FUNCTIONALIST APPROACHES TO TRANSLATION WITH REFERENCE TO MEDICAL ARTICLES

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Abstract

English has undoubtedly become the *lingua franca* of scientific writing. Since more and more medical journals are published in English worldwide, the translation of such articles becomes of undisputed importance. Researchers communicate the results of their research in various journals. With the increasing awareness and interest of people in their own health, such articles are also translated in order to be published in popular health magazines. Thus, the translation of medical articles is gaining mounting significance and is becoming as important as any other translation.

Keywords: **specialised translation, medical articles, strategy, problems, methods**

"It has been practically proven that the more specific the use of knowledge and information in a text, the harder it is for the translator to know in advance every possible script, frame or schema" (Kostopoulou 2007:151). Should this mean that the translation of highly scientific language such as that of medical articles should not be attempted for fear of failure? On the contrary, such a language could represent a vast and rich area for translation studies.

Medicine is one of the three oldest recorded fields of human knowledge and discovery, along with theology-philosophy, and astronomy-geography. The history of medical translation dates back to times that precede the writings and the work of the Western father of Medicine, Hippocrates. Pilegaard quotes Fischbach who states that medical translation "is the most universal and oldest field of scientific translation because of the homogenous ubiquity of the human body" (cited in Trosborg 1997: 160). This is due to the fact that Greek medical scholars had access to earlier writings in languages such as Sanskrit or Egyptian. Other great civilisations like Indian or Chinese also produced writings of medical research. They sometimes combined their medical observations with elements of religion or magic in order to try to explain different phenomena.

After a contribution of over 2,000 years, Greek and Latin have shaped today's medical English. English has "inherited" roots and affixes. Thus for a professional in the field of medicine, reading papers in English or other languages may not be so difficult since many European languages, along with Romanian, have built their medical terminology on Greek or Latin.

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However, with the emergence of the necessity to communicate the research results of scientists in this vast field, translations have become of utmost importance. Without translating such articles published in the constantly growing number of journals worldwide, communication among scientists would be impeded. Before any attempt to translate such texts is made, some theoretical premises need to be addressed.

Functionalist approaches in Translation Studies are the consequence of the developments in the field of pragmatics. In order to make translation "scientific or objectively justifiable" (Fawcett 1997:104) it was necessary to adopt the idea of text function, that is, analysing the way in which a text works. In her attempt to find a way to assess the quality of a translation, Katharina Reiss realised that the text type will decide what translation strategies should be used. Thus, she divided text types according to their function into informative, expressive and operative. Nevertheless, text types cannot be classified as pure, there will be intersections between them and overlaps of different types. These types will also include subdivisions: plays, novels, poetry, propaganda, reports, etc, but the type of equivalence and the strategy to be applied will be determined by the "overall text type" and not the subdivisions (ibid.:105). Regardless of interferences between text types, one function will predominate in any text. Consequently, each language function will have an equivalent "language dimension" (ibid.:104). As a result, informative texts will use logical language, expressive texts will rely on aesthetic language whereas operative types will make use of dialogic language. In spite of the function the source text may have, the translated one has to convey the same effect in the receptor language.

It is the type of the text which will determine the translation strategies to be applied. Nevertheless, identifying the text type does not mean that a particular strategy in its translation has to be applied. One text type can be translated to function as another one in the target language. "Giving primacy to the function may seem like a sensible thing to do; and it may seem like a desirable thing to do (...) but it is still not a necessary thing to do" (ibid.:107).

Jeremy Munday quotes Mary Snell-Hornby (2008:76) who includes medical texts in the category of special language translations, along with legal, economic, science or technology language. According to her classification, medical texts belong to the group of informative texts in which the language is expected to be objective and factual, logical, and the target text (TT) should "transmit referential content". Pilegaard quotes Brunt (in Trosborg 1997:159) who attributes medical English to the field of "technical" or "scientific English".

The *skopos* theory, developed by Katharina Reiss and Hans Vermeer around the 1980s, signalled a change in thinking from the structural linguistic approach that had been the dominant one. According to Vermeer (in Dimitriu 2002: 55), "defining the translation *skopos* is the first step translators must take before actually proceeding to the translation proper". A distinct advantage of this theory is the fact that it allows the text to be translated in different ways depending on the purpose of the target text. In Vermeer's

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theory the translator's work must be guided by two rules: that of intratextual coherence and of intertextual coherence. Thus, the translated text can have the same function as the source text (ST) in the source language and culture or it can have another function. However, in the translation of medical articles it is desirable that the purpose of the TT be the same as that of the ST. It is the translator's decision whether the text should be summarised, abridged, reduced or whether certain parts may be left out. However, such omissions of parts of the text should not affect the TT in any way, on the contrary, they should improve the quality of the text. Apart from omissions, the translator may decide whether explanations or extensions would be necessary to make the TT coherent and clear for the reader. Annotations or exemplifications can be inserted in the text but these should never be disruptive or too extensive to raise difficulties for the readers.

According to Vermeer, two main concepts pertain in the functionalist approach towards translation. These are:

- the coherence rule;
- the fidelity rule.

The coherence rule requires that the TT should conform to the standard of intratextual coherence, while the fidelity rule entails an intertextual coherence between the TT and the ST. Fidelity, however, does not imply that the final product of the translation process is a "mere copy" of the original (Neubert 2003:68 in *Translation Today. Trends and Perspectives*). Ideally, however, all the features of the ST are rendered in the TT (Dollerup 2006:157). Fidelity to the source text can be the *skopos* for specific translations but it is not the only goal of translation. Maximum fidelity to semantic content can be achieved by the use of notes which also contribute towards the production of a clean text (Pym 2010:90).

Specialised translation defines the translation of texts produced for practical purposes and not aesthetic ones. These types of texts are characterised by specialised terminology, the target group is a restricted one and they are difficult to understand without knowledge in the field (Borja 2009:58).

Although medical articles abound in highly specialised language, the aim of terminology "is the efficient transmission of specialised information" (Beeby 1998:262). In order to approach terminology the mere use of dictionaries to translate such articles might fail since "translators must go beyond dictionaries and grammars to investigate the contexts of related discourses" (ibid.:5).

Christiane Nord establishes a typology of translations from a strictly functional perspective distinguishing between the function of the process of translation and the translation as a result. From the point of view of translation processes translation can be of two types:

a) documentary translation: the translation has a function which is independent from the original text and is perceived as a translation. Word-for-word and literal translation can be included in this type. Here, certain culture-specific

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lexical items may be preserved in the TT, in order to maintain the "local colour of the ST (Munday 2008:82).

b) instrumental translation, or 'function preserving translation', as Nord calls it (cited in Munday 2008:82): the translation has in the target culture the same function that the original text had in the source culture; thus, the text is perceived as an original one. The function of the TT may be the same as that of the ST.

The purpose the translator has in producing a documentary translation is "to provide a kind of 'document' of communicative interaction between the author and his/ her source readers that takes place in the SC" (Dimitriu 2002:56)

Using the instrumental translation, the TT will have the same function as the ST. Here, different scientific and technical texts can be listed (instruction manuals). In the case when identity of functions between the ST and the TT is present, such texts are equifunctional. They can also be heterofunctional if there is an attempt to achieve similar functions as the ST, or homologous.

Due to their highly specialised character, medical articles belong to the second type of translations. Such articles carry vital information the distortion of which could easily alter the main purpose for which they were written, hence, an equifunctional translation has to be applied in order to maintain the functional feature of the text.

There has always been the question regarding who should carry out translations of medical articles: the translator or the physician. Because "knowledge of language [is] clearly not enough for successful translation" (Beeby 1998:16), because "the process of translation involves more than exchanging words in one linguistic system for another, more than an appreciation for the lexis, grammar and register" (Fischbach 1998:107) and because a mistranslation can have serious repercussions, the process should be performed in cooperation. As Jo Ann Cahn states "a professional translator (...) with medical knowledge is probably better than a dilettante doctor with some linguistics knowledge" (cited in Fischbach 1998:73)

Medical articles written for publication in journals have a rather strict structure divided into sections: introduction, material and method, results and discussion. However, not all physicians keep to this structural rule, either misplacing information in the wrong section or simply disregarding the purpose of the section. It is the responsibility of the translator to correct such errors and to arrange the text according to the format of the scientific paper. Simply translating the text and checking the correctness of the terminology proves insufficient in the case of poorly written texts. Translators should take greater responsibility and also do macroediting in order to ensure that the text is coherent and cohesive.

Due to the purpose of medical articles and their scientific terminology, the most useful theoretical approach to their translation is, undoubtedly, the functionalist one. By adopting it, translators will become increasingly aware of the similarity of functions between source and target texts they will need to achieve when translating medical

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articles. Besides, a coherent and cohesive translation of a medical article will imply that it should read as if it were an original. With the *skopos* theory in mind functional translations can be achieved. Thus, "translation (...) should be understood as communication not as the search for an exact equivalence" (Gonzales 2004:114).

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