

Medical translation: functionalist approaches



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Translation is used in every day life and is used in multiple fields of work. Translation is defined in the Collins Dictionary as “ a piece of writing or speech that has been translated into another action” and as “ the act of translating something”. The two definitions point to the two different ways translation is explained, the first as being the product produced by the translator and the second as the actual process of translation. The dictionary of Translation Studies additionally introduces “ sub types” of translation such as “ literary translation, technical translation, subtitling and machine translation. . . interpreting” (Hatim, Munday: 2004). The sub type I shall be discussing is medical translation.

“ At every milestone, translation was the key to scientific progress as it unlocked for each successive inventor and discoverer the minds of predecessors who expressed their innovative thoughts in another language” (Fischbach: Wright1993). Translation has been used since Hippocrates and Galen in Greek and was translated primarily into Latin and Arabic, Arabic especially in the Middle Ages. This spread knowledge to the Western world producing translations into Castilian and English.[1]

Whilst medical translation shares many features with other sub types in that it involves adapting to cultural differences, using technological tools and communicating through linguistic barriers, this sub type has many “ specialties” of its own. When translating a medical text, one must be careful to communicate the specific knowledge correctly. “ Factual complexity and accuracy” becomes a main priority for the translator. Medical terminology, communicative situations (among specialists, in the mass media, in

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education, to patients, in campaigns and internationally), medical genres and medical ethics also influence the way in which translation is produced. I shall be focusing on functional approaches to translation, introducing Vermeer's Skopostheorie, Reiss' theory of text types and functional equivalence and lexical equivalence, applying them to the aspects of specific audiences, Latin based terms, medical English standardisations and medical texts.

Functionalism is the broad term used for the many theories that approach translation using functionalist methods. It focuses on the importance of the function or functions of the target text rather than the linguistic equivalence to the source text.

“ Texts are produced with a specific purpose or function in mind. The starting point for any translation is therefore not the linguistic surface structure of the ST, but the purpose of the TT” (Nord: 1997).

It also includes the notion of translation as communication. Translation is defined as a purposeful, transcultural activity whose linguistic form depends on the function or the purpose of the target text. Action, communication and cultural theories are included under the title of functionalism. Skopostheorie, translational action theory and Reiss and Vermeer's general theory of translation will be discussed in further detail.

The main theory within functionalist approaches is Skopostheorie, (Skopos meaning purpose in Greek) by Hans J. Vermeer. Vermeer believes that linguistics alone is not enough for translation as he believes not all problems can be solved solely through language abilities but that “ the prime principal

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determining any translation process is the purpose (Skopos) of the overall translational action” (Vermeer: Nord1997). He understands translation as a human action and that all actions are intentional and purposeful behaviours.

“ Any form of translational action, including therefore translation itself, may be conceived as an action, as the name implies. Any action has an aim, a purpose. [. . .] The word Skopos, then, is a technical term for the aim or purpose of a translation” (Vermeer1989).

He also adds that these behaviours take place in situations which happen in cultures which consequently leads to the Skopostheorie being culture specific as Holz-Manttari explains in further detail.

From this thought, Vermeer derives a general Skopos rule, which states:

“ translate/interpret/speak/write in a way that enables your text/translation to function in a situation in which it is used and with the people who want to use it and precisely in the way they want it to function”. This rule is designed to solve dilemmas such as free vs. faithful translation or dynamic vs. formal equivalence.

Another general rule mentioned which will be discussed again later is the coherence rule which concerns the target text must be coherent to allow the intended users to understand it in their situational circumstances. Another important factor of Skopostheorie is that of the addressee which is the receiver or the audience. The translation must be directed towards them, which is why purpose and the coherence rule are so important. ***

Holz-Mantarri's translational action theory goes further than the Vermeer in that she completely disregards the word "translation", referring to it instead as message transmitters. She describes translation as "a complex action designed to achieve a particular purpose". The purpose of this theory is to create the ability to send messages across culture and language barriers by experts (translators). She also highlights the actional aspects of the translation process such as the translator, initiator, message receiver and the situational conditions in which the action (of translation) takes place. She calls this intercultural cooperation.

The audience, as mentioned before, is one of the most important factors in Skopostheorie. Medical translation requires the translator to be faithful to the client as well as the source text***

In the medical field, there are two main types of audiences: the lay audience and the expert audience. Often, when translating medical technical terms, which is very common and can cause problems, terms can be changed or borrowed in order to make sense in the target culture. Because Latin was once the lingua franca of medicine and Greek was the original language of medical text, there still exists today a great amount of Latin and Greek based words and the use of Latin and Greek suffixes and prefixes. This topic has proved difficult for translators as it challenges the Skopostheorie in that linguistic equivalence is not necessary. We see here that this is not always the case. The use of Latin words is extremely common in English; words such as pneumonia and appendicitis are very common amongst both types of audiences. When translating into romance languages and even into

Germanic languages, the word tends to be equivalent to that of the English with minor spelling changes:

EnglishSpanishGerman

Pneumonia Neumonia Pneumonie

Appendicitis Apendicitis Appendizitis

However, in some countries such as Germany and Denmark, Latin continues to act as the lingua franca in medicine and therefore is not understood by the lay audience. They are replaced by more popularized terms in order to reach out to a larger audience:

GermanDanish

Expert: appendizitis expert: Appendicitis

Non- expert: Blinddarmentzündung non-expert: blindtarmsbetoendelse

Expert: Pneumonie expert: pneumoni

Non- expert: Lungenentzündung non- expert: lungebetoendelse

[1]Hippocrates, known as “ the Father of Medicine”, was known for his medical knowledge which Galen and Perganum expanded 400 years after. The numerous articles of Hippocrates and Galen gave way to the need of medical translation. Aulus Cornelius Celsus, otherwise known as Cicero, was the first to translate the Greek works and terms into Latin in the first century AD. With the rise of Islam in the seventh century, and the establishment of <https://assignbuster.com/medical-translation-functionalist-approaches/>

medical schools in the major cities such as Baghdad and Damascus created the need for translation of Greek medical works into Arabic. By the Middle Ages, translation from Arabic to Latin saw the spreading of information to the Western world and Christian Europe and with the colonisation of the New World and the discovering of new drugs, translations into Castilian and English were produced in the sixteenth century (Fischbach: Wright1993). In the Renaissance, Latin was the Lingua Franca creating translations between Latin and vernacular languages and between vernacular languages themselves (Montalt and Davies, 2007).