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KEY CHALLENGES AND THEIR SOLUTIONS IN MEDICAL TRANSLATION

Translating medical texts is a great challenge. Medical translation belongs to a prominent group of technical translation. It is one of the most difficult translations and requires excellent knowledge of English as well as very good knowledge of medical terminology and medicine in general. The best translator is a person educated in both English and medicine. The ability to spot and solve translation problems is at the core of a professional translator's practice.

The aim of this article is to consider some difficulties of medical translation, namely defining the degrees of fidelity, rendering of medical metaphors, and expression of cultural perceptions.

Translating is about thinking clearly and understanding a text before relaying it in the target language. One of the main setbacks an inexperienced medical translator can come across is not spotting that there is a problem in the text. Frequently, novice translators just do not see that there is a problem where an expert translator would pick it up straight away. Therefore, it is crucial to become aware of the fact that not everything may be as easy as it seems at a first glance and improve your spotting or noticing, deciding, and self-monitoring skills.

By spotting or noticing we mean noting, observing, or paying special attention to a particular item, generally as a prerequisite for learning. Deciding is inherent to the whole process: to making macro- and micro-decisions, to brainstorming and choosing strategies and procedures, as well as to justifying your decisions. Justifying is related mainly to final problem-solving by making an informed choice and depends on the development of appropriate self-monitoring skills. It is highly probable that some of these skills may overlap and that different translators will acquire them following different routes and rates [3, p.26].

A translation problem can be defined as a (verbal or nonverbal) segment that can be present either in a text segment (micro-level) or in the text as a whole (macro-level) and that compels the translator to make a conscious decision to apply a motivated translation strategy, procedure and solution from amongst a range of options [1, p.74]. A translation strategy links the goals of the translation assignment with the necessary procedures to attain these goals in a given translation context by means of a group of coordinated decisions: parallel or logical thinking, resourcing, classifying, selecting, playing with words, accessing semantic fields and schemata, looking at procedures lists, scanning published translations, etc. Translation procedures are a range of specific techniques such as explicitation, foot-notes, calques, cultural adaptations, paraphrasing, substitutions, omissions, additions to re-express the source text in an acceptable way [1, p. 91].

Finally, a professional translator should be able to justify or evaluate the translation solution chosen in accordance with the translation context and considering the text, genre, discourse, function, and assignment [2, p.34].

Translation problems may be different for different translators. Translating and learning styles along with the personal and professional background of each translator will determine individual perceptions of translation problems.

One of the main challenges in medical translation is defining the degrees of fidelity. Different translations will require different degrees of fidelity depending on their purpose (skopos) and on who will be reading them. A technical text translated for a specialized journal requires a different approach from the translation of a joke, a poem, or an advertisement [5, p.42].

There are no changes in the message that has to be conveyed, that is, in what has to be said, or in who it is addressed to, but there have been changes in how it has been rendered for lexical, pragmatic, and sociocultural reasons.

The translator has to deal with the following points:

- ✓ Choosing between keeping mainly the meaning or the effect of the source text, or both if possible,
- ✓ Keeping to the translation assignment, i.e., writing bearing in mind the purpose of the target text as described by its initiator,
- ✓ Bearing in mind the reader who will receive the message,
- ✓ Applying appropriate strategies and procedures to solve potential problems
- ✓ Justifying and monitoring the appropriateness of the chosen translation solutions, and
- ✓ Producing a coherent translation that conforms to the norms of the target language and culture as well as to the text type required [7, p.24].

Interlineal translation is useful to understand how a language works syntactically, for example, but not to produce fluent texts.

Literal translation moves a step further towards the target language and is “correct” syntactically but can produce calques.

Balanced translation is more fluent and follows the source text closely.

Idiomatic translation tries to convey a similar effect on the reader of the target text.

Free translation emphasizes the effect without changing the message, as has been seen in the example above. It usually involves changing cultural references, dealing with wordplay, and so on, and is sometimes known as Adaptation.

We can conclude that translation is now mainly considered as “a dynamic process of communication” [5, p.54], communication being the key word here, whereas equivalence, understood as a one-to-one textual relaying, has no place in translation discussions.

Another key problem of medical translation is the rendering of metaphors. They are also very common in medical texts, in which abstraction and fuzziness can be present. Despite aiming for an objective language to explain medical processes, free from what some consider to be obscure references, metaphors, idioms, and, sometimes, even proverbs can be found in many scientific texts. Research points to the fact that metaphorical thinking is inborn and makes it easier for us to interpret and filter the messages around us [3, p. 64]. Moreover, metaphors in a given field bring to the surface its underlying conceptual system while helping the reader to visualize and understand its construction, its development, and its way of facing challenges.

The differentiation between denotative and connotative meaning can be a good starting point for exploring the question of medical metaphors. Denotation refers to the basic meaning of a word, e.g. rose (a flower), whereas connotation refers to the emotional associations the same word may carry for different users in different contexts, e.g. a trip to the seaside will put the roses back in your cheeks. The challenge in translation comes when the translator has to determine whether the denotative and connotative meaning of a word is the same for the source and target communities or if only partial or no equivalence can be established, whether the application of a given translation procedure is called for. Different degrees of correspondence can be established, for example, complete correspondence (same meaning); partial correspondence (same meaning, but different lexical or syntactic construction); partial correspondence: metaphors, idioms, and cultural references (same meaning, different cultural references); partial correspondence (polysemy: not all the meanings of the expression can be translated); false friends; lexical or phonetic correspondence, but a different meaning; no correspondence [7, p.64].

Common metaphors and idioms in medicine can be related to the war, sports, colours, spring, youth, animals, computers, food, or hunting, among other concepts. On the other hand, medicine also influences everyday language that has drawn from the field to illustrate different experiences.

The next challenge of medical translation is transferring cultural references. Some of the most specialized textual genres, such as research papers and in particular original articles, are highly standardized internationally. However, as we move along the continuum of medical written communication, genres and texts become more localized in specific cultural settings and, as a consequence, may reflect cultural elements such as:

- ✓ systems of weights and measures,
- ✓ references to health systems / administrative systems,
- ✓ social norms when dealing with ethnic groups, disabled groups, sex groups, etc.,
- ✓ varying degrees of formality, tenor,
- ✓ elements of popular knowledge (popular beliefs),

- ✓ degree of democratization of medical knowledge,
- ✓ differences in the relationship patient-physician,
- ✓ average medical education of the population,
- ✓ status and prestige of a given medical tradition,
- ✓ differences in basic notions to do with senses, such as hot, cold, sweet, etc. [8, p.27]

Here, we will reflect on how culture permeates the texts in each linguistic community determining and shaping style, meanings, and terminology, thus becoming a focal point of study and observation for any medical translator.

Despite the many attempts to define culture, no agreement has been reached as to its nature, perhaps unsurprisingly, since instability is its main feature. At first glance, spotting a cultural reference in a text may seem a straightforward task but culture understood as a manifestation of reality in a given context, is not objective, for its connotations may vary according to beliefs and values, producing different mind maps of the world [4, p.166].

According to David Katan, culture is the framework that helps the individual be a part of a given community; it is a system for orienting experience and forming a mental map of the community [6, p.86].

Basil Hatim, on the other hand, places cultural references on a cline between sociocultural objects with which the social life of given linguistic communities are normally identified, and sociotextual practices, which are influenced by the former [5, p. 159].

We would like to suggest the following operative definition of cultural reference adapted to translation purposes. Any kind of expression (textual, verbal, non-verbal or audiovisual) denoting any material, ecological, social, religious, linguistic, or emotional manifestation that can be attributed to a particular community (geographic, socio-economic, professional, linguistic, religious, bilingual, etc.) and would be admitted as a trait of that community by those who consider themselves to be members of it. Such an expression may, on occasions, create a comprehension or a translation problem [10, p.19].

As can be inferred from this definition, one person can belong to several different cultural communities and, although not all the members of the community will accept these manifestations as true or even like them, they will recognize them as belonging to their community.

Observing and reading about the communities involved can be accompanied by the exploration and practice of techniques that can help to solve the translation problems further such as chunking, proposed by Katan [6, p.148-157], i.e. finding alternatives to the cultural blocking problem. Through chunking up, down or sideways, the translator changes the size and the viewpoint of the problematic segment when there is no correspondence: from subatomic to universal, from concrete to abstract, from one way of viewing the world to another, from one cultural framework to another.

Thus, the complexity of medical translation consists in the huge and promptly growing vocabulary of medicine, the idiomaticity of the professional medical language, prevalence of metaphors in medical communication, grammatical difficulties of the English sentence, and cultural peculiarities. The successful performance of this kind of activity requires a close acquaintance with medicine.

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СПОСОБИ ПЕРЕДАЧІ ПРОПРІАЛЬНОЇ ЛЕКСИКИ У ХУДОЖНЬОМУ ТЕКСТІ

У статті розглядаються способи і засоби передачі власних назв у художньому творі, досліджені відомими вченими–лінгвістами. Передача пропріальної лексики є невід’ємним компонентом для досягнення комунікативно–функціональної ефективності, яка має великий вплив на читача. Визначено основну роль перекладу онімної лексики, досліджено основні способи і засоби передачі власних назв.

Ключові слова: переклад, власна назва, транслітерація, транскрипція, транспозиція, калькування, хибні друзі перекладача.

METHODS OF TRANSLATION OF PROPRIAL VOCABULARY IN ARTISTIC TEXT

The article deals with the ways and means of translation proper names in an artistic text, explored by well-known scientists-linguists. The translation of proprial vocabulary is an integral component to achieve communicative and functional efficiency, which has a great influence on a reader. The main role of translation of proper names is determined, the main methods and means of translation of proper names are explored.

Key words: translation, proper name, transliteration, transcription, transposition, tracing, false friends of the translator.

Проблемі ономастичних досліджень було присвячено чималу кількість праць, адже власні назви займають важливе місце у системі лексичних засобів мови та мають особливе призначення у процесі комунікації [3]. Загальновідомо, що оніми виступають індивідуальними найменуваннями окремих одиничних об’єктів, які належать до реалій певної мовної культури, відрізняючи її від інших та називають об’єкт думки, особу чи місце, єдине та неповторне у своєму роді. Вивчення власних назв у художньому творі та у художньому перекладі неможливе без дослідження способів і засобів їх передачі.

Серед базових праць з ономастики та перекладознавства варто назвати наукові розробки вітчизняних на зарубіжних лінгвістів Л. Белея, А. Гудманяна, Л. Вергун, В. Калінкіна, Ю. Карпенка, Е. Магазаніка, М. Мельник, Ф. Дебуса, В. Кьонінга та інших.

Мета статті полягає в аналізі праць, присвячених власним назвам у перекладі, та виокремленні основних способів та засобів передачі пропріальної лексики.

А. Швейцер розумів під «перекладом» односпрямований та двофазний процес міжмовної та міжкультурної комунікації. У результаті цього процесу на основі цілеспрямованого аналізу первинного тексту відбувається створення вторинного тексту (метатекст), який слугує заміною первинного тексту у другому мовному і культурному середовищі [9]. Перекласти – означає точно і повністю виразити засобами однієї мови те, що уже раніше виражено засобами другої мови. Як зауважував Я.І. Рецкер, головною особливістю при перекладі є в першу чергу збереження цілісності. Під цілісністю він розумів єдність форми і змісту на новій мовній основі [8].

Власні назви завдають значних труднощів при їх передачі з іноземної мови на рідну. Адже такі помилки можуть привезти до неточностей і дезінформації. Наприклад, помилка при перекладі особового імені в офіційному документі може призвести навіть до судового позову. Т. Кияк зазначає, що відтворення онімів ґрунтується на наступному правилі: для мов з однаковою графікою назва переноситься з оригіналу в переклад, якщо це стосується мов з різними графіками – транскрибується [4].

Як правило, у традиційному перекладознавстві прийоми, що застосовуються при передачі власних назв з іноземної мови на рідну, називають перекладом. Однак група лінгвістів заперечує таке трактування, зазначаючи, що ці процеси важко назвати перекладом, оскільки оніми здебільшого транскрибуються або транслітеруються. Тільки в окремих випадках власні назви можуть перекладатися.