظة أو اثنتين لتخيّل المشهد التالي بوضوح قدر المستطاع خذ وقتك، ولاحظ، بأفضل ما يمكنك، وما يمرّ خلال هذا العقل:

أنت تمشي على شارع معروف... ترى شخصا تعرفه على الجانب الآخر من الشارع... تبتسم وتلوح... لا يجيب الشخص... لا يبدو أنّه قد انتبه لك... يمشي في الماضي الصحيح دون أيّ علامة تدلّ على أنّه قد شاهدك.

- كيف يكون شعورك؟
- ما الأفكار أو الصّور التي تدور في ذهنك؟

قد تعتقد أنّ هناك إجابات واضحة حول هذه الأسئلة ولكن إن جرّبت هذا السيناريو على أصدقائك وعائلتك، فمن المحتمل أن تحصل على مجموعة من ردود الفعل. ما يشعر به كلّ منّا يعتمد بشكل حاسم على سبب اعتقادنا أنّ الشخص الآخر سار بجانبنا. هذا الوضع غامض. يمكن تفسيره بعدة طرق وبالتالي يمكن أن يثير مجموعة من ردود الأفعال العاطفية. تعتمد ردود أفعالنا العاطفية على القصّة التي نرويها لأنفسنا، وتعليق

running commentary in the mind that interprets the data we receive through our senses. If this scenario happens when we're in a good mood, the running commentary in our mind is likely to tell us that the person probably did not see us because he or she wasn't wearing glasses or was preoccupied. We might feel little or no emotional reaction.

If we're feeling a bit down that day, our story, our self-talk, may tell us that the person deliberately ignored us, that we've lost another friend. Our mind may spin off, ruminating about what we did to upset the person. Even if we had not been feeling very depressed at the start, this sort of self-talk can make us feel worse. If the self-talk says we've been ignored, we may feel angry. If it says we must have upset the person in some way, we may feel guilty. If it says we've probably lost a friend, we may feel lonely and sad.

Multiple different interpretations for the same set of facts are often possible. Our world is like a silent film on which we each write our own commentary. And different interpretations of what has *just* happened can affect what happens *next*. With a benign interpretation, we may quickly forget the incident. With a negative one, we may be pitched into the kind of self-chiding that Alice did after her meeting with her boss: *What have I done? What's wrong with me? Why don't I have more friends?* Negative thoughts often come in disguise, masquerading as questions that might have answers. Five or ten minutes later, the questions may still be nagging us, with no answers making an appearance.

Many situations are ambiguous, but the way we interpret them makes a huge difference in how we react. This is the A-B-C model of emotions. The A represents the facts of the situation—what a video camera would see and record. The B is the interpretation we give to a situation; this is the “running story” often just below the surface of awareness. It is often taken as fact. The C is our reaction: our emotions, body sensations, and behavior. Often we see the situation (A) and the reaction (C) but are unaware of the interpretation (B). We think the *situation* itself caused our emotional and physical reactions, when in fact it was our *interpretation* of the situation.

“I *knew* my work wasn't good enough,” said Alice after meeting

تشغيل العقل الذي يفسر البيانات التي نتلقاها من خلال حواسنا. إذا حدث هذا السيناريو عندما نكون في حالة مزاجية جيدة، فمن المرجح أن يبادر في أذهاننا أن الشخص ربما لم يرانا لأنه لم يكن يرتدي نظارات أو كان مشغولاً. قد نشعر برد فعل عاطفي ضئيل أو معدوم.

إذا شعرنا بالإحباط قليلاً ذلك اليوم. فقد تخبرنا قصتنا، وحديثنا الذاتي، أن الشخص تجاهلنا عمداً، وأننا قد فقدنا صديقاً آخر. قد يتبادر إلى أذهاننا أننا قد قمنا بأشياء قد أزعجت ذلك الشخص. حتى لو لم نشعر بالاكْتئاب الشديد في البداية، فإن هذا النوع من الحديث الذاتي يمكن أن يجعلنا نشعر بالسوء. إذا كان الحديث الذاتي يخبرنا أنه تم تجاهلنا ففي هذه الحالة فقد نشعر بالغضب. إذا كان يشير إلى إزعاج شخص بطريقة ما، فقد نشعر بالذنب. إذا كان يشير إلى أننا فقدنا صديقاً على الأرجح فقد نشعر بالوحدة والحزن.

تفسيرات متعدّدة ومختلفة لنفس مجموعة من الحقائق ولكن من المحتمل أن تكون عشرة. يعتبر العالم كأنه فيلم صامت يكتب كل واحد منّا تعليقه الخاص به. ويمكن أن تؤثر التفسيرات لما يحدث للتو وأيضاً على ما سيحدث بعد ذلك. وذلك يكون بتفسير حميد. قد ننسى الحادثة بسرعة. وهذا سلوك سلبي، قد ندخل في دوامة من توبيخ الذات الذي فعلته أليس بعد لقائنا مع رئيسها: ماذا فعلت؟ ماذا يحدث معي؟ لماذا لدي المزيد من الأصدقاء؟ غالباً ما تأتي الأفكار السلبية وتنتكر على شكل أسئلة قد يكون لها إجابات. بعد خمس أو عشرة دقائق، نجد تلك الأسئلة تظلّ تزعجنا. مع عدم وجود الإجابات الواضحة.

العديد من المواقف الغامضة، لكن الطريقة التي نفسر بها تحدث فرقاً كبيراً في كيفية تفاعلنا. هذا هو نموذج العاطفة أ.ب.ج. يمثل الحرف أ- حقائق الموقف- ما ستراه وتسجله كاميرا الفيديو. - ب- هو التفسير الذي نقدّمه للموقف وهي "القصة الجارية" في غالب الأحيان تكون من الواقع أي أنها الحقيقة. -ج- هو رد فعلنا: مشاعرنا، أحاسيس جسدية وسلوكنا. غالباً ما نرى الموقف (أ) ورد الفعل (ج) لكننا غير مدركين للتفسير (ب). نعتقد أن الموقف نفسه تسبّب في ردود أفعالنا العاطفية والجسدية، بينما كان في الواقع تفسيرنا للوضع.

قالت أليس بعد الاجتماع مع مشرفها: "كنت أعرف أن عملي لم يكن جيداً بما الكفاية".

with her supervisor. Alice's supervisor had called the meeting because he could see that Alice was exhausting herself and hoped to lighten her load a little by getting her some help with projects. The supervisor had not thought for a moment that Alice was failing.

"Wendy and the kids are sick to death of my feeling sorry for myself," reported Jim. "They are not going to be able to put up with me much longer." Actually, Jim's family was *worried* to death, and they kept trying to come up with ways to cheer him up or just ignite a spark of life in him again. Jim was too ashamed of himself to take notice.

To complicate matters, our reactions then have an impact of their own. When we feel low, we're likely to pick out and elaborate on the most negative interpretation. Once we've seen someone pass us in the street and our low mood has brought to mind the interpretation that he or she "deliberately ignored me," this only makes us feel even lower. In turn, the increasingly deteriorating mood leads to questions about why this person "snubbed me," which only marshals more evidence to support our case of our own unlikability: *This happened to me just last week with so-and-so; I don't think anyone likes me; I just can't make lasting relationships; What's wrong with me?* The stream of thoughts begins to settle on a theme of worthlessness, isolation, and inadequacy.

If you're familiar with this kind of thought stream, it may be helpful to know that you're not alone in this pattern of negative thinking. In 1980, Philip Kendall and Steven Hollon decided to make a list of thoughts expressed by their depressed patients, shown in the box on page 23. The themes of worthlessness and self-blame permeate the list. If we're feeling okay at the moment, we might see quite clearly that these thoughts are distortions. But when we're depressed, they can seem like the absolute truth. It's as if depression is a war we wage against ourselves, and we marshal every bit of negative propaganda we can muster as ammunition. But who wins this war?

The fact that we often take these toxic and distorted thoughts about ourselves as unassailable truth only cements the connection between sad feelings and self-critical thought streams. Knowing this is vitally important to understanding why depression takes hold in some people and not in others or on some occasions and not on others.

ترجمة الصفحة (22):

العقل، الجسد، والعاطفة

كان مشرف أليس قد أمر بالاجتماع لأنه لاحظها أنها كانت ترهق نفسها وتأمل أن يخفف عبئها قليلا عن طريق مساعدتها في المشاريع. لم يخطر في بال المشرف للحظة أن أليس تفشل.

قال جيم "ويندي والأطفال مريضين حتى الموت بسبب شعوري بالأسف على نفسي"، صرّح جيم "لن يكونوا قادرين على التحمل معي لفترة أطول" لكن في الواقع، كانت عائلة جيم قلقة حتى الموت وظلّوا يحاولون إيجاد طرق استعادة لإسعاده أو مجرد إشعال شرارة من الحياة فيه مرّة أخرى. كان جيم يخجل من نفسه لدرجة أنه لم ينتبه.

لتعقيد الأمور، يكون لردود أفعالنا تأثير خاص بها. عندما نشعر بالضّعف، من المحتمل أن نختر ونفصل أكثر في التفسيرات السلبية. إذا كان مزاجيا متدنّي بمجرد أن نرى شخصا يمرّ بنا في الشارع فيكون تفسيرها قائلا بأنه: "تجاهلني عن عمد"، فإنّ هذا يجعلنا نشعر بأننا أقلّ انخفاضا. في المقابل، يؤدي المزاج المتدهور بشكل متزايد إلى تساؤلات حول سبب "تجاهل" هذا الشخص، والذي لا يقوم إلا بحشد المزيد من الأدلة لدعم قضيتنا الخاصة بعدم قدرتنا: لقد حدث لي الأسبوع الماضي مع كذا وكذا؛ لا أعتقد أنّ أحدا يحبّني: أنا فقط لا أستطيع إقامة علاقات دائمة؛ ما خطبي؟ فيبدأ تيار الأفكار في الاستقرار على موضوع انعدام القيمة، العزلة، وعدم الملاءمة.

إذا كنت معتادا على هذا النوع من تيار الأفكار، فقد يكون من المفيد معرفة أنّك لست وحدك في هذا النمط من التفكير السلبي. في عام 1980، قرّر فيليب كيندال وستيفن هولون وضع قائمة تتضمن الأفكار التي عبّر عنها مرضاهم المصابين بالاكتئاب. كما هو موضّح في المربع في الصفحة 23. تشمل القائمة موضوعات انعدام القيمة ولوم الذات. إذا كنّا نشعر أنّنا بخير في الوقت الحالي، فقد نرى أنّ هذه الأفكار تشويه. لكن عندما نشعر بالاكتئاب، يمكن أن تبدو مثل الحقيقة المطلقة. حيث يبدو الأمر كما لو أنّ الاكتئاب حرب نخوضها ضدّ أنفسنا. وننظّم كلّ جزء من الدّعاية السلبية التي يمكننا حشدها كخبرة. لكن من ربح هذه الحرب؟

حقيقة أنّنا غالبا ما نأخذ هذه الأفكار السامة والمشوّهة من أنفسنا على أنّها حقيقة لا يمكن تعويضها إلا أنّها تعزّز العلاقة بين المشاعر الحزينة وتيارات التفكير النقدي الذاتي. إنّ معرفة هذا الأمر مهمّ لفهم سبب تغلغل الاكتئاب لدى بعض الأشخاص وليس في البعض الآخر أو في بعض المناسبات وليس في البعض الآخر.

**Automatic Thoughts
of People Currently Depressed**

1. I feel like I'm up against the world.
2. I'm no good.
3. Why can't I ever succeed?
4. No one understands me.
5. I've let people down.
6. I don't think I can go on.
7. I wish I were a better person.
8. I'm so weak.
9. My life's not going the way I want it to.
10. I'm so disappointed in myself.
11. Nothing feels good anymore.
12. I can't stand this anymore.
13. I can't get started.
14. What's wrong with me?
15. I wish I were somewhere else.
16. I can't get things together.
17. I hate myself.
18. I'm worthless.
19. I wish I could just disappear.
20. What's the matter with me?
21. I'm a loser.
22. My life is a mess.
23. I'm a failure.
24. I'll never make it.
25. I feel so helpless.
26. Something has to change.
27. There must be something wrong with me.
28. My future is bleak.
29. It's just not worth it.
30. I can't finish anything.

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الأفكار المألوفة من طرف الأشخاص المكتئبين حالياً

1. أشعر وكأني في مواجهة العالم.
2. أنا لست جيداً.
3. لماذا لا أستطيع أن أنجح على الإطلاق؟
4. لا أحد يفهمني.
5. لقد خذلت الناس.
6. لا أعتقد أنه يمكنني الاستمرار.
7. كنت أتمنى لو كنت شخصاً أفضل.
8. أنا ضعيف جداً.
9. حياتي لا تسير بالطريقة التي أريدها.
10. أشعر بخيبة أمل شديدة في نفسي.
11. لا شيء يشعر بالارتياح بعد الآن.
12. لا أستطيع تحمل هذا بعد الآن.
13. لا يمكنني البدء.
14. ماذا يحدث معي؟
15. كنت أتمنى لو كنت في مكان آخر.
16. لا أستطيع تجميع الأشياء.
17. أكره نفسي.
18. أنا عديم القيمة.
19. أتمنى لو كان بإمكانني الاختفاء.
20. ما هي مشكلتك؟
21. أنا ضائع.
22. حياتي ليست منتظمة.
23. أنا فاشل.
24. لن أفعل ذلك أبداً.
25. أشعر بالعجز الشديد.
26. شيء ما يجب أن يتغير.
27. لا بد أن هناك خطأ ما.
28. مستقبلي كئيب.
29. الأمر لا يستحق ذلك.
30. لا أستطيع إنهاء أي شيء.

When such thoughts have affected us on one occasion, they remain ready to be triggered on other occasions. And when they are triggered, they drag our mood down even further, draining what little energy we have at a time when we need all our resources to cope with what has happened to us. Imagine what effect it would have on you if someone stood behind you all day telling you how useless you were when you were trying desperately to cope with a difficult experience. Now imagine how much worse it would be if the criticism and harsh judgment came from inside your own mind. No wonder it seems so real—after all, who knows us better than ourselves? These thoughts can trap us, turning a small sadness into a tangled web of brooding preoccupation.



Negative thoughts can trigger depression or feed it once a low mood is upon us. We might sink into a glum mood by thinking *Nothing ever goes right for me*. That mood may then trigger self-criticism like *Why am I such a loser?* As we try to unravel the cause of our unhappy state, our mood plunges. As we investigate questions about our worthlessness, we form a whole scheme of other negative thoughts, ready to be recruited at a moment's notice in the future.



Unhappiness itself is not the problem—it is an inherent and unavoidable part of being alive. Rather, it's the harshly negative views of ourselves that can be switched on by unhappy moods that entangle us. It is these views that transform passing sadness into persistent unhappiness and depression. Once these harsh, negative views of ourselves are activated, not only do they affect our mind, they also have profound effects on our body—and then the body in turn has profound effects on the mind and emotions.

Depression and the Body

Depression affects the body, as demonstrated by the symptoms of major depressive disorder presented earlier. It rapidly leads to dysregulation of

ترجمة الصفحة (24):

العقل، الجسد، والعاطفة

عندما تكون هذه الأفكار قد أثرت علينا في حادثة واحدة، فإنّها تظلّ على استعداد لأن يتم إطلاقها في حوادث أخرى. وعندما يتمّ تحفيزهم. فإنّهم يجذبون مزاجنا أكثر، ويستنزفون ما لدينا من القليل من الطّاقة في وقت نحتاج فيه إلى جميع مواردنا للتعامل مع ما حدث لنا. تخيل مدى تأثير ذلك عليك إذا وقف شخص ما خلفك طوال اليوم يخبرك كم كنت عديم الفائدة عندما كنت تحاول يائسا التعامل مع تجربة صعبة. تخيل الآن إلى أيّ مدى سيكون الأمر أسوأ إذا جاء النّقد والحكم القاسي من باطن عقلك. لا عجب في الأمر يبدو واقعيًا للغاية، هل يوجد من يعرفنا أكثر من أنفسنا؟ يمكن لهذه الأفكار أن توقفنا وتحولّ حزنا صغيرا إلى شبكة معقّدة من الانشغال الفكري.

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يمكن للأفكار السّلبية أن تؤدي إلى الاكتئاب بمجرد أن تكون الحالة المزاجيّة سيئة. قد ندخل في مزاج كئيب من خلال التّفكير أنّ لا شيء يسير على ما يرام بالنّسبة لي. قد يؤدي هذا المزاج إلى نقد الذات مثل لماذا أنا فاشل؟ بينما نحاول كشف سبب حالتنا التّعيّسة. أثناء قيامنا بالتحقيق حول الأسئلة المتعلّقة بعدم قيمتنا ينخفض مزاجنا. فبالنتالي نحضر مخططا كاملا للأفكار السّلبية الأخرى. ونكون على استعداد لتجنّبها في أيّ لحظة في المستقبل.

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التّعاسة في حدّ ذاتها ليست مشكلة لأنّها جزء متّصل بالحياة ولا يمكن تجنّبها. في الواقع، تتحوّل الحالة المزاجيّة الغير السّعيدة بسبب الآراء السّلبية القاسية عن أنفسنا. هذه الآراء هي التي تحوّل الحزن العابر إلى تعاسة مستمرّة واكتئاب. بمجرد انتشار هذه الآراء القاسية والسّلبية عن أنفسنا، فإنّها لا تؤثر فقط على أذهاننا، بل لها أيضا آثار عميقة على أجسادنا ومن ثمّ يكون للجسد بدوره تأثيرات على العقل والعواطف.

الاكتئاب والجسم

يؤثر الاكتئاب على الجسم، ويتّضح أيضا أنّه من أعراض الاضطراب الاكتئابي الشّديد التي تمّ عرضها مسبقا. أنّه يؤدي إلى خلل في

our eating habits, sleep, and energy levels. We might not feel like eating, which can eventually result in severe and unhealthy weight loss. Or we might overeat, gaining inordinate amounts of weight. Our sleep cycles can be disrupted in either direction too: either we feel low energy most of the time and sleep too much, or we find it difficult to get enough sleep. We may find ourselves waking in the middle of the night or early in the morning and being unable to get back to sleep. As in Alice's case, we churn over and over the events of our lives and the inadequacy of our response to them.

The bodily changes we experience in depression can have profound effects on how we feel and think about ourselves. If the changes in the body wind up activating old themes of how inadequate and worthless we are, then even minor and temporary changes in the body can make our low mood deepen and persist.

Eighty percent of those who suffer from depression consult their physician because of aches and pains in the body that they cannot explain. Much of this is linked to the tiredness and fatigue that come with depression. In general, when we encounter something negative, the body tends to tense up. Our evolutionary history has bequeathed us a body that will prepare for action when it perceives a threat in the environment, such as a tiger, that we need to avoid or escape from. Our heart rate speeds up, and blood is shifted away from the surface of the skin and the digestive tract to the large muscles of the extremities, which tense up in readiness to fight or flee or freeze. However, as we will see in more detail in Chapters 2 and 6, the most ancient parts of the brain make no distinction between the external threat of the tiger and internal "threats" such as worries about the future or memories from the past. When a negative thought or image arises in the mind, there will be a sense of contraction, tightening, or bracing in the body somewhere. It may be a frown, a stomach churning, a pallor in the skin, or a tension in the lower back—all part of a preparation to freeze, fight, or run.

Once the body reacts in this way to negative thoughts and images, it feeds back to the mind the information that we are threatened or upset. Research has shown that the state of our bodies affects the state of

ترجمة الصفحة (25):

لماذا لا تتركني التعاسة

تنظيم عادات الأكل، النوم، ومستويات الطاقة لدينا. عدم الرغبة في تناول الطعام، مما قد يؤدي في النهاية إلى فقدان وزن شديد وغير صحي. أو قد نتناول أكلات دسمة وبالتالي نكتسب وزن زائد بكميات كبيرة ويمكن أيضا أن تتعطل وتتغير دورات نومنا في أي من الاتجاهين: إما أن نشعر بانخفاض الطاقة معظم الوقت وننام كثيرا، أو نجد صعوبة في الحصول على قسط كاف من النوم. قد نجد أنفسنا مستيقظين في منتصف الليل في الصباح الباكر ولا نستطيع العودة إلى النوم. كما هو الحال عند أليس. فإننا نعيد الأحداث التي حدثت في حياتنا وعدم التمكن من فعلنا لها.

يمكن أن تكون للتغيرات الجسدية التي نمر بها أثناء الإصابة بالاكتئاب أثارا مؤيدة على ما نشعر به ونفكر به بشأن أنفسنا. إذا انتهى الأمر بالتغيرات في الجسم إلى تنشيط موضوعات قديمة حول مدى عدم ملاءمتنا وغياب قيمتنا. فحتى التغيرات الطفيفة والمؤقتة في الجسم يمكن أن تجعل مزاجنا المتدني يتعمق ويستمر.

ثمانون في المائة ممن يعانون من الاكتئاب يستشيرون طبيبهم بسبب الأوجاع والآلام التي لا يمكن التخلص منها بشكل واضح في أجسادهم. وكثيرا ما يرتبط هذا بالثعب والإرهاق الذي يكون سببه هو الاكتئاب. بشكل عام، عندما نواجه شيئا سلبيا، يميل الجسم إلى التوتّر. لقد أورثنا تاريخنا التطوري جسما يستعدّ للعمل عندما يدرك تهديدا في البيئة، مثل الذي نحتاج إلى تجنبه أو الهروب منه. فتنسارع دقات قلبنا، وينتقل الدم بعيدا عن سطح الجلد والجهاز الهضمي إلى عضلات الأطراف الكبيرة التي تتوتّر استعدادا للقتال أو الفرار أو الانقطاع عن الحركة. ومع ذلك، سوف نرى المزيد من التفصيل في الفصلين 2 و 6 فإن أقدم أجزاء الدماغ لا تميّز بين التهديد الخارجي و التهديدات الداخلية للنمو مثل المخاوف بشأن المستقبل أو الذكريات من الماضي. عندما تظهر فكرة أو صورة سلبية في العقل، سيكون هناك إحساس بالتقلص، الشد أو التدعيم في الجسم في مكان ما. قد يكون ذلك على شكل عبوس، تموجا في المعدة، شحوبا في الجلد أو توتّرا في أسفل الظهر. كلّ ذلك جزء من التحضير للانقطاع عن الحركة أو القتال أو الجري.

بمجرد أن يتفاعل الجسم بهذه الطريقة مع الأفكار والصّور السلبية، فإنّه يعيد إلى الذّهن المعلومات التي يتمّ تهديدها أو إعداده. أظهرت الأبحاث أنّ حالة أجسامنا تؤثر على حالة

our minds without our having any awareness of it. In one study, psychologists asked people to watch cartoons and then rate how funny they were. Some of the people had to do this while holding a pencil between their teeth, so that they inadvertently tightened up the muscles used in smiling. Others had to hold a pencil between pursed lips, which kept them from smiling. Those who watched using their smiling muscles rated the cartoons as funnier. Another study asked people to watch cartoons while using frowning muscles. The inadvertent frowners rated cartoons as much less funny. In a third study, asking people to shake their heads or nod while listening to information influenced their judgments about the information. In all of these cases, the people involved were not aware of this physical influence.

What do these experiments tell us? When we're unhappy, the effect of that mood *on our body* can bias the way we evaluate and interpret things around us without our being even the slightest bit aware that this is happening.

Sam was driving home after a tough day at work. Eager to put it behind him, he looked forward to dinner and watching the basketball game on TV afterward. He had no idea that he had a white-knuckle grip on the steering wheel or that he had tensed his right arm muscles all the way up to his shoulder. But when a car pulled abruptly in front of him from a side street and forced him to put on his brakes, he leaned on the horn and yelled, "Idiot! Don't you have any respect for anyone else out here?" He was surprised to feel his face grow hot, and suddenly he was grumbling mentally about the customer he'd had so much trouble with and how *that guy* had no respect for anyone either and how *no one* ever showed him any respect and he was fed up with messing up his job and everything else. By the time he got home, he'd lost his appetite, poured himself a stiff scotch, and refused to talk to his wife or kids until the game was over.



It's not just that patterns of negative thinking can affect our moods and our bodies. Feedback loops in the other direction, from the body to the mind, also play a critical

عقولنا دون أن يكون لدينا أي وعي بها. في إحدى الدراسات، طلب علماء النفس من الناس مشاهدة الرسوم المتحركة ومن خلال ذلك تم تقييم مدى مرحهم. كان على بعض الأشخاص القيام بذلك، بحيث قاموا من غير قصد بحمل قلم الرصاص بين أسنانهم من أجل شد العضلات المستخدمة في الابتسامة. أما الآخرين كان عليهم أن يمسكوا بقلم الرصاص بين شفاههم، مما منعهم من الابتسام. حيث تم تصنيف أولئك الذين يستخدمون العضلات المبتسمة أثناء مشاهدة الرسوم المتحركة على أنهم أكثر تسلياً. طلبت دراسة أخرى من الناس مشاهدة الرسوم المتحركة أثناء استخدام عضلات العبوس. وقد تم تصنيف الرسوم المتحركة على أنها غير مضحكة وذلك من طرف العابسين. في دراسة ثالثة فقد تم من خلالها مطالبة الناس بهز رؤوسهم أو إيماءة أثناء الاستماع إلى المعلومات التي أثرت في حكمهم. في جميع هذه الحالات، لم يكن الأشخاص المعنيون على علم بهذا التأثير الجسدي.

ماذا تخبرنا هذه التجارب؟ عندما نكون غير سعداء، فإن تأثير هذا المزاج على أجسامنا يمكن أن ينحاز إلى الطريقة التي نقيم بها الأشياء من حولنا ونتخيلها دون أن ندرك أدنى درجة أن هذا يحدث.

كان سام يقود سيارته إلى المنزل بعد يوم شاق في العمل. كان متحمساً للوصول. كان يتطلع إلى العشاء ومشاهدة مباراة كرة السلة على التلفاز بعد ذلك لم يكن لديه أي فكرة عن وجود قبضة بيضاء على عجلة قيادة السيارة كان متوتراً شد عضلات ذراعه اليمنى حتى كتفه، لكن عندما توقفت السيارة فجأة أمامه من شارع جانبي وأجبرته على الضغط على فرامله، ثم كبس على بوق السيارة وصرخ، "أحمق ألا تحترم أي شخص آخر هنا؟" لقد فوجئ بشعور أن وجهه ينمو. وفجأة كان يتذمر عقلياً بشأن العميل الذي كان لديه الكثير من المتاعب معه وكيف أن هذا الرجل لم يكن يحترم أي شخص أيضاً كيف لم يبيده أي أحد الاحترام وكان قد خسر وظيفته وكل شيء آخر. بحلول الوقت الذي وصل إليه للمنزل، كان قد فقد شهيته. وأفرغ على نفسه لعبة المربعات ورفض التحدث إلى زوجته وأبنائه حتى تنتهي اللعبة.

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يمكن أن تؤثر أنماط التفكير السلبي على مزاجنا وأجسامنا وتلعب دوراً مهماً حلقات التغذية الراجعة في الاتجاه الآخر من الجسد إلى العقل وأيضاً لها دور في العودة المستمرة وتعميق التعاسة وعدم الرضا.

role in the persistent return and deepening of unhappiness and dissatisfaction.



The close links between the body and emotion mean that our bodies function as highly sensitive emotion detectors. They are giving us moment-to-moment readouts of our emotional state. Of course most of us aren't paying attention. We're too busy thinking. Many of us have been brought up to ignore the body in the interest of achieving whatever goals we are striving to attain. As a rule, we have not been taught to be attentive to our physical selves as a way of learning and growing, to enhance our effectiveness in social interactions, and even for healing. In fact, if we struggle with depression, we may feel a strong aversion to any signals that our body may be putting out. Those signals may be of a constant state of tension, exhaustion, and chaos in the body. We would prefer to have nothing to do with it in the hope that this interior turbulence will subside on its own.

Naturally, not wanting to deal with the aches, pains, and frowns means more avoidance and therefore more unconscious contraction in the body and the mind. Gradually, we slow down and are less and less able to function. Depression has started to affect the fourth aspect of our lives: our behavior.

Depression and Behavior

As children or young adults, we may have been counseled by well-meaning people to "soldier on" or "just get over it" when we were feeling particularly downhearted or miserable. Perhaps, somewhere along the way, we picked up the message that it was shameful or weak to show our emotions. We naturally assumed that people would think the worst of us if they knew we were depressed.

The thinking that accompanies depression, with its core themes of inadequacy and unworthiness, is infinitely transportable to any situation. Without even knowing it, we can become stuck in believing with great certainty that virtually any stress or difficulty we experience is



هناك روابط وثيقة بين الجسد والعاطفة تعني أنّ أجسامنا تعمل ككاشفات حسّاسة للغاية. حيث يتم إعطاءنا قراءات لحظة بلحظة عن حالتنا العاطفية. بالطّبع معظمنا لا ينتبه. ففي معظم الوقت نظلّ مشغولون جدّاً بالتّفكير. فالكثير ممّا نشأ على تجاهل الجسد من أجل تحقيق أي أهداف نسعى جاهدين لتحقيقها. كقاعدة عامّة، لم نتعلّم كيف نكون مهتمّين بأنفسنا جسدياً. من أجل تعزيز فاعليتنا في التّفاعلات مع المجتمع هناك أسلوب من التّعلّم والنّمو وحتّى للشفاء. في الواقع، إذا كنّا نعاني من الاكتئاب فقد نشعر بنفور شديد للإشارات الّتي قد يفرضها جسمنا. قد تكون هذه الإشارات بحالة توتّر وإرهاق وفوضى مستمرة في الجسم. نحن نفضّل ألا يكون لنا أيّ علاقة به على أمل أن يهدأ هذا الاضطراب الشّديد من تلقاء نفسه.

بطبيعة الحال، فإنّ عدم الرّغبة في التّعامل مع الأوجاع والآلام والعبوس يعني المزيد من التّهريب وبالتالي المزيد من الانقباض اللّواعي في الجسم والعقل. تدريجيّاً، نتباطأ ونصبح أقلّ قدرة على العمل. فيبدأ الاكتئاب يؤثّر على الجانب الرّابع من حياتنا؛ ألا وهو سلوكنا.

الاكتئاب والسلوك

قد تمّ نصحنّا من قبل أشخاص ذوي نوايا حسنة عندما كنّا أطفالاً أو شباب من أجل أن "نناضل" أو "مجرّد التّعلّب عليه" عندما نشعر بالحزن أو البؤس بشكل خاص. ربّما، في مكان ما على طول الطّريق، التقطنا رسالة كان محتواها أنّه من المخجل أو من الضّعف اظهر مشاعرنا. لأنّنا قد افترضنا بطبيعة الحال أنّ النّاس سوف يفكرون حول الأشياء السّلبية الّتي لدينا إذا علموا أنّنا مكتئبون.

إنّ التّفكير المصاحب للاكتئاب، بموضوعاته الأساسيّة المتمثّلة في عدم الملائمة وعم الجدارة. يمكن نقله بلا حدود إلى أيّ موضع دون معرفة ذلك، يمكن أن نتمسّك بالاعتقاد بكلّ يقين كبير أنّ أيّ ضغط أو صعوبة نواجهها

our fault and that it is our responsibility to sort it out for ourselves. And when working harder doesn't solve anything, that's our fault too. The result is terminal exhaustion.

Whenever Alice's mood began to sink, and she felt her energy was just draining out of her, she consciously adopted a strategy of giving up her "unimportant" and "nonessential" leisure activities, which actually gave her pleasure, such as seeing friends or just going out for fun. As she saw it, this strategy made sense because it meant that she could focus her dwindling energies (which she viewed as a strictly limited fixed resource) on her more "important" and "essential" commitments and responsibilities. This is understandable, except that her essential commitments included being the perfect homemaker, mother, and employee, as well as, of course, meeting all the demands and expectations of family, friends, colleagues, and bosses, whether or not these were reasonable or realistic. In giving up the "nonessential and unimportant" leisure activities that might have lifted her mood and extended rather than depleted her reserves of energy, Alice deprived herself of one of the simplest and most effective strategies for reversing a decline into depression.

Professor Marie Åsberg from the Karolinska Institute, Stockholm, has described this "giving up" as drifting down a funnel of exhaustion (see the figure). The funnel is created when the circles of our lives become smaller and smaller. The narrower the funnel becomes, the more likely a person is to experience burnout or exhaustion.

Jim also had noticed that he no longer looked forward to seeing friends in the way that he normally did and that he wasn't getting the same kick out of the things that he used to enjoy. Each time he considered going out, the thought arose, *What's the point?—Nothing's going to make any difference to the way I feel, so I'll save myself the effort, and stay in and rest—that will make me feel better.* Unfortunately, as Jim was lying on the couch resting, his mind simply drifted into well-worn self-critical grooves. These, of course, all combined to create the perfect setup for the persistence and deepening of his depression. Jim's "rests" ended up making him feel even worse.

ترجمة الصفحة (28):

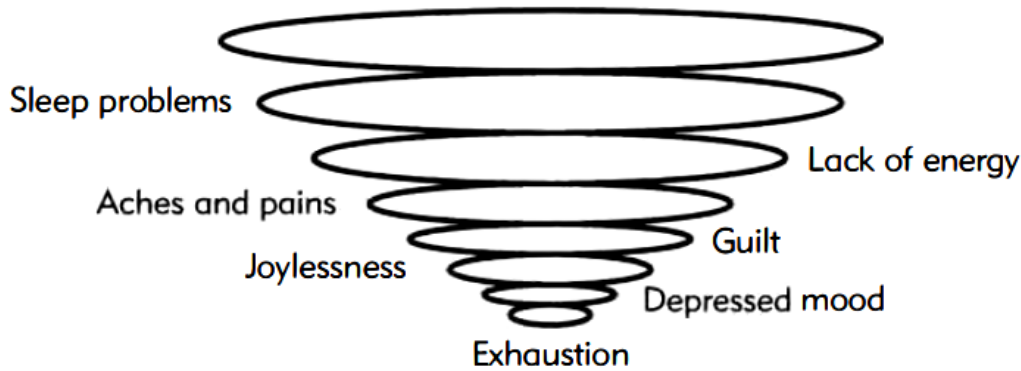
العقل، الجسد، والعاطفة

تكون جراء أخطائنا ومن مسؤوليتنا حلّها بأنفسنا وعندما لا يحلّ العمل الجاد أي شيء، فهذا سيكون خطأنا أيضا. والنتيجة هي استنفاد نهائي.

عندما بدأ مزاج أليس في التدهور. وشعرت أنّ طاقتها كانت تستنزف منها للتو، تبنت بوعي استراتيجية من أجل التخلّي عن أنشطتها الترفيهية "غير مهمّة" و"غير ضروريّة"، ممّا يمنحها في الواقع متعة، مثل رؤية الأصدقاء أو مجرد الخروج من أجل المتعة. فمن وجهة نظرها اعتبرت أنّ هذه الاستراتيجية منطقية لأنّها تعني أنّها يمكن أن تتعامل مع طاقاتها المتضائلة (التي اعتبرتها موردا ثابتا ومحدودا) على التزاماتها ومسؤولياتها "الأكثر أهميّة" و"الأساسيّة" وهذا أمر مفهوم، باستثناء أنّ التزاماتها الأساسيّة تضمّنت أن تكون ربّة بيت، وأمّ، وموظّفة مثاليّة، وكذلك، تلبية جميع مطالب وتوقعات العائلة والأصدقاء والزّلاء والرّؤساء. سواء كان منطقيا أو حقيقيا أو العكس. لقد حرمت أليس نفسها من واحدة من أبسط الاستراتيجيات وأكثرها فعاليّة ألاّ وهي التخلّي عن الأنشطة الترفيهية "غير الضروريّة" وغير المهمّة التي قد ترفع من مزاجها وتطيل احتياطاتها من الطاقة بدلا من استنفادها، وذلك من أجل انخفاض شدّة الاكتئاب.

وصفت البروفيسورة ماري أوسبيرج من معهد كارولينسكا في ستوكهولم هذا "الاستسلام" بأنّه الانجراف نحو الإرهاق (انظر الشكل). يتمّ إنشاء المراكز عندما تصبح دوائر حياتنا أصغر وأصغر. كلّما أصبح مسار التحوّل أضيق زادت احتمالية تعرّض الشخص للإرهاق أو فقدان الاهتمام.

لاحظ جيم أيضا أنّه لم يعد يتطلّع إلى رؤية الأصدقاء التي كان يفعلها عادة وأنّه لم يتحصّل على نفس الاستمتاع بالأشياء التي كان يستمتع بها سابقا. في كلّ مرّة كان يعتقد أنّه يحقّق نشأت الفكرة فما هي الغاية؟ لن يحدث أي شيء يغيّر في الطّريقة التي أشعر بها، لذلك سأوقّر على نفسي الجهد، وأبقى في راحة ممّا يجعلني أشعر بتحسن. لسوء الحظ، بينما كان جيم مستلقيا على الأريكة مستريحا، انجرف عقله ببساطة إلى انتقاد نفسه. هذه بالطبع، اجتمعت جميعها لإنشاء الإعداد المثالي لاستمرار وتعميق اكتنابه. "استراحات" جيم جعلته يشعر بسوء أكثر.



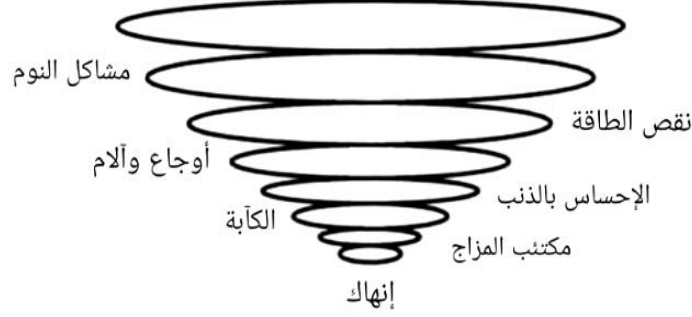
The Exhaustion Funnel. The narrowing area of the circles illustrates the narrowing of life as we give up the things in life that we enjoy but seem "optional." The result is that we stop doing activities that would nourish us, leaving only work or other stressors that often deplete our resources. Professor Marie Åsberg suggests that those of us who continue downward are likely to be those who are the most conscientious workers, those whose level of self-confidence is closely dependent on their performance at work, that is, those who are often seen as the best workers, not the lazy ones. The diagram also shows the sequence of accumulating "symptoms" experienced by Jim as the funnel narrowed and he became more and more exhausted.



Depression makes us behave differently, and our behavior can also feed depression. Depression certainly affects the choices we make regarding what to do and not do, and how to act. If we're convinced we're "no good" or unworthy, how likely are we to pursue the things that we value in life? And when we make choices informed by a depressive state of mind, they're more than likely to keep us stuck in our unhappiness.



If we have been depressed before, a low mood can become easier and easier to trigger over time, because each time it returns, the thoughts, feelings, body sensations, and behaviors that accompany it form stronger and stronger connections to each other. Eventually, any one element can trigger depression by itself. A fleeting thought of failure can trigger a huge sense of fatigue. A small comment by a family member can trigger an avalanche of emotions such as guilt and regret,



مركز الإنهاك يمثل النطاق الضيق لدوائر تضيق الحياة حيث نتخلّى عن الأشياء التي نتمتع بها في الحياة ولكنّها تبدو "اختياريّة". والنتيجة هي أنّنا نتوقّف عن القيام بالأنشطة التي من شأنها أن تغدّينا. ونترك فقط العمل أو غيره من الضغوط التي غالبا ما تستنفذ مواردنا. تقترح البروفيسور ماري أوسبيرج أنّ أولئك الذين يواصلون الهبوط من المحتمل أن يكونوا أولئك الذين هم أكثر العاملين ضميرا، أولئك الذين يعتمدون على مستوى ثقّتهم بأنفسهم بشكل كبير على أدائهم في العمل، هم أولئك الذين غالبا ما ينظر إليهم على أنّهم أفضل العمّال، وليس الكسالى. يظهر الرّسم التخطيطي أيضا تسلسل "الأعراض" المتراكمة التي عانى منها جيم عندما ضاق به المسار وأصبح مرهقا أكثر فأكثر.

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يجعلنا الاكتئاب نتصرّف بشكل مختلف، ويمكن لسلوكنا أيضا أن يتأثّر بالاكتئاب. يؤثّر الاكتئاب بالتأكيد على الخيارات التي نتخذها فيما يتعلّق بما يجب فعله وما لا نفعله وكيفية التصرّف. إذا كنّا مقتنعين بأننا "لسنا صالحين" أو غير جديرين، فما مدى سعينا وراء الأشياء التي نقدّرها في الحياة؟ فعند اتّخاذنا القرارات ونحن في حالة ذهنيّة مكتئبة، فمن المحتمل أن تجعلنا عالقين في تعاستنا.

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إذا كنّا تعرّضنا للاكتئاب من قبل، يمكن أن يصبح المزاج المنخفض أسهل وأسهل في التحفيز بمرور الوقت، لأنّه في كلّ مرّة يعود، تشكّل الأفكار، والمشاعر، الأحاسيس الجسديّة والسلوكيات المصاحبة له بروابط أقوى وأقوى مع بعضهما البعض. في النهاية، يمكن لأيّ عنصر أن يؤدّي إلى الاكتئاب من تلقاء نفسه. ويمكن أن يؤدّي التفكير العابر للفشل إلى شعور كبير بالتعب، تعليق صغير من قبل أحد أفراد الأسرة يمكن أن يثير فيضا من العواطف مثل الشعور بالذنب والندم.

feeding a sense of inadequacy. Because these downward spirals are so easily triggered by small events or mood shifts, they feel as if they come out of nowhere. And once depression takes hold, we can feel powerless to prevent it from getting worse or to make it better. All our attempts to control our thoughts or to snap out of our feelings are to no avail.

What can we do to prevent the normal and understandable emotion of unhappiness from persisting or spiraling down into depression? Our first challenge will be to understand why it is that we feel so powerless to change how we are feeling and why, despite valiant efforts to assert control, we are continually getting ourselves more and more stuck. As we stated in the Introduction, we will discover that there are very good reasons for this. It is not for want of trying or because there is actually something wrong with us. Rather, it is because our efforts have taken us in the wrong direction!

Freedom from depression is possible, but that freedom comes from an entirely different perspective and understanding of what the problem actually is—that perspective will serve as a map to guide us into a new territory within our own being and experience, where we can tap into and harness deep interior resources of the mind that most of us never suspected we had.

وأيضاً الشعور بالنقص. نظراً لأنه من السهل جداً تحفيز هذه اللوالب من خلال أحداث صغيرة أو تقلبات مزاجية، فإنّها تشعرنا وكأنّها تأتي من العدم، وبمجرد أن يترسّخ الاكتئاب، يمكننا أن نشعر بالعجز لمنعه من التّفاقم أو تحسينه، كلّ محاولتنا للسيطرة على أفكارنا أو التّخلّص من مشاعرنا بلا جدوى.

ما الذي يمكننا فعله لمنع المشاعر الطّبيعيّة والمفهومة من التّعاسة من أجل تفادي استمرارها أو تفاقمها إلى الاكتئاب؟ سيكون التّحدّي الأوّل الذي يواجهنا هو فهم سبب شعورنا بأنّنا غير قادرين على تغيير ما نشعر به ولماذا، على الرّغم من الجهود الشّجاعة من أجل تأكيد السيطرة، فإنّنا باستمرار نعلّق أنفسنا أكثر فأكثر، كما ذكرنا في المقدّمة، سوف نكتشف أنّ هناك أسباباً جيّدة جداً لذلك، إنّّه ليس بسبب الرّغبة في المحاولة أو لأنّ هناك شيئاً خاطئاً في الواقع. بل لأنّ جهودنا أوصلتنا إلى الاتّجاه الخاطئ!

التّحرّر من الاكتئاب أمر ممكن، ولكن هذه الحرّية تأتي من منظور مختلف تماماً وفهم ما هي المشكلة في الواقع أنّ هذا المنظور سيكون بمثابة خريطة لإرشادنا إلى منطقة جديدة داخل كياننا وخبرتنا، حيث يمكننا الاستفادة منها وتسخير الموارد الدّاخلية العميقة للعقل التي لم يشك معظمنا أبداً في وجودها.

Summary

The translation of terms related to depression is considered one of the branches of scientific translation, and it is characterized by being one of the most difficult types of translation at all, as it is related to mental health.

This research aims to show how difficult it is, to translate terms related to depression from English into Arabic language, and the translator's inability, due to the lack of culture or knowledge necessary to use them to avoid making mistakes.

In order to verify the validity of this hypothesis, we have translated part of the book "The mindful way through depression" .

This is in order to shed light on these terms through the use of appropriate mechanisms, and the use of the translation methods of Vinay and Darbelnet, as well as analyzing and comparing them to the Arabic language.

Through our study of this subject, it became clear to us that we can use many strategies in order to decode psychology terms in particular, and therefore the adoption of effective translation strategies will facilitate the translation process.

Key words:

Depression, Major depression, Cognitive Behavior Therapy, Nerve cells, Electroconvulsive therapy, Mindfulness, Source text, Target text, Scientific translation, Scientific text, Comparative Stylistics Approach.

ملخص المذكرة

Translating Terms Related to depression

يعتبر من احد فروع الترجمة العلمية ويتميز بكونه من اصعب انواع الترجمة على الاطلاق لما له علاقة بالصحة النفسية

يهدف هذا البحث الى اظهار مدى صعوبة ترجمة المصطلحات المتعلقة بالاكتئاب من اللغة الانجليزية الى اللغة العربية، وعدم قدرة المترجم عليها بسبب غياب الثقافة او المعرفة اللازمة استعمالها لتفادي الوقوع في الاخطاء.

و للتحقيق من صحة هذه الفرضية ، قد قمنا بترجمة جزء من الكتاب

"The Mindful Way Through Depression "

وذلك من أجل تسليط الضوء على هذه المصطلحات عن طريق استخدام الآليات المناسبة واستعمال أساليب الترجمة لفيني و داربلني و أيضا تحليلها و مقارنتها في اللغة العربية.

من خلال دراستنا لهذا الموضوع تبين لنا أنه يمكننا استخدام العديد من الاستراتيجيات من أجل فك تشفير مصطلحات علم النفس على وجه الخصوص. و بالتالي، فإن اعتماد إستراتيجيات الترجمة الفعالة سيسهل عملية الترجمة.

الكلمات المفتاحية:

الإكتئاب، الإكتئاب الشديد، علاج السلوك المعرفي، الخلايا العصبية، علاج بالصدمة الكهربائية، تركيز كامل للذهن، النص الأصلي، النص الهدف، الترجمة العلمية، النص العلمي، أسلوب المقارنة.