

Complementarity between Translation Memories and Computer-Aided Translation Tools: Implications for Translator Training

Mohammad Ahmad Thawabteh

Abstract

The leading edge of technological development which translators up to now have only dreamed of is perhaps the shift to Translation Memories (TMs). Since they came onto the market in the 1990s, TMs have gained importance in translation training for enhancing speed, productivity and quality. The translator's demanding job goes far beyond mere knowledge of two languages and cultures to ineluctable knowledge of technological skills. The present article shows that introducing TMs to translator training has indeed given the translation profession a new lease on life. The article is based on hands-on experience from the MA Translation and Interpreting programme at Al-Quds University in which a one-off translation technology (TT) course is offered as part of the requirements for a master's degree in Translation and Interpreting. The article reveals that although translation students stand in awe of TMs, they are faced with the multifarious intricacies of TMs, mainly because (1) they are unperceptive rather than perspicacious; (2) they are unable to be conversant with Computer-Aided Translation (CAT) tools; and (3) they are unable to integrate these tools with one another for the sake of appropriate translation. The article concludes that integrating CAT tools with TMs may give rise to optimal translation, with minimal communication breakdowns and maximal communicative thrust.

Keywords: *technology; translation memories; SDL Trados; translator training; CAT tools*

Introduction

Technology has become the personal fiefdom of some translation theorists and practitioners for the past few decades. It can be roughly defined as “methods, systems, and devices which are the result of scientific knowledge being used for practical purposes” (Collins Cobuild 2003) which, according to Austerlühl (2006: 51), “serves to enhance the translators’ hermeneutic abilities.” By way of example, the use of parchment for an old-time writing, and then moving to paper, print technology and electronic technology show obvious technological advancement, deemed to be of paramount importance to human beings since time immemorial. It is true, therefore, that technology helps people to process information as efficiently and effectively as possible. Its presence in translator-training institutions seems to be needed, according to the type of translation involved (e.g., literary versus technical translation). Surveying twenty Palestinian translation graduates on the absence of translation technology (TT) from master’s curriculum in two Palestinian universities offering a degree in translation and interpreting, Thawabteh and Shehab (2017: 37) found out that the graduates were “dissatisfied with the fact that TT is missing from the programme’s curriculum” at one university. In this vein, European Master’s in Translation (EMT) campaigns for developing six sets of competences in trainee translators to put them at a considerable advantage on the job market, among which is technology (see Al-Shehari 2017: 357).

The fact that translation is eclectic in nature makes it possible to have good relationship with other disciplines from social and natural sciences, e.g. media studies, sociology, technology, etc.. A proper relationship with technology has been well-established (on the technology of machine translation and Translation Memory tools, see Gil and Pym

(2006: 16) for the former and Bowker (2002: 92) for the latter). To better explore such a relationship, it would be interesting to examine a definition of translation: it refers to the transference of meanings across languages and cultures, namely from Source Language (SL) into Target Language (TL) or, more precisely, “reproducing in the receptor language the closest natural equivalent of the SL message, first in terms of meaning and secondly in terms of style” (Nida and Taber 1974: 12). Regardless of a plethora of criticism on this definition by many translation theorists and practitioners over decades now, the transference process is of particular interest to me as the ultimate goal of such transference is knowledge-based. For exactly the same goal, technology stands four-square behind the transference of knowledge. Roughly speaking, technology “makes information and processes available to all” (Pym 2006: 113). All in all, technology is understood as a means by which transference is made as is translation.

Nevertheless, many translators and translator trainers may still have immense interest in translation in its conventional sense. Brian Mossop argues that “if you can’t translate with a pen and paper, then you can’t translate” (Pym 2005: 1). This is true to some extent. Pym (*ibid.*) further states: “No amount of new technology will make up for the basics.” True enough again. However, the greater role technology plays in shaping our translation world is indescribable, primarily due to its ability to extend ‘human capacities’ (Gil & Pym 2006). One of the widespread technologies which has shifted from downstream to upstream is the leading-edge technology of Translation Memories (TMs) which have worked for the benefit of high translation quality, consistency of translation and an increase in productivity (see also Esselink 2000; Bowker 2002; Zughoul & Abu-Alshaar 2005; García 2006; Gil & Pym 2006; Elimam 2007; Austerlühl 2001; Azzam 2004; Thawabteh 2013). TMs are “specifically designed to recycle previously created translations as much as possible” (Esselink 2000: 362), particularly in “the translation of any text that has a high degree of repeated terms and phrases, as is the case with user manuals, computer products and versions of the same document (website updates)” (Gil & Pym 2006: 8).

SDL Trados stands as one of the several TMs which “can be used to translate any kind of document that can be opened by Microsoft Word [generating] a statistical overview of the number of the internal repetitions, and fuzzy or exact matches in the translation memory” (Esselink 2000: 368). TMs break down a source text into segments, roughly defined as a manageable bite sized chunk. When the SL segments are translated, they are saved to a Translation Memory (TM). At the same time, the segments are being saved for new translations. The TM is also being used to leverage previously translated content as will be shown later. When one moves to a new segment for translation, the software checks in the TM if there is an identical or similar translation. It then automatically enters the result which is most appropriate for the new target.

When initially introduced, TMs are a lot more user-unfriendly as is the case with everything new coming out. Perhaps the major stumbling block to efficient use of TMs is a lack of translation technological skills on the part of translators (a point that will be discussed later). It is no wonder that some people in our translation world are still insisting on conventional translation tools. This brings to mind the concept of translator training which, according to Caminade and Pym (1997), “has become an integral part of Translation Studies” But the problem is that translator training is most of the time linguistics-oriented rather than technology-oriented as (Venuti 1998: 1) aptly remarks: “translator training [has] been impeded by the prevalence of linguistics-oriented approaches that offer a truncated view of the empirical data they collect.” In fact, translation students seem to agree with the former: in

an appropriately equipped classroom set for translator training at Al-Quds University, students are keen on a classical-teacher-centred translation class, thus concurring with the traditional view. For instance, when asked to translate ten documents, each of which comprising, say, a 500-word repetitive text using Trados, they were genuinely surprised. “Today?” they complained. Nevertheless, real-time interaction with other classmates and with Trados *per se* has changed the current state of the students’ performance. Most interestingly, no sooner had they started to use Trados than they said “Wow! Well, that is it!” A user-unfriendly system has then become a user-friendly one.

Computer-aid translation (CAT) tools

CAT tools are those which have valuable vocational and academic values in translator training setting and, by implication, they are helpful and useful to translators, of which we may mention: Catalyst for software localization and Trados Tag Editor for HTML/XML files, etc.. More problematically, CAT tools should not be confused with the basic translation process. “The recent translation technologies are mostly based on assumptions that translation is phrase-replacement process. They distance the translator from senders and receivers; they privilege consistency rather than communication; they turn the world into databases” (Pym 2005: 4). It ensues, therefore, that the translator should be meticulous enough to give priority to communication rather than consistency.

The Internet’s reach has made CAT tools ubiquitous. A relatively new CAT course is housed in the Department of English Language and Literature at Al-Quds University. A Master’s Degree in Translation and Interpreting is affiliated with the department. Some technological-related software applications such as Déjà vu, Wordfast, SDL Trados, subtitling, dubbing etc. are offered as a requirement for obtaining the degree (see Thawabteh 2009: 166).

A typical CAT translation course comprises of a number of distinguishing characteristics as Gil (2006: 90) argues:

The course comprised 50 hours of learning time, distributed over ten weeks. Of those 50 hours, 5 (10%) were devoted to the translation market, 15 (30%) to translation strategies, 15 (30%) to CAT tools and 15 (30%) to translation projects. The module topics were as follows: Advanced Internet searches; Revision tools with MS Word; terminology management with MS Excel; HTML basics: Creating a simple website with Netscape Composer; HTML for translators: Identifying translatable text inside code; using Translation Memories: Trados; WordFast; DéjàVu.

In this, CAT represents a significant step towards the integration of translation course components, amounting to the learning time allocated to translation strategies and translation projects. Included in a ten-week module is Advanced Internet searches topic which piques our interest because it is introduced as a separate topic from TMs; yet both are closely interconnected.

Methodology

Design of the study

The MA translation programme at Al-Quds University offers a combination of core and elective courses, amounting to 39 credit hours, among which there are a host of TT courses (e.g., Translation Technology and Term Management, Audiovisual Translation, etc.).

Therefore, the students have the chance to receive considerable training for at least two years on special TT courses, which mainly aim at furnishing students with knowledge of electronic tools including some TM systems (e.g., Wordfast and Trados). Based on data derived from an English-Arabic highly repetitive text in the second semester of the academic year 2016/2017, the present study addresses only Translator's Workbench (TWB). Other wide-ranging SDL Trados components e.g., WinAlign, TagEditor, T-Window for Clipboard, etc. are beyond the scope of the study. The study also investigates a well-defined focus on how other CAT tools are (or should be) made use of, and the overall impact on the product. The figures of screenshots represent the students' actual translations. The examples are used to further explain the linguistic and/or technical difficulties the students were faced with in a translation classroom. Equipped with a server-based system on my computer, I could access databases (the process and products of students' translations) and then stored on central file server. The screenshots are good examples of the students' recourse to various CAT tools in the course of translation using TM.

Significance of the study

The polar opposites for translator training for CAT tools in the Arab World seem to mainly focus on linguistic-oriented approaches to translation as can be seen in the many traditional translator-training institutions. Clumsy and ill-starred attempts to introduce TT courses have occasionally been made in the Arab World, with the possible exception of very few institutions, e.g. Hamad bin Khalifa University¹ and Sultan Qaboos University². In the former, a non-credit course is offered whilst in the latter a three-credit hour course is taught on the fringes of the university, covering different translation memories and CAT tools. In terms of research that has exercised considerable influence on TM tools discipline in relation to Arabic, very scant attention has been paid to TM tools (e.g. Azzam, F. 2004; Raddawi & Al-Assadi 2005; Hammadah 2008; Fatini 2009; Thawabteh 2013). In view of a lack of interest in TM and CAT tools, the present study can be considered significant as it is mainly concerned with the minutiae of translator training for TM and CAT tools as can be illustrated in the use of TWB and some CAT tools by MA translation students. Hopefully, this paper will increase translator trainers' awareness of the technology of TM and CAT tools as a growing discipline in translation studies and they can be integrated into translator training.

Discussion and analysis

From this broad kind of analysis, we move on to diversify and corroborate the argument that handles technology: two fairly large inseparably intertwined TM and CAT tools, with very smooth integration. This would not only encourage a kind of translation lubrication, but would also create a translation of high quality. Let us now show translation processes at work in some actual examples. To facilitate reading this article, a typology of the problems the students are encountered with is made.

Perspicacious/unperceptive

Being perspicacious is more favourable than being absent-minded or being unperceptive, for everything, including technology, of course. The translator may be versatile. It goes without

¹ Available at: <http://www.tii.qa/en/ma-translation-studies-mats> (visited July 8, 2017).

² Available at: <https://www.squ.edu.om/Portals/24/pdf/Degree%20Plan/ART/translation.pdf> (visited July 8, 2017).

saying that students belong to various educational backgrounds. Therefore, some may understand things quickly, or may not. For the latter group, tailor-made training may be an outlet. During training, there are always people who find TMs “[a]s a curse: based on a deep feeling of frustration in many translators— mainly, but not only, beginners—due to the perceived steep learning curve needed to master TM” (García 2006: 98). This is true. Insofar as our data is concerned, I could observe that some students are unable to create a TM, the rudimentary knowledge to translate a document using TWB. Others give all attention to Google Translate, for instance. Google Translate is an interesting CAT tool perhaps with the proviso that other CAT tools are concurrently used. It is then important that students are trained to use rightly as many CAT tools as possible, rather being taught to use particular ones.

Inability to be conversant with CAT tools

Student may be able to translate well. That is fine. However, in our translation world, there are a lot of rushed activities. A client may want a document be rushed out. Therefore, the translator should be conversant with as many TMs and relevant CAT tools as possible. In Example 1 below, students perhaps find it easy to translate in a non-problematic way, that is, a one-to-one correspondence between English and Arabic seems to be an easy task.

Example 1:

Discover Agadir, Morocco’s top sea resort: fine sandy beaches, over 300 days of sun per year. An accessible year-round destination!

It is obvious that the student translator seems to be working in TM tool interface. It is perhaps worth pointing out that TWB seems to have been fantastically used to translate Example 1 above as can be shown in Figure 1 below:

اكتشف اغادير التي تعد افضل منتجع في المغرب Discover Agadir. Morocco's top sea resort: fine sandy beaches, over 300 days of sun per year. An accessible year-round destination! الرمالية الخلابة التي يمكن الوصول اليها طيلة ايام السنة

Figure 1: A student’s translation using TWB

Inability to integrate CAT tools

The student translator apparently translates Example 1 without even resorting to a more readily accessible strand of CAT tools usually at his/her fingertips. It is noted here that the student translator seems to have a degree of mastery of the initial stage of TM, so this is literally true. The teacher is, however, aware of the need to familiarise the student with another CAT tool, namely using an Internet search engine like Google for اغادير (agadir). Actually extra-textual information is necessary for making salient choices in the course of translation. The student comes up with more vital information about the city, apparently

through Wikipedia³ that may help refine the first translation, including more workable strategies e.g., adaptation as can be observed Figure 2 below:

السياحة [عدل المصدر]

ما يميز مدينة أكادير الواقعة على الساحل الغربي للأطلسي، هو طقسها المعتدل، وطول شواطئها الممتد على مساحة 30 كيلومتراً، ورمالها الذهبية، وشمس مشرقة لـ 300 يوم في السنة. وهذه الميزة هي التي جعلتها تحل مكانة سياحية ممتازة، حيث تصطف فنادق ومنتجعات فخمة على الشاطئ وكلها تتوفر على ممرات مفتوحة في اتجاه الشاطئ، هذا بالإضافة إلى العمارة المغربية التي تميز هذه الفنادق والمنتجعات بجانب اللمة العصرية، بالإضافة إلى مرافق لممارسة الأنشطة الرياضية مثل الغولف وكرة المضرب والفروسية وغيرها، دون إغفال مرافق العلاج الصحي التي تعد من أكبر وأهم المنتجعات الصحية في المغرب وإفريقيا، خصوصاً في مجال "اللاسوتيرابي"، أي العلاج بمياه البحر.

Figure 2: Using a simple Internet search as a CAT tool

It is fairly obvious that the translation in Figure 2 is more culturally and linguistically appropriate than that in Figure 1. For example, اكتشاف مدينة اكادير الواقعة على الساحل الغربي للأطلسي، (lit. Discover the city of Agadir situated on the Atlantic Ocean Morocco's top sea resort) is a translation made up of a concatenation of sentences put together that, then again, reflects "the closest natural equivalent of the SL message" (Nida and Taber 1974: 12), thus working in tandem with meaning and style. It is clear that drawing on a simple Internet search, i.e. Wikipedia is conducive to optimal translation as it were, as the second attempt to deliver more intelligibly by the same student shows (in Figure 3 below). The student translator makes maximum use of a CAT tool that, in the final analysis, brings about the following translation. Arguably, opting for more than a CAT tool bespeaks optimal translation.

اكتشف مدينة اكادير الواقعة على الساحل الغربي للأطلسي، افضل منتجع في المغرب على الاطلاق،
Discover Agadir, Morocco's top sea resort: fine sandy beaches, over 300 days of sun per year.
ذات الشواطئ الممتدة ورمالها الذهبية، وشمس مشرقة لاكثر من 300 يوم في السنة،
An accessible year-round destination! والتي يمكن زيارتها طيلة ايام السنة

Figure 3: A sample refined translation using TWB after using a search engine

In order to further appreciate the effectiveness and efficiency of CAT tools with which the translator from English into Arabic may be concerned, let us consider the following output sample:

Example 2:

SL: Sam had been **gored** by a rhinoceros

The premise in translation theory is that languages with little linguistic and cultural affinity usually pose enormous problems to translators (be they fully-fledged or novices). The item 'Rhinoceros' is presumably part of a language and culture which are fairly remote from Arabic and Arab culture, thus it may be difficult for, say, a Palestinian translator (working

³ Available at: <https://ar.wikipedia.org/wiki> (visited August 8, 2017)

from English into Arabic) to select the nearest lexical equivalent for the target audience or, more simply, it is intrinsically of culture-specificity. It is, after all, not the product of Palestinian culture, nor is it of Arab culture. A partial solution to this problem is to opt for a user-friendly dictionary, like the one below; it is possible for the translator to easily recognise the apparently problematic lexical item ‘rhinoceros’, by means of its meaning values, i.e., ‘a large animal’, with ‘thick grey skin’, ‘a horn, or two horns, on its nose’. These would help the student translator reach the right lexical equivalent.



Figure 4: Collins Cobuild CAT tool

A far more favourable alternative, and without even consulting a dictionary, is feedback from the teacher that would enable students to use other CAT tools. One is simply a Google Image tool. It may help bring about a visual image of ‘rhinoceros’ that would, drawing on an encyclopaedic knowledge and visual perception of this animal, render it equivalent to saying وحيد القرن (‘rhinoceros’). The first and second CAT tools can yield insights into the transfer of meanings from English into Arabic, and further help the student translator fair-mindedly reflect on procedures that would enhance a translation of good quality, and even accelerate the translation process. For more elaboration, take Example 3, 4 and 5. These are semantically and syntactically the same, but are well-designed to show difference in terms of American and British English and spelling, highlighted in bold. To see how the student deals with this issue, a taxonomy is made.

Example 3

It was getting near lunchtime and I needed some **petrol**, so I left the **motorway**, and drove towards the nearest town. There was a **petrol station** just outside the town and I decided to stop and have a look **round**. I put the car in a **car park** and took a **taxi** to the **centre**. It was midday and very hot, so I stopped at a little **café** with tables on the **pavement**. I started talking to a **lorry** driver, who gave me a history of the town, and afterwards he took me on a guided tour. It made a nice break.

Example 4

It was getting near lunchtime and I needed some **petrol**, so I left the **motorway**, and drove towards the nearest town. There was a **petrol station** just outside the town and I decided to stop and have a look **round**. I put the car in a **carpark** and took a **taxi** to the **centre**. It was midday and very hot, so I stopped at a little **cafe** with tables on the

pavement. I started talking to a **lorry** driver, who gave me a history of the town, and afterwards he took me on a guided tour. It made a nice break.

Example 5

It was getting near lunchtime and I needed some **gas**, so I left the **freeway**, and drove towards the nearest town. There was a **gas station** just outside the town and I decided to stop and have a look **around**. I put the car in a **parking lot** and took a **cab** to the **center**. It was midday and very hot, so I stopped at a little diner with tables on the **sidewalk**. I started talking to a **truck** driver, who gave me a history of the town, and afterwards he took me on a guided tour. It made a nice break.

Creating a new TM

The first thing to do is to create a new TM to start translation work. In Create TM dialogue box, select English (United Kingdom) as your SL and Arabic (Oman) as your TL. Here is a problem. All Arabic varieties in Source Languages and Target Languages menus are more or less the same when it comes to written Arabic. Therefore, it sounds redundant for the translator to choose, as his/her SL or his/her TL, from among the list in Target Languages menu: Arabic (Egypt); Arabic (Iraq); Arabic (Jordan); Arabic (Kuwait); Arabic (Lebanon); Arabic (Libya); Arabic (Morocco); Arabic (Oman) among others. In Figure 5 below,

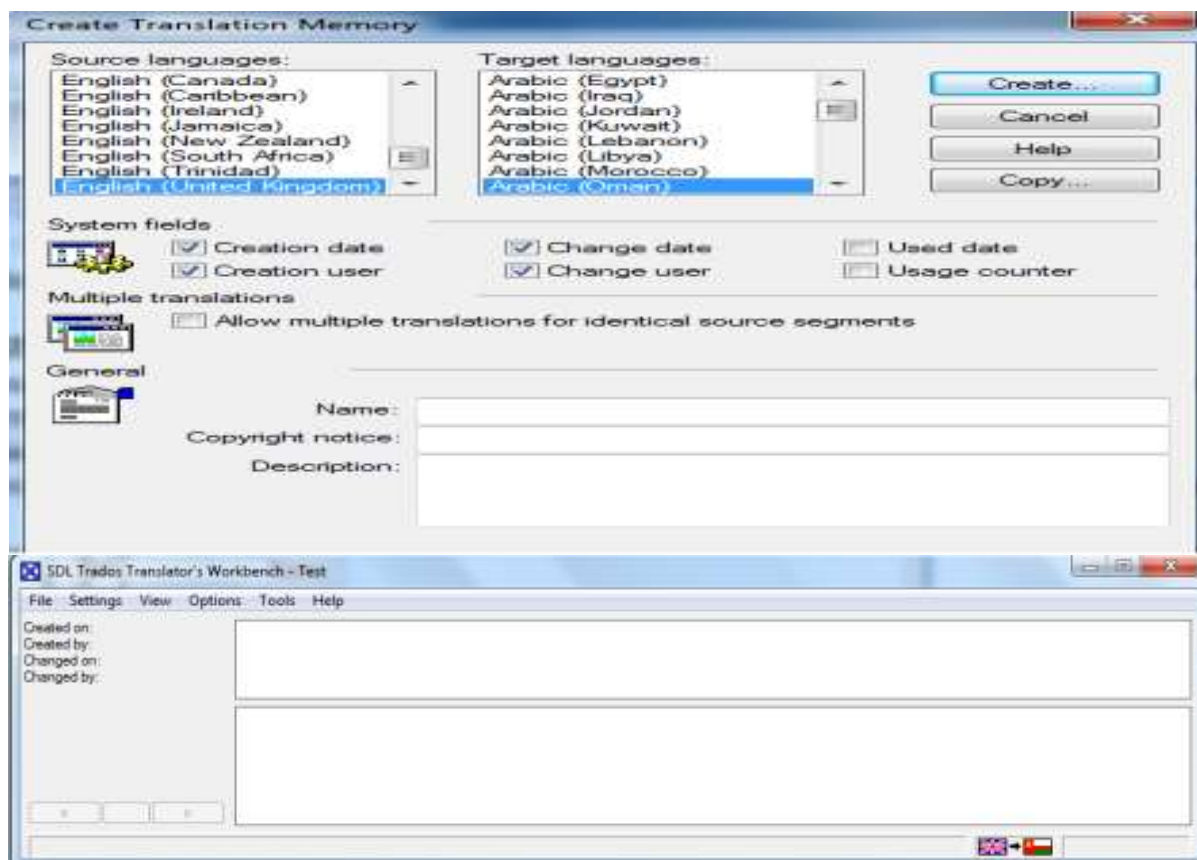


Figure 5: Creating a new TM

Using the Analysis Command

It is perhaps worth stating that pre-translation steps are needed to facilitate maximum translation quality. It seems that the student is singularly ill-equipped to deal with this step. The translator student is then directed to use Analysis command for the first time translation. In this technique, TWB analyses “Word, PowerPoint and Excel documents, HTML, SGML, XML, TRADOS tag (TTX), PageMaker, QuarkXPress, InDesign 2.0 and Ventura tagged text files” (TWB Help 2006)⁴. The Analysis command analyses one or more documents by comparing them with the current translation memory to calculate the number of segment matches between the document(s) and the memory. The five possible types of segment match are Context TM, 100% match, fuzzy match, repetition match and no match. Having created a TM, Analyse File dialogue box opens with no repetition in translation (ibid.) as can be shown in Figure 6 below. The TM serves as a receptacle for all previous translations. Since no translations have been saved to TM, Analysis of Text 1 shows no repetition. This simply means that the student has to settle for translating the text in question.

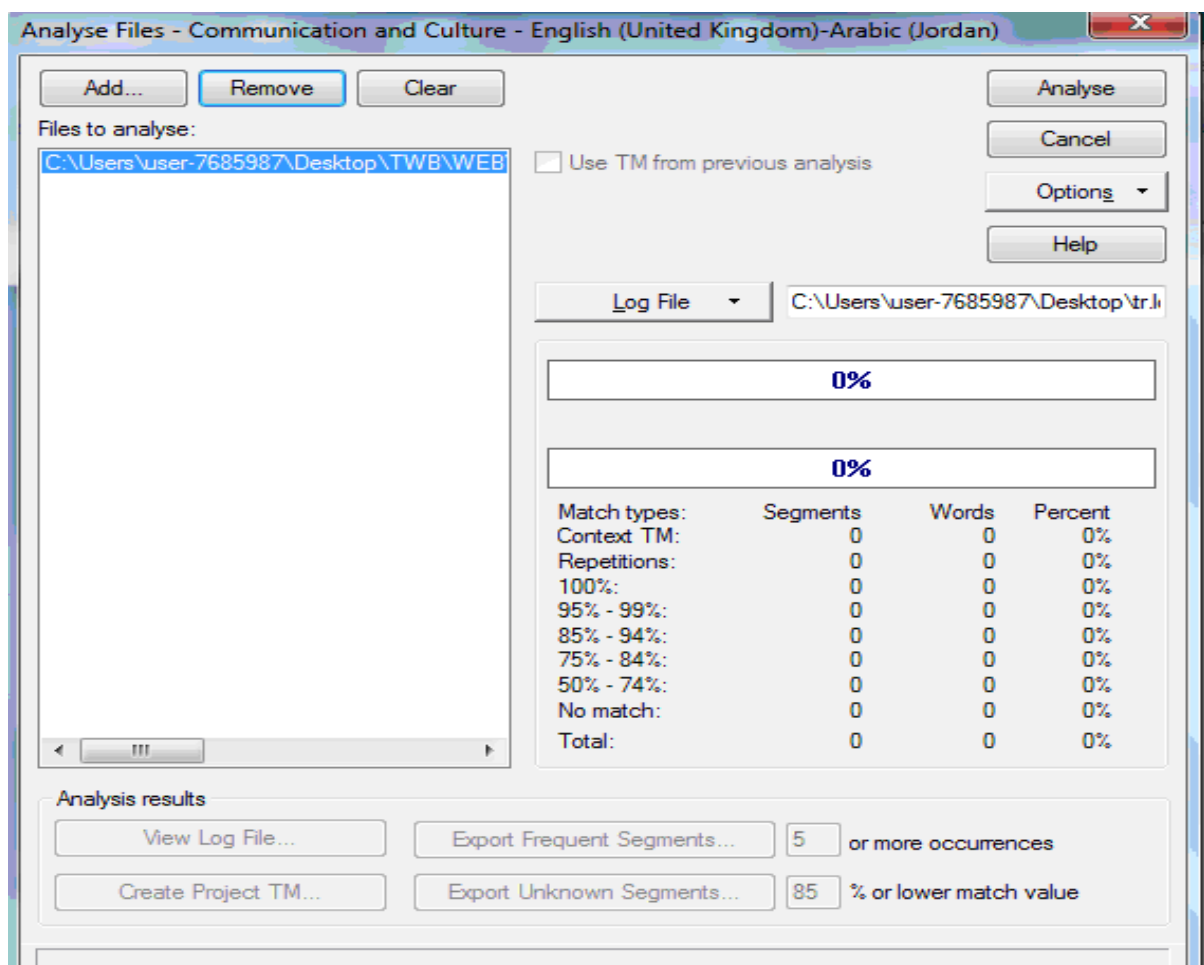


Figure 6: Analysis of Example 3 showing no repetition

Following up analysis of Example 3 showing no repetition, the translation is shown in Figure 7 below:

⁴ Manual of SDL TRADOS7 Freelance.

It was getting near lunchtime and I needed some petrol, so I left the motorway, and <0>
 الطريق السريع باتجاه اقرب مدينة <0> <0> drove towards the nearest town.
 There was a petrol station just outside the town and I <0> <0> decided to stop and have a look round.
 I put the car in a car park and took a taxi to the <0> <0> والتجوال بها.
 It was <0> <0> centre.
 <0> <0> midday and very hot, so I stopped at a little café with tables on the pavement.
 I started <0> <0> الوقت منتصف النهار والجو حار جدا ولذلك دخلت في قهوة صغيرة بها طاولات على الرصيف.
 talking to a lorry driver, who gave me a history of the town, and afterwards he took me
 on a guided tour. <0> <0> وبدأت بالتحدث الى سائق احدى الشاحنات الذي شرح لي نبذة تاريخية عن المدينة وبعد
 ذلك اخذني في جولة سياحية. <0> <0> It made a nice break. <0> <0> كانت تلك استراحة رائعة.

Figure 7: Screenshot of a translation of Example 3

Using the Analysis Command for the subsequent Texts

When the first text is translated, it is now saved on the memory. Using the Analysis command for the next texts will be fruitful for speed, productivity and quality. The analysis says that 4 out of 6 segments observe exact match. For the sake of speed, the student may opt for the pre-translation technique from TM, Tools, or may open the MS Word document and use the Fuzzy Match icon until encountering the segments (two in total) which have fuzzy match. The result is shown in Figure 8 below:

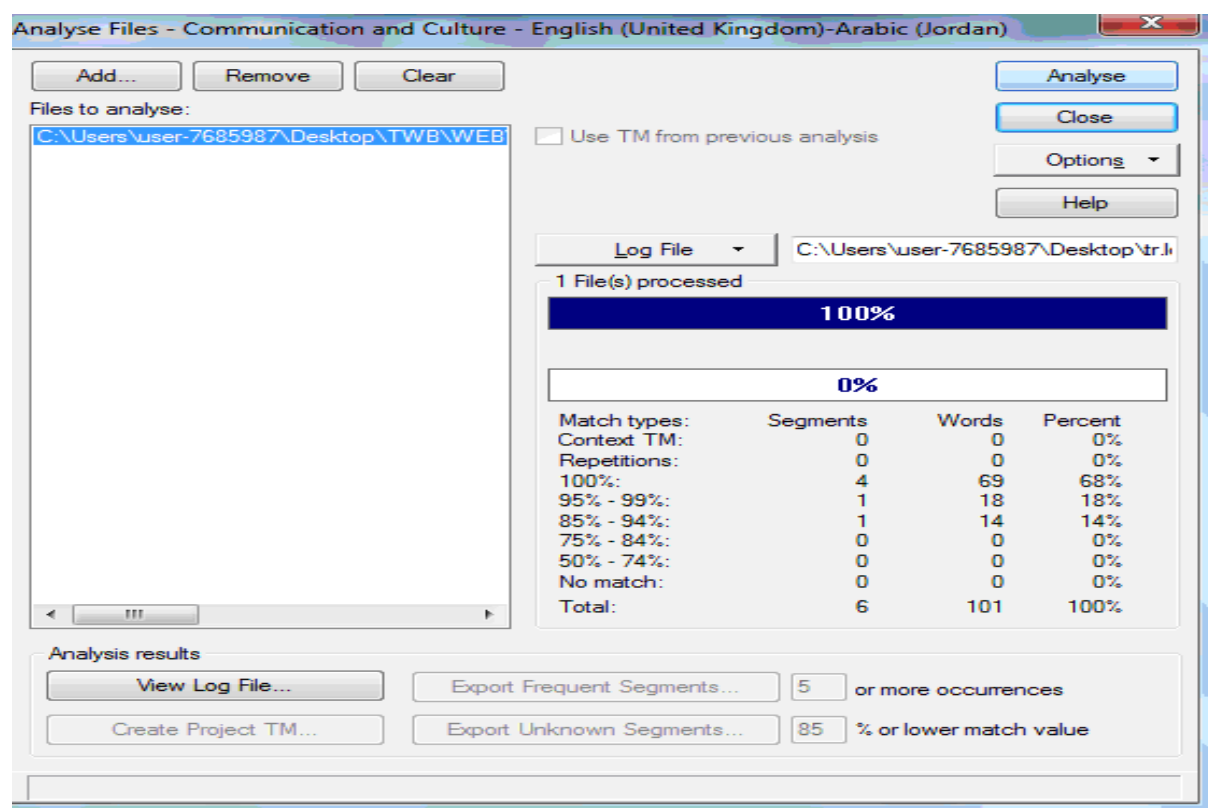


Figure 8: Using the analysis command for the subsequent texts

TM concurrent with the text in MS Word

Whilst translating a given text, it is necessary to let the TM be open at the top of the screen which steers the student in the course of translation. Now the student is translating “I put the car in car park and took a taxi to the centre.” A previous translation saved on the memory is displayed: “I put the car in carpark and took a taxi to the centre”, with an 87% fuzzy match although the two segments are semantically the same. Fuzzy match means the process by which the TM programme “pairs text segments in a revised source text with similar text segments from a previously stored translation based on the original source text. Fuzzy match will find segments that are very similar to the original and suggest the original translation” (Webb 1998: 9). Surprisingly, there was no exact match! By exact match, we mean the process in which the TM programme “pairs text segments in a revised source text that match the original source text exactly; however, any text in the document that does not exactly match the original will not be translated” (ibid.). It is obvious that the TM shows differences between the two segments due to English varieties, i.e. American versus British English. The student should spot right away that this kind of difference as shown by fuzzy match is unimportant when translating from English into Arabic. However, it can be important when translating into English as the target audience should be borne in mind. If the target audience is American, American English can be used; if it is British, British English can be then used.

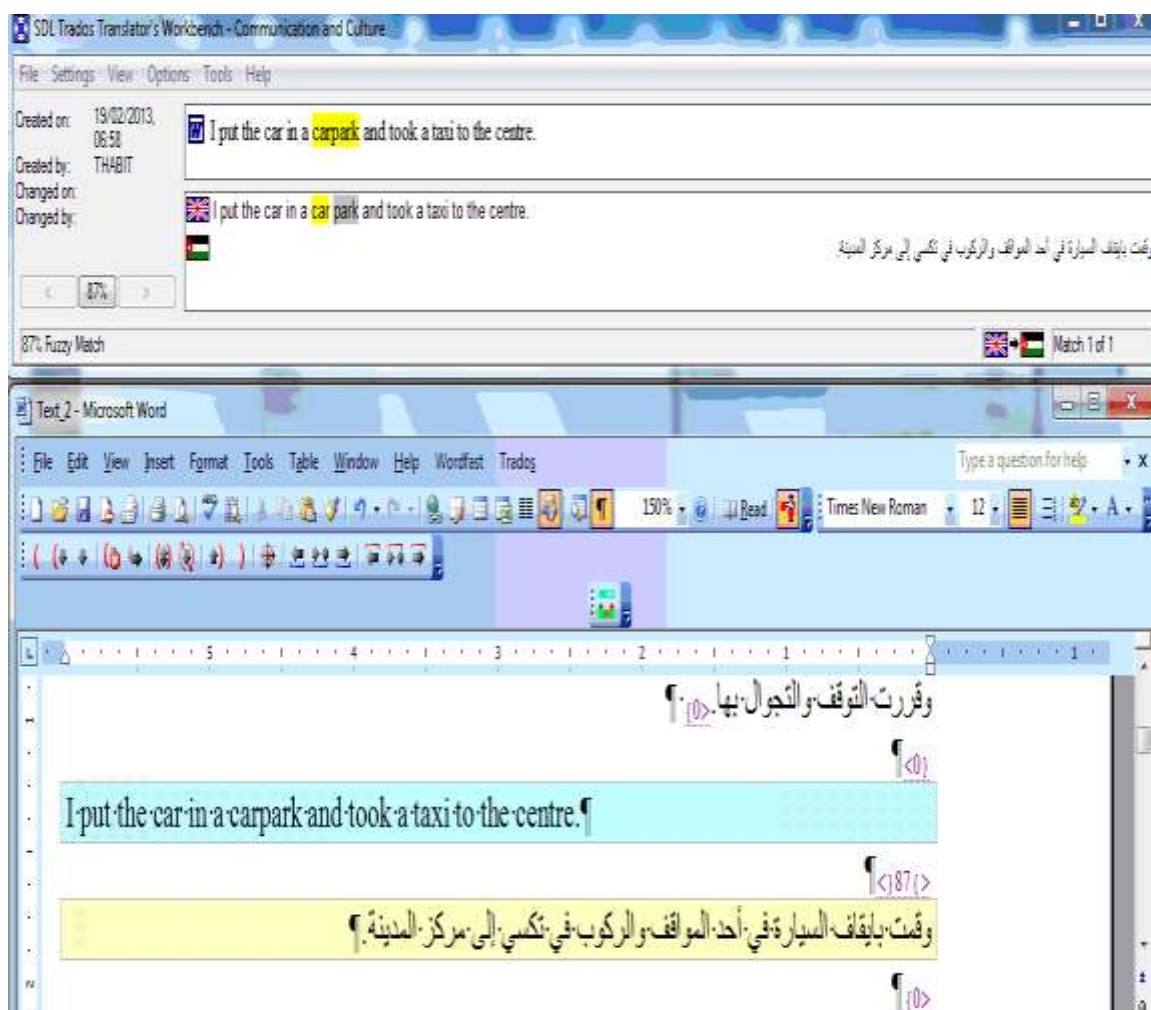


Figure 9: Tricky alternative spelling

Due attention should be then paid to similar examples: petrol, motorway, a petrol station, have a look round, a carpark, a taxi, the centre, café, pavement and a lorry driver versus gas, freeway, a gas station, have a look around, a parking lot, a cab, the center, diner, and sidewalk and a truck driver.

(Pre-)editing in the use of TM

In the course of translation, the student translator may look for means to have his/her translation look nice as translation on TWB is usually badly organised. Using Print Review with MS Word may be helpful as only the translation appears, so that the student translator can read it thoroughly for language problems, lexical choice, and most importantly, for incoherent cases. In Figure 10 below, the SL segments usually disappear in Print Review. We suggest another advanced means: what we may term Labyrinth Method (LM) as shown in Figure 10. Here we hypothetically cross the SL segments out. LM is used to refer to a series of TL segments in TWB, obviously as a labyrinth. The translator student can be trained to pre-edit translation disregarding the SL text and reading through in an LM mode. For sure, reading goes through from right to left.

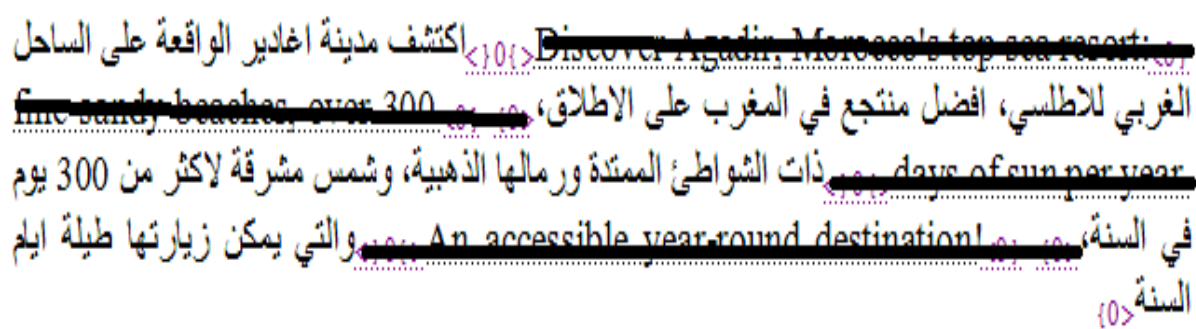


Figure 10: Using LM

In Print Review mode, the SL segments disappear (here we cross them out for the sake of elaboration).

Concluding remarks and implications for translator training

So far in our analysis, we have noted that TT in need is a friend indeed and it is here to stay. We also noted that it has received considerable attention worldwide for the past few decades. In the Arab World, however, it is still fraught with difficulties and challenges as priority has usually been given to linguistics-oriented approaches at the expense of rapid growth of technology in our translation world. While translating, integrating CAT tools with each other, then with TM tools is an attempt to give translator training a jump-start. In order to ensure a translator-training programme of good quality and quantity, the following conclusions and implications can be made:

- (1) translation students are unperceptive, rather than perspicacious; that is to say, they have difficulty understanding things;
- (2) they are unable to be conversant with technology. That is to say, to be able to use CAT tools conveniently (e.g., advanced Internet searches; Using TMs, etc.);
- (3) they lack computer skills. It is important for students to deal with computer programmes;
- (4) TM is a relatively a new technology whose presentation is likely to befuddle its users in doing translation tasks. With the passage of time user-unfriendly system may

become user-friendly with the proper training. The better versed the translator is in the technology of SDL Trados, the more s/he seems to stand in awe of it. (Thawabteh 2013: 181);

- (5) make training available to translation students and professional translators as well.
- (6) hold tailor-made training on translation memory tools such as Trados, Déjà vu and Wordfast, among many others;
- (7) hold tailor-made pedagogy for the not-so-advanced students can be pursued due the fact that learning TM is a combination of individual differences for trainees who usually belong to various educational backgrounds;
- (8) Carry out more research on TM tool Technology because, in the words of Hammadah “although TMs are precise, they are a neglected area of study in the Arab World” (2008, MTs in International World Market; researcher’s translation);
- (9) make training on CAT tools available to translation students, trainee translators and professional translators;
- (10) prepare translation students, trainee translators and professional translators to adapt to rapid technological progress; and
- (11) Doing translation via TM tools, even in subtle and intricate ways, seem to be clearly not enough to bring about good translation. Perhaps it is important for the trainer to exhort translation students to do a slew of search engine tasks. True as it may sound, ‘dos and don’ts’ of employing CAT tools in a translation task is likely to do justice to translational activity in a general sense;

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Mohammad Ahmad Thawabteh
Sultan Qaboos University, Oman,
e-mail: m_thawa@squ.edu.om

**‘J’étais une machine disjonctée ; ça sautait dans tous les sens’:ⁱ
Translating representations of anxiety and depression in Véronique Olmi’s
*Bord de Mer***

Claire Ellender

Abstract

Arguably, reading literature which depicts mental health problems can be both informative and of comfort to those interested in, or affected by, such issues. The present article first presents the work of contemporary French author, Véronique Olmi, and her 2001 novel, Bord de Mer. It then provides background information on anxiety and depression before identifying how these conditions are represented in Bord de Mer and how treatment of these reflect current approaches. Last, this study examines how Adriana Hunter’s 2010 translation, By the Sea, preserves Olmi’s work and how her translation could be of benefit to an Anglophone audience.

Keywords: mental health issues; twenty-first century French women’s writing; English translation

Introduction

Citing key examples of European literature which, over the centuries, have represented mental health problems variously, this article begins with the premise that reading such literature can be both informative and of comfort to those interested in, or affected by, mental health issues. The present article then proceeds in five stages. First, it presents the work of contemporary French author and playwright, Véronique Olmi, and, more specifically, her 2001 novel, *Bord de Mer*. It then provides essential background information on anxiety and depression before identifying how these conditions are represented in *Bord de Mer* and how treatment of these reflect practices adopted in twenty-first-century European society. Last, this study examines the ways in which Adriana Hunter’s 2010 translation, *By the Sea*, preserves Olmi’s portrayal of anxiety and depression and how this translated work could therefore be of benefit to an Anglophone audience.

Representations of mental health issues in literature over the centuries

Literature is one of the independent parts of the surrounding ideological reality, occupying a special place in it [...]. The literary structure, like every ideological structure, refracts the generating socioeconomic reality, and does so in its own way. But, at the same time, in its ‘content’, literature reflects and refracts the reflections and refractions of other ideological spheres (ethics, epistemology, political doctrines, religion, etc.). That is, in its ‘content’, literature reflects the whole of the ideological horizon of which it is itself a part.

(Medvedev 1928/1978: 16-17)

Central to Pavel Medvedev’s words, and the work from which they are taken, is the conviction that literary systems always occur within the ideological milieu of a given era. Indeed, history

offers ample evidence to confirm that literary texts are deeply imbued with the cultural values of the society in which they are produced. For thousands of years, societies throughout the world have understood that people can be affected not only by physical disease but also by mental illness. Attitudes towards, and strategies for treating, those who suffer from abnormal mental states have evolved considerably over the centuries and, as Medvedev (ibid.) rightly states of all ideological -- and indeed sociological -- phenomena, these are reflected in the various literary genres of all eras.ⁱⁱ In turn, these works of literature have, over the years, lent themselves to a broad range of analyses and interpretations, from linguistic and stylistic, through literary and narratological, to cultural and sociological. It is particularly insightful to consider briefly some significant examples of these.

In European history, the Middle Ages spans the period from the fall of the Roman Empire in the West (5th century) to the fall of Constantinople in 1453 (*OED* 1998: 1170). During this time, mental illness, or ‘madness’, was believed to manifest itself in the physical body and was explained by theories of the four ‘cardinal humours’. These four bodily fluids - blood, phlegm, yellow bile (choler) and black bile (melancholy) – were considered to determine a person’s physical and mental qualities by the proportions in which they were present (ibid: 894). Medieval thought also linked madness to theories of evil spirits. Some of the greatest heroes of medieval literature were affected by madness. Significant examples of these are Arthurian knights, such as Lancelot and Tristan, who feature in the courtly romances of the twelfth-century poet, Chrétien de Troyes. In her detailed study, Sylvia Huot (2003) argues that medieval French texts depict a wide range of attitudes towards madness, including spiritual transcendence and sinful degradation, using characters which are both comic and tragic. Huot examines how different treatments of madness can be associated with different literary genres in the medieval period, how the identities of mentally-ill characters are established through aspects of their bodies as well as their minds, and how madness interacts with other categories of difference, including class and gender, in the construction of individual characters’ ‘abnormal’ identity.

The work of some major playwrights in the seventeenth century, such as Shakespeare (1564 – 1616) and Molière (1622 – 1673), also depicted a range of mental health problems. Striking examples of these are the hysterical outbursts and madness which characterise the main protagonists’ behaviour in tragedies such as *Hamlet* (1602) and *King Lear* (1606) as well as Jaques’ melancholy in the comedy, *As You Like It* (1603) and Leontes’ obsessiveness in *A Winter’s Tale* (1623). In her fascinating study, Bernadette Hoffer (2009) concentrates on seventeenth-century French literature and discusses how the physical illness suffered by some of Molière’s principal comic characters are caused, or aggravated, by mental factors such as internal conflicts and distress (ibid: 134-6). Examples cited include Alceste’s melancholia in *Le Misanthrope* (1666) and Argan’s obsessive hypochondria in *Le Malade Imaginaire* (1673). By identifying these psychosomatic disorders, Hoffer demonstrates how authors of the time were already aware of the close connection which exists between the human mind and body.ⁱⁱⁱ

In the wake of France’s 1848 Revolution, a spirit of upheaval persisted and madness was integral to many writers’ anti-bourgeois, oppositional strategies (Gill 2011: 488). Flaubert’s 1856 *Madame Bovary* constitutes a prime example of this. Bourgeois Emma, who is attractive, intelligent and lively, becomes demoralised by the society in which she lives, gradually sinks into depression and commits suicide by swallowing arsenic; the novel ends with a vivid description of her death.^{iv} Many nineteenth-century literary figures who suffer from mental problems -- including hysteria, melancholia, trauma and psychosis - - are indeed women.^v Other classic examples include Claire de Duras’s 1824 *Ourika*, a forty-five page

novella in which a Black woman is depressed and melancholic after having been purchased as a child in Sénégal and given to a wealthy family in Paris, and Emile Zola's 1868 *Thérèse Raquin*, in which unhappily married Thérèse also suffers from melancholia. The subject of female madness does not only feature in the nineteenth-century French novel, but also in the autobiographic genre. Amongst such works are Madame Esquiron's *Mémoire* (1893) which centres on a wealthy and intelligent woman who was incarcerated twice in the latter half of the nineteenth century at the request of her father, and Hersilie Rouy's *Mémoires d'une aliénée* (1883), an autobiographical text in which the author, who was held in asylums from 1854 to 1868, recounts her experiences prior to and during her incarceration. Over the years, these texts, which contain graphic depictions of such issues as eating disorders, racism and extreme mental distress, have lent themselves to various feminist readings which repeatedly identify a culturally-perceived link between gender and mental weakness (Little 2015; Wilson 2010).^{vi}

This century, worldwide awareness of the prevalence of mental health disorders has continued to increase^{vii} and classification of the latter has evolved.^{viii} Thanks to this, public attitudes towards seeking help from mental health professionals and to taking medication have improved considerably over the past twenty-five years (Angermeyer 2017).^{ix} Despite the development of psychiatric medicines, such as SSRI antidepressants in the 1990s (McKenzie 2017), the preferred treatments for such conditions are psychoanalytic and psychological therapies (Angermeyer 2017). Indeed, many European countries have moved towards community-based, socially-inclusive care for the mentally ill (Morant 1997: 28)^x which gives those concerned the freedom to live independently and have regular access to mental health services and talking therapies. In the UK, the National Health Service has recently invested large sums in the provision of CBT, which it considers particularly effective in the treatment of anxiety and depression, whereas mental health professionals in France tend to favour psychoanalytic theories and practices (Morant 1997: 165). In the education sector, there has been increasing acknowledgement of the pressures faced by young people and sizeable investment in awareness campaigns and talking therapies following recent tragedies in UK universities (Karim 2017; Turner 2017). Rather than waiting until mental disorders develop, European countries are turning towards alternative, holistic practices such as meditation, mindfulness^{xi} and Yoga, in order to empower individuals to take care of themselves and to prevent their falling ill (Ellender 2017; Ellender 2018). This century, citizens in France and the UK, for instance, are actively encouraged to practise self-care by attending classes at Health and Well-being and Yoga centres (www.equilibriumyoga.co.uk ; www.sogoodnature.com ; www.vivance-sophrologie.fr), reading books (André 2011; O'Hare 2012; Roux-Fouillet 2013), consulting websites (www.doctissimo.fr ; www.passeportsante.net) and using apps, which are sometimes free, on their mobile telephones.^{xii}

The present study: Rationale

Against this background, the present article adopts an inherently interdisciplinary approach. First, it focuses on the content of Véronique Olmi's 2001 *Bord de Mer*, and considers how this novel reflects attitudes and psychological approaches which exist in twenty-first century European cultures and societies. The eighteenth-century English writer, Dr Samuel Johnson (1709-1784), once professed that 'the only end of writing is to enable the readers better to enjoy life or better to endure it'.^{xiii} Endorsing the view that reading literature can not only help people to understand, but also to cope with, deep emotional strain,^{xiv} the present article then proceeds to examine Adriana Hunter's 2010 English-language translation of *Bord de Mer*, suggesting how this may be of benefit to an Anglophone readership.

1)Context: Véronique Olmi and her works

Born in 1962 in Nice, Véronique Olmi was the granddaughter of Philippe Olmi, former Minister of Agriculture, *député* of France's Alpes-Maritime region and mayor of Villefranche-sur-Mer. Regardless of her political connections, Véronique has made her own name on the literary scene both in France and internationally. She is the author of thirteen novels, written between 2001 and 2017, and of numerous plays, and has also worked as a comedienne. A number of Olmi's novels have won prestigious literary prizes in France,^{xv} her plays are performed throughout France and translated versions of her novels and plays are also enjoyed abroad.

In many of her novels, Olmi provides a perceptive and sensitive treatment of her characters' states of mental health. The feelings and symptoms of her anxious characters are, for instance, often described metaphorically: 'J'avais une petite machine à angoisse plantée au fond du bide et qui fonctionnait aussi bien qu'une horloge suisse' (2008 : 111) ; 'Ses intestins devenaient son pire ennemi, une pieuvre qui changeait en merde toute son angoisse' (2013 : 42). These individuals are also overwhelmingly self-aware, using distraction techniques to control feelings of panic (2008: 75), enjoying restorative silence and solitude (2004: 15; 2004: 21; 2010: 182), exercising to reduce stress (2004: 77), connecting with their true selves (2010: 88) and practising positive self-talk (2010: 88).

Bord de Mer (2001)

It is, however, in her first novel, *Bord de Mer*, which was inspired by a true story,^{xvi} that Olmi provides the most detailed, and arguably the most disturbing, portrayal of a person suffering from mental health problems. In this short work of 120 pages, the principal character and narrator is a young mother who lives alone with her two little boys. This character is given no name, which reinforces both her sense of feeling anonymous and lost and her uncertainty regarding her own personal identity. In the interest of concision, this character will henceforth be referred to as PP (principal protagonist). In *Bord de Mer*, PP decides to take her two sons, Stan (9) and Kevin (5), on holiday for the first time as she wants them to see the sea. They travel by coach at night and, as it is cold, dark, raining and in the middle of the school week, the two boys feel uneasy. When they arrive, the hotel is shabby, the weather poor, the town hostile and the sea rough. In spite of her evident love for her children, PP ultimately suffocates Stan and Kevin with a pillow in the hotel room. In a state of extreme anxiety and desperation, she attempts to free them from a society which she finds depressingly indifferent.^{xvii} As Lezard (2010: 1) comments perceptively: '[...] This is a mesmerising portrait of a frayed and twisted mind [...]. The combination of [...] poverty [...] and the neglect and scorn of an indifferent society provides an almost existential fatalism'. In the same vein, Hunter (in Perez 2012: 1) believes that this tragic act is '[...] the terrible extrapolation of [PP's] feelings of isolation and helplessness'.

2)Anxiety and depression: Background to possible causes – present and past^{xviii}

Everyone experiences varying levels of worry and fluctuations in mood throughout their lives and this is perfectly normal. It is only when such feelings persist and interfere with one's daily life that they may have developed into a mental health problem. Mental health issues can be

triggered by aspects of one's current situation, such as a dismal or unhealthy living environment, poor health, unemployment, social isolation or feeling unable to cope with certain pressures. Alternatively, the causes may be more deep-rooted, stemming back to past situations or experiences such as social exclusion, difficult relationships, a traumatic event or physical / emotional abuse. It is now acknowledged that anxiety and depression are extremely common. In the UK, for instance, an estimated 14% of adults (aged 16 to 64) suffer from anxiety (McKenzie 2016: 10), 30% from depression (McKenzie 2017: 9) and mixed anxiety and depression is frequently experienced (8%). In the latter case, these conditions are described as 'comorbid'.

Definitions and symptoms

Anxiety occurs when a person feels afraid, tense or worried, particularly about something in the future. It is a natural and automatic response to perceived threat and can protect the individual from danger. By releasing hormones such as adrenaline and cortisol, the body becomes alert, the muscles are pepped up and the heart beats faster so that the whole organism can act quickly; the familiar 'fight or flight' response. Clearly, such physical reactions are useful when physical threats are real; they only become unhelpful, and ultimately problematic, when: the worry is out of proportion to a given situation; feelings of anxiety are particularly strong or persistent and occur regularly; panic attacks are experienced; one's enjoyment of life is affected.

Symptoms of anxiety are both physical (being restless, feeling dizzy, having headaches and other bodily aches and pains such as backache, feeling nauseous, experiencing digestive problems, having difficulty sleeping) and mental-emotional (having racing thoughts, feelings of anger or irritability, sensations of unreality, an impression that one is being judged by others). In their extreme form, symptoms may manifest as panic attacks^{xix} and can impact on one's daily life by making it difficult for one to look after oneself, remain in employment, have healthy relationships and enjoy life.

Once again, depression is only diagnosed when unpleasant feelings – in this instance, of sadness, - persist for weeks or months. This condition can cause a wide variety of physical symptoms (physical aches and pains, changes in appetite, sleeping problems, general fatigue) and can have mental-emotional effects (persistent negative thoughts, inability to enjoy life, difficulty concentrating, low self-esteem).

Treatment of anxiety and depression in the twenty-first century

This century, anxiety and depression are widely recognised and generally well understood. There is also a broad range of approaches which exist to aid recovery. Treatment for these two conditions is similar and depends on their degree of severity. Mild problems are believed to respond well to lifestyle changes (regular exercise, healthy eating, correct sleep hygiene) and self-help strategies (reading books and consulting websites on such subjects as distraction techniques, practising meditation, mindfulness, positive self-talk and developing one's spirituality). For moderate problems, talking therapies (psychotherapy, Cognitive Behavioural Therapy, humanistic therapy) are often advocated. When problems are more advanced, a combination of talking therapy and medication is usually advised; many sophisticated pharmaceutical products with fewer unpleasant side-effects have been developed in recent years, notably SSRIs (Selective Serotonin Re-uptake Inhibitors) (McKenzie 2017: 79).

3) Anxiety and depression in *Bord de Mer*: Possible causes – present and past

Olmi peppers *Bord de Mer* with snippets of information regarding PP's present and past situations; when these are pieced together, they enable the reader to form a global picture of this protagonist and to understand from where her mental health issues stem.

It soon becomes apparent that PP's present circumstances are difficult. She lives in social housing and rarely leaves the estate ('On était jamais partis en vacances, on avait jamais quitté la cité' (9)) and the conditions are insalubrious and damp ('Ca sent la maison [...] C'était l'odeur de la lessive et aussi celle de l'humidité' (21)). There are, moreover, indications that she is not in good physical health. She has no appetite (48) and makes repeated references to the fact that she has missing teeth, about which she is very self-conscious ('[...] avec mes trous dans les gencives [...], moi souvent j'ose pas sourire ni rire sans mettre ma main devant la bouche' (13; 26)). PP makes no reference to having friends or to working, she openly states that she has financial problems ('J'ai toujours eu du mal à tenir mon budget' (26)), difficulty expressing herself (J'aime les chansons. Elles disent des choses que je n'arrive pas à dire' (29)) and a low level of literacy ('Moi, je sais que les maîtresses corrigent mes fautes d'orthographe' (74)).^{xx} Collectively, these factors very probably contribute to PP's feelings of social isolation and, therefore, anxiety.

In view of the above, PP struggles to look after herself and her two young sons. She is a single mother and clearly tries very hard ('Quand on est seule pour élever deux mômes, faut bien avoir un peu d'autorité' (23)), but she has no support from either of the boys' fathers.^{xxi} It is abundantly clear that PP cares deeply about her children ('J'ai regardé mes garçons, leurs yeux étaient grands ouverts, épatés [...] Ca m'a fait chaud au coeur' (62)), that she loves them (75; 81) and is proud of them ('[...] au fond de moi je trouvais mes gosses magnifiques (30)). However, she is constantly worried about living up to their expectations ('C'est dur d'être à la hauteur d'un gosse' (27)) and sees fulfilment of their basic needs as an unreasonable demand on her ('[...] s'il y a bien une chose que Kevin oublie jamais c'est d'avoir faim, parfois j'ai l'impression d'être un garde-manger' (26); 'J'ai faim, a répété Kevin, comme si c'étaient les seuls mots de sa connaissance' (30)). She has difficulty feeding herself and her children correctly; they never eat a meal together, but drop into a café for a drink, pick up chocolate biscuits from the local shop and buy chips from the *baraque à frites*.^{xxii}

Given her situation, PP is regularly visited by a social worker. However, on a number of occasions, she does not feel supported by this person, but judged by them ('Voilà comment ça se passe. Tout le monde guette le faux pas, le moment où on va tomber, on marche sur du savon [...] (27) ; [...] on peut pas absolument tout faire, tout, c'est ce que je me tue à répéter à l'assistante sociale' (29)). In spite of such experiences, PP remains convinced that she is able to look after her own children and that social workers are not necessarily the authority on what her boys need ('Cette idée, ça l'a fait sourire Kevin, j'étais fière de moi. Je sais bien m'y prendre avec mes gosses, j'ai pensé, suffit qu'on me fiche un peu la paix, est-ce qu'une assistante sociale aurait pensé à ça ?' (18)).

In addition to the many challenges which PP faces in her present situation, certain aspects of her past which she recalls are also likely to have contributed to her current mental health difficulties. PP mentions her having felt 'different' from other teenagers ('[...] je leur avais jamais ressemblé, même à leur âge' (62)), attempts to understand why she felt socially excluded ('Peut-être que c'est ma fatigue qui m'a éloignée des autres' (46)) and consequently makes deliberate and positive attempts to fit in ('On allait faire comme les autres, ça allait venir, j'en étais sûre !' (65)). Many of PP's comments regarding her past relationships are also

very telling and reveal that she has been subject to abuse ('[Mon fils] est le seul garçon qui me traite aussi bien' (16); '[...] je crois qu'ils se moquaient plus d'une femme mais d'un gardien de but. Peut-être que c'est pareil. On est seul. On attend et on encaisse les coups sans brancher. Les autres regardent' (39); '[...] ce qui me faisait peur c'est cette violence que [les enfants] avaient retenue' (44)) and that she feels overwhelmingly judged by men (39):

J'avais oublié à quel point les hommes comptent sur nous pour se marrer entre eux, j'avais oublié quel poids c'était d'avoir leur regard posé sur nous. Bien contente d'être seule avec mes mômes. [...] Fini de vivre comme si j'étais exposée dans une vitrine. ^{xxiii}

Symptoms of anxiety in Bord de Mer: physical and mental-emotional

PP has a history of anxiety; she is very familiar with its symptoms and is afraid of their returning ('Voilà les angoisses qui se ramènent, j'ai pensé et ça m'a fait peur' (14)). Indeed, many of the physical and mental-emotional symptoms which this woman experiences suggest that she suffers from chronic anxiety. Physically, she has: dizziness ('[...] ça me donnait le vertige' (17); 'La tête me tournait drôlement' (33)); nausea ('J'avais mal au cœur' (20)); and various bodily aches and pains ('J'étais pleine de petites douleurs méchantes qui me mordaient' (72)). She is also restless ('Je n'arrive pas à rester longtemps au même endroit, il y a très vite quelque chose qui va mal, qui m'écoeure' (38)) and repeatedly mentions her anxiety-linked insomnia which she cannot consciously understand ('La nuit je dors mal. L'angoisse. Je pourrais pas dire de quoi.' (11)). ^{xxiv}

For PP, the effects of anxiety are also mental and emotional. She experiences: a restless mind^{xxv} ('Ca s'est mis à parler tout seul dans ma tête, j'aime pas ça, c'est une sale bestiole la pensée, des fois j'aimerais mieux être un chien' (21)); anger and irritability ('[...] c'est une sorte d'agacement, une rage qui monte et on sait pas vraiment contre qui ni contre quoi, des fois moi je voudrais pouvoir crier, trouver à qui j'en veux mais il y a pas de limite [...]') (45)); feelings of unreality ('[...] il y avait trop de tout partout, trop de bruit, trop de pluie, trop de lumières, ça défilait devant moi je savais plus où j'en étais' (65)); and an overwhelming fear that she will be noticed by others ('Mais taisez-vous ! j'ai dit, vous voulez qu'on se fasse remarquer ? Pourquoi est-ce que j'avais peur à ce point-là ?' (44)). On a number of occasions, PP's anxiety reaches a peak and she experiences full-blown panic attacks. Olmi's incredibly detailed and accurate description of these traumatising episodes suggests that she may herself have first-hand experience of panic disorder (48-9):

J'ai descendu ces escaliers, la brume m'entourait un peu plus à chaque étage, je loupais des marches, je les voyais plus bas qu'elles étaient, c'était une petite chute à chaque fois, pareille aux trous d'air dans les rêves. A force de louper les marches, de les voir trop près, puis de les voir trop loin, ma tête s'est mise à tourner, je m'accrochais à la rampe, je me sentais partir de travers, quelqu'un me poussait dans le dos, c'est sûr [...] c'était peut-être ça qui me rendait malade, tous ces étages qui avaient pas de fin, ça me rendait dingue. Ca tapait dans ma tête comme si le sang avait hâte d'en sortir ; j'avais plus de souffle. J'ai l'habitude. C'est pas la fatigue, c'est la panique [...]. Mon cœur était tout engourdi, je le sentais épais, ses battements me faisait mal [...], mes mains ma bouche ont commencé à me picoter, le gérant avait l'air de me parler, je l'entendais de très loin, entre lui et moi il y avait des tonnes de coton, ça absorbait tout, les paroles et l'air aussi [...].

Symptoms of depression in Bord de Mer : physical and mental-emotional

Many of the physical and mental-emotional symptoms which PP experiences also indicate that she suffers from depression. Physically, she has persistent aches and pains ('J'avais mal partout' (43); 'Mon dos était raide, j'avais voulu qu'on me le casse et qu'on me le remette en place' (67)) and changes in appetite ('[Ils avaient faim]. Pas moi. Moi, j'étais empoisonnée, pleine de bile, de salive amère [...] ' (48)). She also tends to have erratic sleeping patterns ('Les mômes ont l'habitude. Souvent le dimanche je dors toute la journée' (45)) and suffers from fatigue ('Le matin, j'ai pas la force de me lever pour aller à l'école' (11)). On a mental-emotional level, she has a persistently low mood ('Y a des fois comme ça où tout me fout le carfard, je sais plus que faire de moi' (22) ; 'Je sais que ce rire-là, il vous lâche dès que vous grandissez' (25)), recurrent negative thoughts which she describes as 'monsters' ('Les retrouvailles avec mes monstres' (55)), poor concentration ('J'ai toujours eu du mal à me concentrer longtemps' (78)) and very low self-esteem ('Elle m'a pas accordé un regard, elle parlait avec son voisin, peut-être de moi' (13); 'J'aurais aimé être comme [la mer], me suffire à moi-même, me foutre de tout et prendre beaucoup de place. C'est une orgueilleuse, j'ai pensé' (34)).

Treatment of anxiety and depression in Bord de Mer. PP's mental health issues have evidently been diagnosed as moderate or severe, as she has been prescribed certain medicines. She suggests that these may be sleeping tablets anxiolytics or anti-depressants, but she both forgets to take these ('J'avais pas pris mes médicaments et pourtant cette nuit-là personne s'est assis sur moi' (24)) and to carry them with her ('[C'est la panique.] [...] J'avais pas apporté mes médicaments' (48-9)). PP also makes repeated references to consulting doctors about her anxiety ('C'est pas vrai que les angoisses me paralysent comme ils disent au dispensaire' (17); '[La panique] J'en ai parlé au dispensaire. Je suis pas la seule, ça arrive. Il faut se raisonner, c'est ce qu'ils disent' (48)). Notably, she mentions that she sees a psychiatrist regularly, and she demonstrates that she has retained his advice and is trying to take it on board ('Le psychiatre me le dit souvent Essayez d'éviter les crises devant les enfants' (51)). This is reflected very strongly in PP's words. When she recalls the psychiatrist's advice, the use of grammar is accurate and the vocabulary of a more elevated register than is the case when PP expresses herself ('Il ne faut pas que je commence à suivre ces pensées-là, le psychiatre du dispensaire me l'a dit, il y a des idées qui emmènent directement au fond du gouffre et je sais qu'il a raison' (20)). The approach adopted by PP's psychiatrist is a psychoanalytic-psychodynamic one.^{xxvi} What is significant here is that the doctor's attempts to explore PP's past are not successful ('Le psychiatre du dispensaire essaye de grater la terre de mes souvenirs mais pas un qui remonte' (57)). PP is clearly denying and trying to block out painful memories and this explanation is reinforced by her subsequent comment ('[Les souvenirs]. Moi, j'en ai pas. Tout ce qui est passé est perdu' (67)).

Interestingly, PP seems to have more success with the self-help strategies which she regularly implements. Although she does not eat or exercise correctly and her sleep hygiene is poor, she states emphatically that she does not drink. She also uses distraction techniques, such as humming and singing songs ('Pour plus penser j'ai commencé à fredonner une chanson' (21)); mindfully enjoys simple pleasures ('Le bonheur tient à presque rien, un peu de chauffage après la pluie et la vie s'ouvre un peu' (37)); practises positive self-talk ('Bon ! Reste calme ma fille, j'ai pensé, ce type existe pas, c'est juste une ombre, il peut rien contre toi' (51)); comforts herself ('Je tenais l'oreiller serré contre mon ventre et je me suis bercée un peu pour me donner du courage' (79)) and occasionally turns to religion ('J'ai pensé aux moines, y en

avait sûrement un qui venait de se lever pour moi [...], il était juste derrière la porte, un moine marron contre la porte marron, avec sa bouge à la main et sa prière qui s'arrêtait jamais' (74)).

4) Situating the treatment of mental health problems in *Bord de Mer* in relation to current practises in twenty-first-century Europe

The above pages demonstrate that PP is provided with the full range of help which is on offer to people suffering from anxiety and depression this century. This lady lives an independent life, yet is given access to social workers, pharmaceutical medicines, doctors, psychiatrists and self-help strategies. Although these are of some help to her, they ultimately fail to provide her with adequate support for the management of her severe anxiety and depression. It would be difficult to determine exactly where the system failed PP, but the lack of bonds established with any of her social workers, medics or psychological therapists undoubtedly reinforced her sense of isolation and did not help her to abide by her treatment plan. PP's tragic decision to suffocate both of her children represents her final attempt to save them from the depressing, indifferent society in which she believes they all lived ('Cet oreiller [...] il éloignait tout, il rejetait le mauvais sort, il fallait tenir, tenir en pensant très fort à toi, tout mon amour sur toi, rien que pour toi, entièrement' (75)).

5) Translating representations of anxiety and depression in *Bord de Mer*

Thus far, the present article has focused on representations of anxiety and depression in Véronique Olmi's *Bord de Mer* and on the principal protagonist (PP)'s experience of these two mental health conditions. It has identified present and past causes, and physical and emotional symptoms, of these two conditions and the corresponding methods of treatment to which PP has had access.

In its Introduction, this article posited that literature which concentrates on mental health issues may be not only informative to those affected (sufferers, their family, friends and carers), but also comforting to all concerned, particularly those who are suffering. If these two functions which are present in a given source text (ST) are to be preserved in its corresponding translation, both the factual content of the original text and its style, which communicates much about the affected character's experiences, feelings and thoughts, must clearly be rendered in the target language (TL). Against this background, this section of the present article sets out to identify how these objectives have been met in Adriana Hunter's English-language translation of *Bord de Mer*. Hunter is a British translator of French literature who has, to date, translated in excess of sixty novels. In 2011, she was awarded the Scott Moncrieff Prize for her 2010 translation of Olmi's *Beside the Sea*.

Causes of anxiety and depression in Bord de Mer: present and past

Many potential causes of PP's mental health issues, which relate to her present and past circumstances -- including difficult living conditions and social isolation -- are disclosed throughout *Bord de Mer*. Very often, the factual content of this novel can therefore be preserved by employing relatively close translation strategies, as the following examples illustrate.

ST (Olmi 2001)	TT (Hunter 2010)
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On était jamais partis en vacances, on avait jamais quitté la cité (9)	We'd never been away for a holiday, never left the city ^{xxvii} (10)
Ca sent la maison [...] C'était l'odeur de la lessive et aussi celle de l'humidité' (21)	They smell like home [...] It smelt of my washing powder and of damp (25)
Peut-être que c'est ma fatigue qui m'a éloignée des autres (46)	Maybe it's the tiredness that's made me lose touch with everyone else (60)

In addition to providing such descriptions, which enable the reader to understand the causes of her suffering, PP narrates in a style which is very distinctive and open. As Hunter herself acknowledges, this allows the reader to 'be deep in the narrator's head' (Hunter in Perez 2012: 1). Indeed, as the following excerpts demonstrate, PP draws the reader to her and elicits sympathy by: i) disclosing her insecurities; ii) revealing her low self-esteem, which sometimes appears as excessive modesty; iii) admitting that she feels judged by men, iv) and by society as a whole; v) by attempting to cultivate a positive attitude, despite the extent to which she is struggling. Once again, this narrative voice, which is often idiomatic and lacking in punctuation, nevertheless broadly lends itself to a close translation approach.

ST (Olmi 2001)	TT (Hunter 2010)
i) [...] avec mes trous dans les gencives [...], moi souvent j'ose pas sourire ni rire sans mettre ma main devant la bouche (13)	[...] with the gaps in [my] gums. Quite often I daren't smile or laugh without putting my hand over my mouth (15)
ii) J'aime les chansons. Elles disent des choses que je n'arrive pas à dire (29)	I like songs. They say things I can't seem to say (36)
iii) J'avais oublié à quel point les hommes comptent sur nous pour se marrer entre eux, j'avais oublié quel poids c'était d'avoir leur regard posé sur nous. Bien contente d'être seule avec mes mômes. [...] Fini de vivre comme si j'étais exposée dans une vitrine (39)	I'd forgotten how much men depend on us to have a good laugh together, I'd forgotten how it weighs you down having them look you over. Very happy to be on my own with my kids. [...] No more living like I was on display in a shop window (50-1)
iv) Voilà comment ça se passe. Tout le monde guette le faux pas, le moment où on va tomber, on marche sur du savon (27)	That's how it works. Everyone's always waiting for you to put a foot wrong, for you to fall, it's like walking on soap (33)
v) On allait faire comme les autres, ça allait venir, j'en étais sûre ! (65)	We were going to do what the others were doing, it wouldn't be long, I was sure of it! (83)

Symptoms of anxiety and depression: physical and mental-emotional

PP frequently mentions the physical symptoms of anxiety and depression from which she suffers. These factual and informative accounts of her experience, such as the following description of a panic attack which she has, are very detailed and are again recaptured closely and precisely by Hunter.

ST (Olmi 2001: 48-9)	TT (Hunter 2010: 63-4)
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<p>J'ai descendu ces escaliers, la brume m'entourait un peu plus à chaque étage, je loupais des marches, je les voyais plus bas qu'elles étaient, c'était une petite chute à chaque fois, pareille aux tous d'air dans les rêves. A force de louter les marches, de les voir trop près, puis de les voir trop loin, ma tête s'est mise à tourner, je m'accrochais à la rampe, je me sentais partir de travers, quelqu'un me poussait dans le dos, c'était sûr. [...] c'était peut-être ça qui me rendait malade, tous ces étages qui n'avaient pas de fin, ça me rendait dingue. Ça tapait dans ma tête comme si le sang avait hâte d'en sortir ; j'avais plus de souffle. J'ai l'habitude. C'est pas la fatigue, c'est la panique [...]. Mon cœur était tout engourdi, je le sentais épais, ses battements me faisaient mal [...], mes mains ma bouche ont commencé à me picoter, le gérant avait l'air de me parler, je l'entendais de très loin, entre lui et moi il y avait des tonnes de coton, ça absorbait tout, les paroles et l'air aussi [...].</p>	<p>I went down those stairs, and the mist gathered a little closer round me with each floor, I missed steps, thinking they were further down than they were, falling slightly each time, like air pockets in the middle of a dream. With all that missing steps and seeing them too close or too far, my head started spinning, I clung to the bannister, I could feel myself lurching to one side, someone must be pushing me from behind, I was sure they were. [...] maybe that's what was making me ill, all those endless floors, it drove me mad. My head was throbbing like the blood couldn't wait to get out, I was out of breath. I'm used to that. It's not the tiredness, it's the panic [...]. My heart felt all heavy and full, sort of thick, every beat hurt [...], my hands and mouth started tingling, the manager seemed to be talking to me, I could hear but it sounded so far away, there were tons of cotton wool between us, it absorbed everything, every word and even the air [...].</p>
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Despite PP's lack of confidence in her linguistic ability (2001: 29), she also expresses very lucidly the mental and emotional symptoms of her anxiety and depression, which Hunter mostly recaptures closely in the TL.^{xxviii}

ST (Olmi 2001)	TT (Hunter 2010)
[...] c'est une sorte d'agacement, une rage qui monte et on sait pas vraiment contre qui ni contre quoi, des fois moi je voudrais pouvoir crier, trouver à qui j'en veux mais il y a pas de limite [...] (45)	[...] there's like an irritation, a fury that builds up and you don't really know who or what it's aimed at, sometimes I wish I could scream, to find out who I've got it in for, but there are no limits [...] (58)
Y a des fois comme ça où tout me fout le cafard, je sais plus que faire de moi (22)	It's like that sometimes: everything brings me down, I don't know what to do with myself (27)

In addition to providing detailed descriptions, PP communicates her emotional symptoms through her style of speech and use of metaphors, which Hunter recaptures closely and very accurately in the TL. Her mental unrest is, for instance, reflected in her stream of unpunctuated speech:

ST (Olmi 2001)	TT (Hunter 2010)
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Ca s'est mis à parler tout seul dans ma tête, j'aime pas ça, c'est une sale bestiole, la pensée, des fois j'aimerais mieux être un chien (21)	The talking started all on its own in my head, I hate that, thinking is a nasty piece of work. Sometimes I'd rather be a dog (26)
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Moreover, PP describes her own low self-esteem metaphorically by contrasting her own attitude with that of the sea:

ST (Olmi 2001)	TT (Hunter 2010)
J'aurais aimé être comme [la mer], me suffire à moi-même, me foutre de tout et prendre beaucoup de place. C'est une orgueilleuse, j'ai pensé [...] (34)	I [...] wanted to be like [the sea], self-contained, not giving a stuff about anything and taking up as much space as I liked. It's conceited alright [...] (43)

Treatment of anxiety and depression

When PP refers to the pharmaceutical products and talking therapies which she has received for her conditions, these neutral facts and descriptions can often be preserved closely in the TL:

ST (Olmi 2001)	TT (Hunter 2010)
J'avais pas pris mes médicaments et pourtant cette nuit-là personne s'est assis sur moi (24)	I hadn't taken my medicine but no one sat on me that night (29)
[La panique] J'en ai parlé au dispensaire. Je suis pas la seule, ça arrive. Il faut se raisonner, c'est ce qu'ils disent (48)	[The panic]. I've told them about it at the health centre. I'm not the only one, it does happen to people. You've got to reason with yourself. That's what they say (63)

PP mentions her contact with a psychiatrist; the extent to which she has been influenced by this mental health professional is reflected very strikingly in her use of language. When she recalls the psychiatrist's exact words, the use of grammar is more accurate (no omission of negative 'ne' or pronoun 'il' in the phrase 'il y a', for instance) and the vocabulary is of a more elevated register than is the case when PP expresses herself. Again, when faced with this source language, which draws the reader yet further to PP as they understand the efforts which she is making to take on board the advice, Hunter captures this closely in her translation adding a second 'he said' to her text in order to reinforce the dialogic nature of the ST.

ST (Olmi 2001)	TT (Hunter 2010)
Il ne faut pas que je commence à suivre ces pensées-là, le psychiatre du dispensaire me l'a dit, il y a des idées qui emmènent directement au fond du gouffre et je sais qu'il a raison (20)	I mustn't start thinking like that, the psychiatrist at the health centre said, there are some ideas that take you straight to the bottom of the pit, he said, and I know he's right (24)

Given PP's openness, the reader learns of the many self-help strategies which she regularly implements and which she sometimes finds very helpful, including humming songs,

mindfully enjoying simple pleasures, practising positive self-talk and using self-soothing techniques.

ST (Olmi 2001)	TT (Hunter 2010)
Pour plus penser j'ai commencé à fredonner une chanson (21)	To stop thinking I started humming a song (26)
Le bonheur tient à presque rien, un peu de chauffage après la pluie et la vie s'ouvre un peu (37)	Happiness hangs on virtually nothing, a bit of heating after the rain and life opens up a little (47)
Bon ! Reste calme ma fille, j'ai pensé, ce type existe pas, c'est juste une ombre, il peut rien contre toi (51)	Okay! Stay calm, darlin', I thought, this bloke doesn't exist, he's just a shadow, he can't do anything to you (67)
Je tenais l'oreiller serré contre mon ventre et je me suis bercée un peu pour me donner du courage (79)	I was holding the pillow tight against my stomach and I rocked for a while to give me courage (106)

Adriana Hunter's English-language translation of *Bord de Mer* has been commended for the way in which it preserves in the English language Olmi's 2001 depiction of the mother-child relationship (2011 Scott-Moncrieff Prize). When interviewed by Tony Perez about her work, Hunter (2012: 1) claimed that the translation of this novel posed her few problems. First, there are no cultural references to render, as PP has little contact with the outside world. Moreover, Hunter (ibid.) felt no need to 'take liberties' when translating this novel as its content is so 'universal' and she found the 'voice of the original text' very easy to connect with. It is indeed PP's openness and sincerity and her 'simple first-person narrative [which] achieves and extraordinary level of poetry and inner truth' (Ziervogel in Hunter 2010: 13). These provide both a factual and a deeply personal and emotional insight into anxiety and depression, which Hunter succeeds remarkably well at preserving in her *Beside the Sea*, and which could undeniably be of interest and assistance to an Anglophone audience.

ⁱ Véronique Olmi (2001: 49).

ⁱⁱ A significant text which explores such issues is Michel Foucault's 1961 *Folie et déraison: Histoire de la folie à l'âge classique*. Examining the period from the Middle Ages to the end of the eighteenth century, Foucault describes the evolving definition, and experience, of the mentally ill due to the manipulation of social attitudes by those in power and explores how these phenomena are reflected in literature.

ⁱⁱⁱ Yogis have acknowledged the close union of, and interrelationship between, the mind and body for thousands of years and this concept continues to be a fundamental principle of Yoga practice (Fraser 2002: 10-11).

^{iv} The *ennui*, or *mélancholie*, from which Flaubert's Emma suffers, is also referred to as *le mal du siècle*. The definition of this affliction was believed to have its roots in English medical debates on humour and was treated as a serious medical condition which could result in suicide (Gill 2011: 491).

^v Of course, significant representations of madness in nineteenth-century literary texts also focus on men, such as Eugène Sue's *Le Juif Errant* (1844-5), and autobiographical accounts of madness in Nerval's *Aurélia* (1855).

^{vi} For an in-depth study of such autobiographical texts, see Susannah Wilson's 2010 *Voices from the Asylum: Four French Women Writers 1850 – 1920*.

^{vii} According to a recent study by the World Health Organisation ([n.a.] 2017), which focused on a number of EU countries, twenty-seven percent of the adult population (aged sixteen to sixty-five) had experienced at least one of a series of mental disorders in the past year. These disorders included problems arising from substance

abuse, psychosis, depression, anxiety and eating disorders. An estimated eighty-three million people are therefore affected in Europe alone.

^{viii} Key examples of these taxonomies are DSM-5, *The Diagnostic and Statistical Manual of Mental Disorders* <www.psychiatry.org/psychiatrists/practice/dsm>, and the excellent website of the mental health charity, MIND <www.mind.org.uk/information-support/types-of-mental-health-problems/>, which will be referred to repeatedly throughout the present study. See also Berrios, German and Porter Roy (eds., 1995).

^{ix} In the UK, the ‘Heads Together’ awareness campaign led by the Royal Family has made a significant contribution to the de-stigmatisation of mental health issues <www.royalfoundation.com/heads-together/>

^x See the European Union’s ‘Joint Action on Mental Health and Well-being’. Available at:

<www.mentalhealthandwellbeing.eu/the-joint-action> [accessed 20th June 2018].

^{xi} Mindfulness can be defined concisely as ‘The practice of maintaining a non-judgemental state of heightened or complete awareness of one’s thoughts, emotions or experiences on a moment-to-moment basis’

<www.merriam-webster.com/definitions/mindfulness> [accessed 20th September 2018].

^{xii} ‘Faire de la méditation est bénéfique pour le bien-être’. <www.tf1.fr/tf1/jt-20h/videos/20-heures-4-janvier-2018.html> [accessed 7 January 2018].

^{xiii} Quotation available at: <www.samueljohnson.com/writing.html> [accessed 20th September 2018].

^{xiv} In his ‘Stephen Fry, Ian McKellen and Melvin Bragg share stories of how literature can help with mental health problems’, Paul Gallagher (2016) explores how some famous people have turned to literature in moments of crisis. Lord Bragg, for instance, who grew up in the north of England in the 1950s and was unable to talk about his depression, found comfort in the poetry of William Wordsworth. Similarly, Stephen Fry, who famously suffers from Bipolar Personality Disorder (BPD), acknowledges the value of poetry, poetic form and how the metrical stresses of poetry, in which the emphasis falls on certain syllables, can help people to cope with the mental and emotional stresses of modern life.

^{xv} *Bord de Mer* (2001) won the Prix Alain-Fournier, *Cet été-là* (2011) was awarded the Prix Maison de la Presse and *Bakhita* (2017) recently received the prix roman FNAC and the Prix Patrimoines BPE.

^{xvi} *Bord de Mer* was inspired by *un fait divers* in which a mother had gone out to buy chips for her children and then killed them. ‘*Bord de Mer*: Une fiction de Véronique Olmi’. Interview with Olmi. Available at: <www.rtbf.be/lapremiere/article/detail_bord-de-mer-une-fiction-de-veronique-olmi/?id=9518723> [accessed 1st June 2018].

^{xvii} As PP tries to explain: ‘[...] le temps de la peur, parce que je connais ça et je veux pas le lui donner’ (74).

^{xviii} The factual content of this section of the present article has been informed by a number of key sources, notably: Hough (2014); McKenzie (2016; 2017); Weekes (2000); <www.mind.org.uk>; <www.nhs.uk>.

^{xix} Panic attacks can be defined as ‘[...] frightening and recurrent episodes of anxiety which appear without warning. [...] The panic is accompanied by fast heart rate, sweating, shortness of breath, trembling, dizziness and sometimes nausea’ (Hough 2014: 321).

^{xx} Throughout *Bord de Mer*, PP’s use of language appears as a stream of consciousness which contains grammatical errors, little punctuation and very colloquial, familiar uses of vocabulary.

^{xxi} This information is only learned much later in the novel: ‘Stan m’a dit que c’était pas son demi-frère que maintenant c’était son frère en entier’ (76). Nothing is told of Stan’s father and PP states that Kevin’s father does not even know that he has a son: ‘Kevin voyait souvent [son père] sans savoir, et l’autre non plus savait pas. [...] C’était un tout jeune [...] qui faisait des stages pour devenir plombier’ (77).

^{xxii} This cultural reference informs the reader that the novel is set in the North of France.

^{xxiii} Despite her low self-confidence, PP is clearly much more able to articulate her feelings than she gives herself credit for.

^{xxiv} PP recognises anxiety symptoms both in herself and in others: ‘Très vite Kevin a voulu faire pipi. C’est nerveux, je lui ai dit mais il a commencé à s’inquiéter, c’est un enfant fortement inquiet.’ (6)

^{xxv} This phenomenon is commonly referred to as a ‘monkey mind’ (Gauding 2009: 96-7). The concept is expanded on in detail by Steve Peters in his 2010 *The Chimp Paradox*.

^{xxvi} As it was seen in the Introduction to the present article, this is the therapeutic approach which is preferred in France (Morant 1997: 165).

^{xxvii} In the SL, the term *cité* refers to a housing estate, particularly one which contains social housing. In the present context, a more appropriate translation may have been ‘the estate’, which has similar connotations in the target language.

^{xxviii} One noteworthy exception to this occurs when PP describes her recurrent negative thoughts – which are typically linked to a depressive state – as ‘monsters’: ‘Les retrouvailles avec mes monstres’ (2001: 55). Hunter provides no translation of this sentence. If her omission is deliberate, her rationale for this is not obvious.

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Claire Ellender

19, Peterhouse Close

Peterborough, PE3 6EN

England

Email: claireelle@yahoo.co.uk

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Translating the Discourse of Medical Tourism: a catalogue of resources and corpus for translators and researchers

Emmanuelle Davoust

Gloria Corpas Pastor

Miriam Seghiri

Universidad de Málaga (Spain)

Abstract: The recent increase in medical tourism in Europe also means more written contents are translated on the web to get to potential clients. Translating cross-border care language is somehow challenging because it implies different agents and linguistic fields making it difficult for translators and researchers to be fully apprehended. We hereby present a catalogue of possible informative resources on medical tourism and an ad hoc corpus based on Spanish medical websites —focused on aesthetics and cosmetics— that were translated into English.

Keywords: Medical tourism, web for corpus, website translation, specialised translation, electronic documentation

1. Introduction

Medical tourism is defined broadly by the UNWTO (i.e. the World Tourism Organization)¹ as the transfer to hospitals of patients wishing to receive some treatment outside of their home country (Kelley 2013). In 2010, the European Union adopted a 10-year strategy setting up agreements on economic growth and social inclusion for all its members. This “Europe 2020” Plan included the health sector and further developed into the Directive 2011/24/EU² of the European Parliament and of the Council on the application of patients’ right in cross-border healthcare (Lunt et al. 2011). During the last decade, trade in medical services within Europe has increased (Bookman & Bookman 2007) since most medical providers have seen in the 2011 Directive a potential way to attract foreign patients to their hospitals.

Internet is today a major channel used to attract these future international clients (Lee, Soutar & Daly 2007) so clinics and hospitals promote their services on corporate web pages or specific medical tourism platforms that are translated into different languages. Both the public and private healthcare sectors try to be attractive to these “medical tourists” with translated websites, multilingual services on site or over the phone... to attend patients’ linguistic and cultural demands during their stay. The Spanish public and private hospitals are a clear example of this new and challenging medical tourism tendency and, as underlined by the Study on cross-border health services by the European Commission (2018)³, there is a real need to enhance the information provision to European patients, through the National Contact Point websites⁴, almost five years after the implementation of the Directive. The information contained in the websites is fundamental to ease communication between patients and public or private healthcare providers.

From a linguistic point of view, medical tourism is often seen as a two-fold concept linking medicine and tourism though, for specialised translators, finding information on medical tourism web translation is more complex than that because this network links agents from very

different areas. Despite the growing interest of researchers on medical tourism issues, virtually nothing has been published on its linguistics, social or cultural implications.

Translators take part in this new European medical tourism system and face both linguistic and cultural issues that have to do with localization, adaptation to new technological tools and marketing (SEM⁵/SEO⁶) rules, for example. The present research is to provide medical tourism translators and interpreters with a digital catalogue of classified resources together with a first insight on the existing medical tourism agents and language supports in Europe. Specific documentation on the subject is fundamental to meet translation quality standards. We have also undertaken to build a first ad hoc specialised medical tourism corpus that is both qualitatively and quantitatively representative.

2. Background

Though travelling to get treated abroad has existed for centuries, the definition of medical tourism is still being debated (Kelley 2013) which shows in the different terms used: “health tourism”, “medical travel” (Baker 2015), “wellness tourism”, “medical tourism” (Ehrbeck 2008). All specialists involved in the medical tourism network tend to use the term that best accounts for their personal reality. Some of them, highlight the “leisure” part and some the “medical” one. Medical tourism is often considered as a sub-set of the touristic or of the medical industry though it also implies other cultural, social, legal and commercial issues.

Literature published on medical tourism focus on social and cultural issues (Milstein & Smith 2006, Kangas 2010), on the economic implications of this new impulse for the industry (Carrera & Bridges 2006, Lunt et al. 2011), and some analyse the application of new directives (Bertinato et al. 2005) or quality standards and patient expectations (Crozier & Baylis 2010, Samabadbeik et al, 2017). Other authors consider the motives for medical the tourists to travel (Smith & Forgione 2007, Bristow et al. 2009., Keckley & Underwood 2008). Patient mobility (Glinos, 2006, 2010) is also reviewed with regional examples (Ehrbeck, Guevara & Mango 2008, Whittaker 2008, Johnston, Crooks & Ormond 2015). Recent publications on medical tourism deal with the type of medical and touristic information available for potential patients on the World Wide Web (Cormany & Baloglu 2010 and Moghavyemi et al. 2016): accommodation, cultural services and medical techniques are most particularly under review.

Translation and interpreting in the medical field have been researched and analyzed from a social and linguistic point of view (vid. Varela Salinas & Meyer 2015). The need for specialised training of these medical translators (Goretti 2016) or, more recently, the influence of internet and new technologies on translation (Barceló & García 2016, Zaretskaya, Corpas Pastor & Seghiri 2015) also highlights the recent challenges of the translation industry. Almahano & Postigo (2013) draw an introduction of the Medical Tourism issues in Spain for translators from a training point of view and, finally, Ramírez & Varela (2017) explain how web translated contents are also linked to marketing rules of SEO and SEM. From a linguistic perspective, medical tourism translation of webs published contents is also linked to other thematic, technical and cultural issues. Our analysis of medical tourism websites in Spain clearly shows this multi-directional network.

3. The medical tourism discourse: different linguistic fields

Translating medical tourism websites is linked to stylistic and terminological issues but also to considerations on the very purpose of such websites or the public it is made for: potential patients from all over the world looking for specialised attention and expert treatment at reasonable prices (Ehrbeck, Guevara & Mango 2008). These translated contents link different areas of knowledge like tourism and medicine, because they provide treatments for patients but also accommodation for their relatives or for themselves before, during or after their stay for example.⁷ Immediate communication between providers of services and clients, that are miles apart, is made possible thanks to the translation and localization of this information. Medical tourism digital contents promote a specific product that is adapted linguistically and culturally, in a short period of time, to get to the target market (Pym 2010; Jiménez Crespo 2013).

Medical tourism websites also include other communicative sections responding to different purposes, because patients need to be fully informed before they travel to a foreign country to be treated. Most web include a legal section (Data Protection, Insurance Policies, Visa forms, inter alia), a technical section (cookies, etc.), a marketing or news section (blogs, newsletters...) that are to be translated too. This is one of the most distinctive features of the medical tourism website language: it conveys a message including different specialised fields any translator needs to be aware of. Medical tourism texts represent the characteristics of specialized medical language (Mayor Serrano 2010) —with clear and concise terminology— together with other touristic features (Durán Muñoz 2012, 2014). Geographical and cultural information of the receiving country for example can be found in most of them. These websites also convey the best images of both worlds, with photos of technological surgical devices, main monuments to visit or even links to accommodation sites (for relatives or post-surgical care of patients).⁸ Descriptions and recommendations of these websites are persuasive and explanatory and have an educational function (Terestyényi 2011) that is to arouse the interest of potential clients. The specialist/non-specialist communication between doctors and patients use direct or undirect supports: phone calls, personal mails, general mailings, websites, blogs, frequently asked questions sections or fill-in contact forms included in the website. The language of medical tourism is mixed from both a linguistic and thematic point of view.

Álvarez García (2017) establishes a “mixed thematical texts-based taxonomy” and classification of texts, produced in foreign trade that can be applied to medical tourism contents. So, in the following Table we adapt the taxonomy created by Álvarez García (2017) and we present different examples of thematic or linguistic fields included in every medical tourism website:

Linguistic field	Contents (some examples)
Medical	Descriptions of pathologies, treatments, technological means used, techniques, specialists ‘CVs,
Touristic	Descriptions of accommodation transfer from airport to facilities/hospital, geographical links to maps, cultural insight on the receiving country, multilingual and multicultural services available

	on-site.
Commercial /marketing	Price-lists, posters, leaflets, blogs on specific services, social media links, promotional events...
Administrative or corporate information	Fill-in or contact forms, organigram, mission and values of the company
Legal	Privacy policy or services conditions, data protection conditions, use of the logo or brand, cookies,
Technical	Buttons, icons, banners, links, videos, photos, graphics.

Table 1: Linguistic fields of translated medical tourism texts with content examples

Different types of classifications attending the electronic resources available on-line for translators wishing to get specialized information have been set up. Some of these data collections on particular topics are organised under diverse formats: electronic books, computer files, journals, bibliographies, databases, websites, corpus...and are ready to be used by translation students or professionals. Literature published on the electronic classification and cataloguing codes has traditionally versed on bibliography, author, topics or access points (Alcina 2008) as mains points of interest. Other authors have focused on the relationship between technology and language processing (Melby 1983 and Hutchins and Somers 1992), on the translator's workbench (Hutchins 1996) or on the use of corpora (Corpas Pastor 2004 and Laviosa 2003a, 2003b), to mention only a few.

Now, there are medical corpora available on line,⁹ though nothing specific on medical tourism. The main medical tourism linguistic resources being thus represented by healthcare providers and insurance brokers' websites. There is no specific bibliography, no list, nor chat available on the subject to provide useful linguistic and cultural answers for translators. Some authors have reviewed the medical tourism discourse in the media (television and newspaper news) in geographical areas like South America (Viladrich & Baron-Faust 2014), Asia or Australia (Imison & Schweinsberg 2013), though they mainly focus on the means used to convey the message in such medias, not on the linguistic area. Chantrapornchai & Choksuchat (2016) discuss the use of information and knowledge engineering in tourism and evaluate the methods used to study the ontology. Their linguistic study of medical tourism is based on the Spa and Hotel sector in Thailand, where the authors acknowledge the ever changing and increasing volume of published medical tourism contents and the difficulty of defining precisely the medical tourism industry as such. The purpose of the present medical tourism catalogue and corpus project was then, firstly to detect the specific localized features of these websites—with the first bilingual and unidirectional medical tourism corpus built from specialized Spanish to English sites—and then to provide specific resources for researchers and translators interested on the subject.

The present paper provides an “open” catalogue of e-resources that includes a multi-level library of data on the medical tourism network: it provides information on the agents involved—and therefore kinds of languages—, most particularly for the translation of ES>EN website contents. This catalogue is flexible because, though it is as detailed as possible, it is to include new resources shortly due to the rapid expansion of the medical tourism phenomenon worldwide. Following the idea developed by Gonzalo García (2004), we developed a mixed taxonomy of

institutional, normative, thematical and training resources on medical tourism in Europe. Further legislative, social and cultural resources are provided to represent the full network. Every section or linguistic field is sub-divided into categories meant to “respond the informative demands of translators to perform their training or professional activities” (Gonzalo García 2016).

To prepare a representative catalogue of e-resources available on medical tourism, we used different criteria. Due to the variety of resources implicated within the medical tourism network, a first selection of such resources was made considering the linguistic fields defined in the previous section: medical, touristic, technical, commercial-marketing, administrative, legal. The criteria used to establish a specialized, professional, representative and available on-line catalogue being based on linguistic, geographical and usability factors. Our catalogue is therefore:

- 1.- Professional: Information on most agents or “partners” of the medical tourism network as defined by Lizarralde (2013) —Medical Tourist/ Providers/ Insurance/ Brokers/ Websites/ Financial Products/ Conference and media/ Travel, Accommodation and Concierge services— was inserted into the different sections to provide a professional insight.
- 2.- Specialised: The portals and websites selected provide information on the different specialised languages of medical tourism websites.
- 3.- Representative of a geographical and linguistic reality: The present resources included information both in the English and Spanish languages, since the geographical area of the present research is Spain (Spanish medical tourism websites produced in Spain which are translated and localized into English).
- 4.- Availability: All resources are available on-line.

4. Catalogue on ES<EN resources for medical tourism translators

The telematic resources included in our catalogue are specific portals, websites, rings and lists that can be of interest when translating the medical tourism discourse. Other institutional (for data), personal (for expertise), normative and legal (for quality standards) resources were intertwined with the different linguistic fields to provide a short but specific thematic medical tourism ES<EN catalogue.

1.-Linguistic resources

Because the language used in medical tourism links different linguistic fields, translators need to be multi-tasking and use diverse monolingual or bilingual lexicographic, terminological and grammatical resources to provide a detailed translation of the original text.

1.1.- Lexicography

On-line dictionaries and glossaries provide definitions and information on medical concepts, though for specialized vocabulary in context on diagnosis and treatments, or even surgical descriptions, professional medical corpus or association websites provide the latest linguistic information on new techniques (Da Vinci robots used for surgery or mini-invasive “key-hole” techniques in the British Cardiovascular Society¹⁰ for example). Novel translators can

find more general multilingual linguistic information in the Medical Online Dictionaries¹¹ and glossaries of medical terms¹².

1.2.- Terminology:

For general expressions and terminology, the data base by the World Health Organization portal¹³ includes publications on medical subjects available alphabetically, together with former journal issues, in six different languages. Projects like the HUMANTERM¹⁴ provide a context to specific Spanish expressions classified in alphabetical order, with further references to bibliography and publications on the subject.

1.3.- Grammatical

For orthographic and style references, monolingual and bilingual manuals are available in English and Spanish¹⁵. In case of doubt, specific publication on the correct use of scientific terminology and acronym genres in Spanish by the Fundación Hospital Madrid¹⁶ can be consulted. Monolingual¹⁷ and bilingual medical acronyms and abbreviation lists provide useful information to translate technological and medical descriptions.

2.-Normative and legislative resources on medical tourism

There is no collection of legal texts on medical tourism as such. When looking up in the Eur-Lex portal¹⁸ the expressions “*medical tourism/ tourisme medical/ turismo médico*”, no relevant match is found. With the “*cross-border*” expression though, a regulation on the movement of persons through borders appears¹⁹ but nothing on medical tourism. For Spanish linguistic references, the JurisWeb²⁰ includes the present and past issues of the Official Journal (BOE) though translators need to look up the reference of a specific law or directive because no thematical search is possible.

The information provided by the normative and legislative resources on medical tourism focus on the legislation in force and on the quality standards of healthcare organizations. The websites or portals contain links to the legislative texts and fill-in forms, to associations with relevant aspects on patients’ rights, codes of conduct, links to external visa obtention forms, for example.

2.1.- On medical tourism travel

Specific private and public portals on medical tourism attend regional needs and focus on internal advice for their nationals being attended abroad. This is a tendency that repeats itself worldwide. For instance, the medical tourism conditions and prices, together with patients’ rights are regulated by the House of Delegates in E.E.U.U.²¹, since many cross-border patients chose to be attended in Canada or Mexico. The American Medical Association (AMA)²² gathers advice for American patients travelling abroad voluntarily with a specific insight on accreditations, follow-up care, transfer of medical records, Health Insurance Portability and Accountability Act (HIPAA) requirements, safety and quality of data for procedures (Protected Health Information).

2.1.1.- In Europe. The European Commission is the main regulating body in Europe. The latest Plans for developing social and economic standards in Europe have been included into the “Europe 2020 Strategy” program²³. The Healthcare Directive on cross-border patients within Europe²⁴ is a further development of this program and it states the details for healthcare coverage, both in public and private centers, whatever the European country of origin. Patients from Belgium can now be attended in Italy or Spain, when waiting lists are too long or when the treatment they need is not available in their home country (due to politic, religious or infrastructure issues). The Directive is available in 23 European languages and provides information on the implementation of specific authorizations, networks of national informative contact points or patients’ rights. For further information on cross-border patients’ choice within the context of the Directive 2011/24/EU, translators and researchers can find information in the Final Report carried out by the Health and Food Executive Agency (CHAFEA), published in 2014²⁵.

Foreign residents or tourists with temporary healthcare needs are not considered by the experts as medical tourists. The Directive has pretended to standardize the care of European medical tourists within its boundaries, though these can be subdivided into categories according to their national healthcare systems, geographical area of origin, particular treatment or cultural needs...and so much more. Some of them are attended by a public Healthcare System and use a European Health Card (EHIC)²⁶ or a specific authorization issued by their home country; others pay and claim back to their private or mixed insurance when back at home and others still simply are attended privately. As for non-European patients²⁷ attended in a European center, an invitation letter issued by the hospital is needed to get the corresponding visa.

Since 2011, every European country has developed into their own legislation, the Europe 2020 Strategy and Directive, with texts passed during the first implementation years. Both Spain²⁸ and the UK have adapted their Touristic Plans. The NHS European Office website²⁹ provides links to respond the main administrative and legal doubts of UK patients wishing to get treatment in another European country. All these legislative texts on medical tourism present legislative, social, cultural and even touristic linguistic expressions that are of interest for translators and linguistic researchers.

2.2.- On quality.

Professional information can be obtained from The World Health Organization on safety regulations and transplantation worldwide,³⁰ and on medical tourism and disease control, from the Centers for Disease Control and Prevention³¹ for example, with specific guidelines for both clinicians and patients. Some specialized websites, like the Organization for Safety, Asepsis and Prevention (OSAP),³² also provide protocols on dental care worldwide, while the International Society of Aesthetic Plastic Surgery site issues a Guideline for travelers³³.

Other specific normative resources on healthcare refer to quality in healthcare and virtually every major hospital is seeking to get recognition, either at local or global level. Measuring quality in healthcare means assessing on medical, social, political, ethical, business and financial factors, within a specific organization or system, to improve patients’ safety and care. External evaluation of quality management focuses on patients’ voyage throughout the healthcare system, either public or private. Today, there is no single and overall accreditation and

evaluation scheme for healthcare worldwide. These standardization systems often focus on one geographical area while others have yet extended their network to other regions of the globe.

Umbrella organizations like The International Society for Quality in Health Care (ISQua)³⁴ and the United Kingdom Accrediting Forum (UKAF)³⁵ do not directly accredit hospitals though they monitor the performance of and provide guiding services to healthcare providers and researchers. The ISQua issues a Bulletin six times a year and an International Journal for Quality in Health Care. It also organizes conferences for professionals of the sector. Other standardization international non-accrediting bodies are the International Organization for Standardization (ISO),³⁶ which gathers the representatives of standards organizations, develops and also publishes international standards to be applied by organizations. A specific ISO standard on Tourism and related services- Medical Tourism –Services requirements is now under development (ISO/AWI 22525)³⁷.

2.2.1.-International standards on patient healthcare. The Joint Commission International (JCI)³⁸ is based in the United States originally though it measures worldwide the best practices in healthcare quality and patients' safety and provides accreditations or certifications for health systems, governments, agencies, institutions and companies.

2.2.2.-European standards on patient healthcare. In Europe, the main legal document on cross-border healthcare is the Directive 2011 though other European Commission pages³⁹ provide links to the contact points, to the Cross-border Healthcare Group and to the “know before you go” brochure for future medical tourists. The European Commission's science and knowledge service focuses⁴⁰ on European healthcare quality with the provision of evidence-based guidelines and the implementation and auditing of standards. It works closely with the CEN (Committee for Standardization) and the CENELEC⁴¹ (the European Committee for Electrotechnical Standardization) organizations to ensure the quality of healthcare products and services on the European market.

New technologies are also present in these normative and legal texts, with ethical and technical issues addressed on e-health⁴² and Data Protection Management for example. Other linguistic textual references can be obtained from the General Data Protection Regulation (GDPR)⁴³ to translate the privacy policy and legal notice of medical tourism webpages. In Spain, the Asociación Española de Normalización y Certificación (AENOR)⁴⁴ is in charge of the accreditation of quality standards in hospitals. It does not provide any specific medical tourism information but rather general texts on quality standards for hotels and accommodations or for patient data and hospitals.

2.2.3.- Quality in Translation. Standards of quality in force for the language industry have been developed on a global and regional scale. In Europe, the standards, gathering the latest technological issues and requirements for language-service providers are detailed by in ISO 17100:2015.⁴⁵

3.- Thematical and textual resources

The theme-based resources available on medical tourism are scarce too, though looking up the main search engines is one valid option still, due to the lack of a specific corpus on the subject. The most interesting texts are provided by professional portals and platforms that are dedicated either to attract medical tourists or to bridge between patients and hospital/accommodation providers.

3.1.-Medical tourism definitions

Understanding contemporary medical tourism before translating its contents is fundamental. A rapid insight of definition issues and of the complete network of agents implied is analyzed by specialized articles and books worldwide. Professional associations also provide partial documentation and information of the industry.

Using terminology like “medical tourism”, “health tourism” or “medical travel” for example is linked to more complex notions like the definition of medical tourists, motivations and procedures used to travel or to some regional or cultural issues (Ehrbeck et al. 2008). The agents included in the medical tourism network usually tend to use the term that best represent their part of the industry. Such terminological multiplicity also shows in databases like Medline for example (Carrera & Bridges 2006), making it even more complicated for researchers and translators to get a standardized definition and clear concept of the industry.

A full analysis performed on European medical tourism (Wismar et al. 2001) assesses on the value of Internet as a message conveyor for medical tourism companies and analyzes key influences, alongside with some economic and cultural factors. Specific data and linguistic documentation on the Spanish market are provided by expert reports (Lizarralde 2013) on the economic and social impact of medical tourism and on its relationships with hotels, airlines, travel agents and some national healthcare structuring.

3.2.-Medical tourism network

Lizarralde (2013) provides a network chart of medical tourism that includes the following agents: Medical Tourist/ Providers/ Insurance/ Brokers/ Websites/ Financial Products/ Conference and media/ Travel, Accommodation and Concierge services. However, the list accounts for the main sectors involved in the medical tourism network, it falls short in detailing the exact role played by providers announced on the World Wide Web. This is why we decided to extend a detailed description and some examples so as to illustrate the role played by translation services providers in this particular network. The Lizarralde model does not really account for the public system reality of medical tourism for example. To understand better the role played by web page translators in European medical tourism, we present hereafter two organigrams. The first one (Figure 1) one represents the public and private medical tourism agents' network:

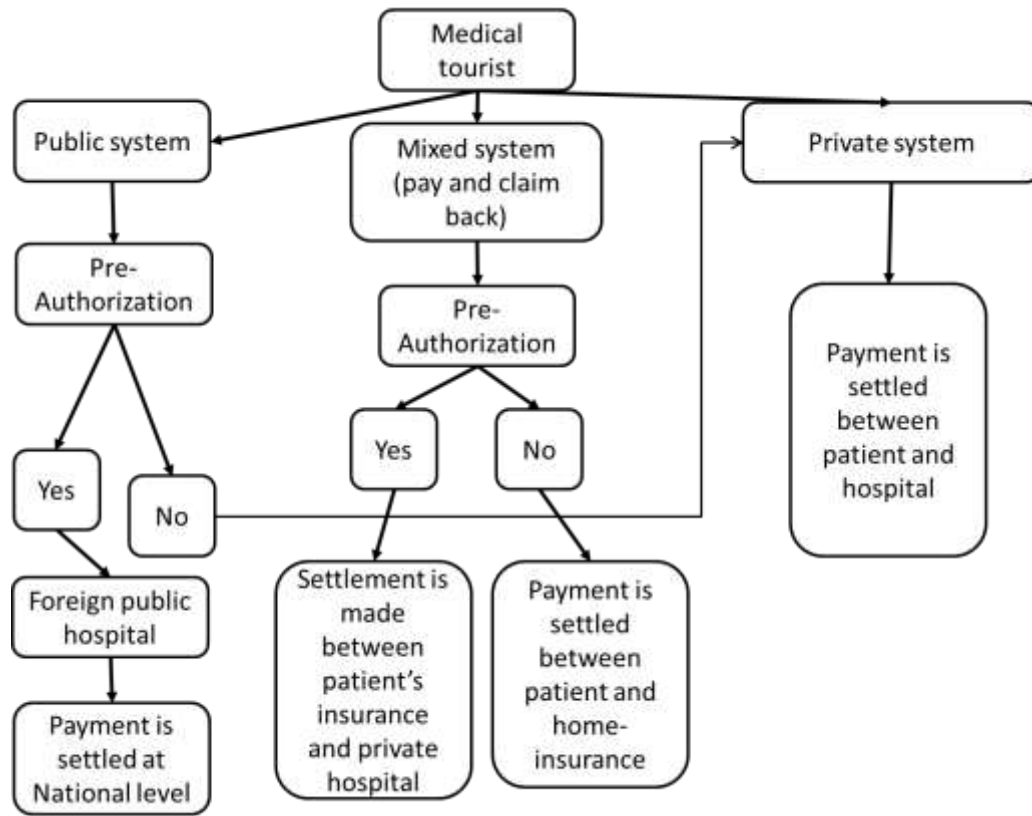


Figure 1: Medical tourism agents in Europe –public and private medical tourism networks

In Europe, medical tourists are attended by the receiving public healthcare system after the obtention of a specific authorization issued by their country of origin. When unable to get such certificate, medical tourists often chose to be attended and to claim back to their home country afterwards. Others come from a mixed system, like the French Social Security one, where part of the services are covered by private professional insurances for example. In these cases, medical tourists also pay and claim back part of their invoices.

3.2.1-The agents. Whatever the healthcare system they pertain to, medical tourists use webpages to get the information they need before they travel. The providers of services, either public or private and other specialised platforms, publicize their services with different supports that are translated.

The second figure (Figure 2) represents Medical the tourism Internet information networks in Europe:

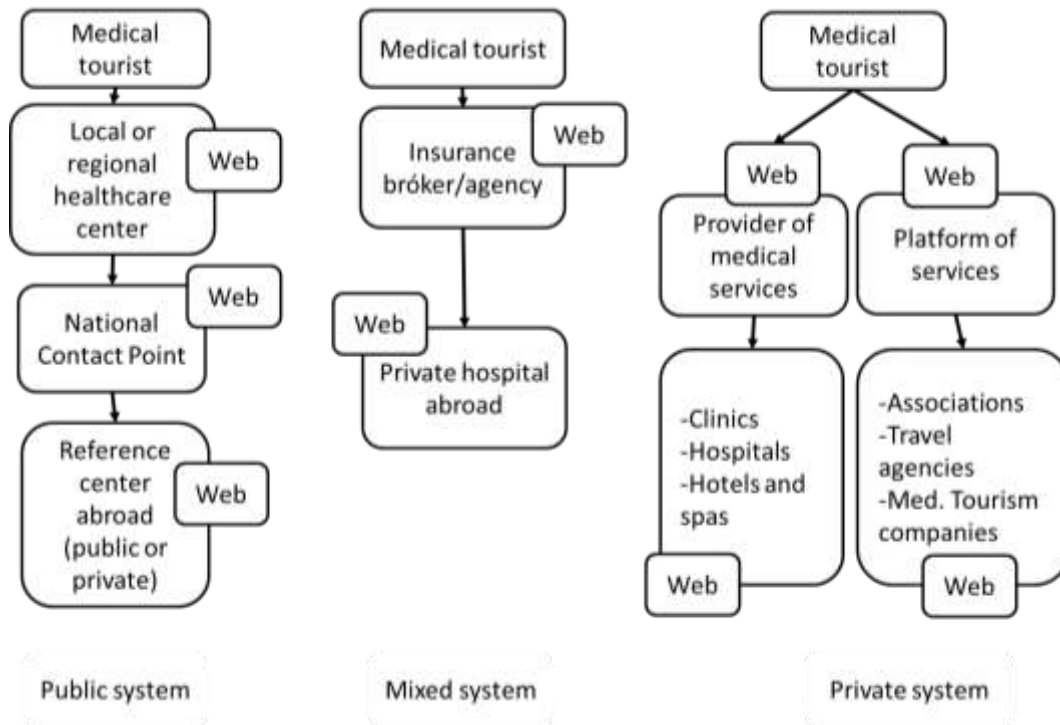


Figure 2: Medical tourism internet information networks in Europe

We hereby present a detailed and amended classification of these agents and introduce some specific information on how it is of relevance for translators' work both at European and national levels. To collect information on medical tourism providers, we selected one of the most popular search engines in Europe (google.com) and looked up for key words like “medical tourism agency” and “medical tourism facilitator” in English and “facilitador turismo médico” or “agencia turismo médico”. A further geographical selection enabled to get links to the websites of the major providers in Europe, Spain and the Costa del Sol area, where many medical tourists are attended every year. This is the organigram of the websites we collected:

- 1.-Public medical tourism agents/ institutions
 - 1.1.- National contact points
 - 1.2.- National or regional healthcare systems
- 2.-Private medical tourism agents
 - 2.1.- Healthcare providers
 - 2.1.1.- Clinics and hospitals
 - 2.1.2.- Spas and wellness centers
 - 2.1.3.- Hotels and concierge services
 - 2.1.4.- Insurance brokers and agencies
 - 2.2.-Medical tourism platforms (facilitators)
 - 2.2.1.-European platforms/ Travel agencies

2.2.2.-Spanish medical tourism services websites

2.2.2.1.-Local initiatives

We hereafter detail this organigram in the following table (cf. Table 2), with some examples for each of these medical tourism agents and the type of translation involved for medical tourism translators.

Medical tourism agents on the web	Examples	Translation work type
1.-Public medical tourism agents/ institutions		
1.1.- National Contact Points (NCP)	EEC website. Your Europe. Where to get information on medical coverage in Europe ⁴⁶ .	Public healthcare platforms in every country with service listings /FAQ, Contact information, fill-in form for authorizations...
1.2.- National or Regional Healthcare Systems	Servicio Andaluz de Salud. Spanish local webpages with links to the European cross-border site and to the Spanish and Ministry of Health site ⁴⁷ .	Directives and informative brochure on patients' rights.
2.-Private medical tourism agents		
2.1.- Healthcare providers		
2.1.1.- Clinics and hospitals	Quirón Grupo Hospitalario. Partially translated into English ⁴⁸ .	Informative and promotional language. Full website with press releases, research and training sections.
	Vithas Xanit International. Translated in four languages ⁴⁹ .	Full website. Healthcare directory. Price list. Hotels list. Blogs. Contact info. Legal. Fill-in online/paper forms. Videos
2.1.2.- Spas and wellness centers	Wellness Spa News ⁵⁰ .	Full website. News and jobs sections. Private policy and fill-in contact form
2.1.3.- Hotels and concierge services	Medical care Spain provides transfer services to and from the airport ⁵¹ .	Healthcare directory, CV of specialists, Hospital description, fill-in form, blog, social media links...
2.1.4.- Insurance brokers and agencies	Eurocross. Some companies have started to include international schemes for traveling individuals. Most only include emergencies while on holidays though ⁵² .	Policy insurance services. Contact fill-in form. Disclaimer. Privacy.
2.2.-Medical tourism platforms (facilitators)		

2.2.1.- European platforms / Travel agencies	Novacorporis is a medical facilitator, based in London, with a platform advertising the services of medical providers in foreign languages (English, French, German for patients wishing to be treated in the following countries: France, Belgium, Spain, Hungary and Turkey. ⁵³	Healthcare directory of services (dental, cosmetic and laser eye surgery), catalogue of pros and cons for every destination, news and publications, contact fill-in form, privacy policy, disclaimers...
2.2.2.-Spanish medical tourism services websites	Spain Healthcare Tourism is based in Spain and links providers and medical tourists. The website is provided in English and Spanish ⁵⁴ .	Healthcare directory of services, services to providers, blog section, contact fill-in form, privacy policy...
2.2.2.1.-Local initiatives	The Nexotour project. A transborder initiative to promote tourism between Northern Africa and Spain. Translated partially ⁵⁵ .	Full website with thematic touristic packages, touristic brochures, events section, contact form and legal section.

Table 2: *Translation work type for medical tourism websites- some examples.*

3.3.- Corpus

Due to the scarce existence of free and specifically built “medical tourism corpus,” translators and researchers alike find it difficult to get exact and complete linguistic results when browsing their way through internet resources. General medical, legal or touristic corpora are available, though they only account for part of the language used in the medical tourism websites. General monolingual⁵⁶ or bilingual corpus, together with specific corpora lists⁵⁷ can be partially of help for linguistic issues. The Varieng Research Unit for Variation, Contacts and Change in English⁵⁸ and the University of Michigan Library⁵⁹ provide a large number of corpus, sub corpus and database in North American and British English languages.

3.3.1.- General medical corpus, portals and databases are available and provide extended linguistic medical information though no specific section is yet set up for medical tourism. The CSIC⁶⁰ is, for instance, a collection of scientific and technical texts in Spanish and corpus with word search in context. Most specialized medical corpora are available through mail or fill-in form delayed registration, making it virtually complicated for translators to get quick answers. The UFAL Medical Corpus⁶¹ is one of such corpora providing a collection of parallel health and general texts. Other specialized portals give access to the main on-line publications or open-access journals like Portales medicos⁶² in Spanish and Elsevier⁶³ or Free medical journals,⁶⁴ in English.

4.- Institutional Resources for Medical Tourism Data

Some of the following global and Spanish institutional websites and portals provide specific data on healthcare for researchers.

4.1.-Data on general healthcare in Europe

NUMBEO⁶⁵ presents a very interesting healthcare index by countries. A wide range of articles on medical tourism in different regions of the globe can be found in the World Health Organization directory of publications⁶⁶ and specific texts/data on the healthcare industry are available in OECD publications⁶⁷.

4.2.- Data on tourism and medical tourism

A global classification of medical tourism countries is available in the International Healthcare Research Center page with “the medical tourism index”⁶⁸ measuring the attractiveness of a country as a medical tourist destination. Other platforms like *Patients beyond Borders* provide global information and documentation on patients’ experiences and motives to travel, on destinations and hospital procedures⁶⁹.

4.2.1.- Worldwide. The Medical Tourism Association is a professional portal based in the United States focusing on quality healthcare, consumer awareness and education with global information on the American legislation and patients’ rights.⁷⁰ In 2013, the first Medical Tourism Association Survey⁷¹ showed that about half the patients had used Internet to find out about medical tourism services and, that about 73% of them had used Internet to search information on country destinations and hospitals.

4.2.2.- In Europe. The major public European organization with information on medical tourism is the European Commission⁷². The portal includes general administrative and legislative information on cross-border care⁷³, with Directives, fill-in forms, information contact points⁷⁴ for authorizations...The Eurostat website⁷⁵ includes a thematical search box for data and full articles on Health and Tourism together with a Health glossary. The OECD library⁷⁶ thematical research provides access to healthcare texts and comparable data on performance aspects of the OECD countries. The European Health Management Association (EHMA)⁷⁷ focusses on how healthcare is successfully implemented in Europe with specific reports on healthcare in Europe and provides a list of past and upcoming events on medical tourism.

4.2.3.- *In Spain*. Data on tourism in Spain is available from the Instituto Nacional de Estadística⁷⁸ and on non-resident population across the Spanish borders, from the FRONTUR survey⁷⁹ though these figures do not provide detailed information on medical tourists.

4.3.- Data on the private healthcare providers

Data on the private Healthcare sector in Europe can be obtained from the monthly newsletter issued by the European Union of Private Hospitals (UEHP)⁸⁰ and, from the Alianza de la Sanidad Privada Española⁸¹ for Spain, with blogs published on medical tourism-related subjects.

4.4.-Professional associations

Most European professional associations, like the European Society of Cardiology⁸² or the Federación española de higienistas bucodentales,⁸³ include links to specialised journals, training events and even to medical legislative texts. In Spain, the professional association of all

registered practitioners gathers legal, administrative and medical information with a training section, the latest publications and procedures or accreditation services available for professionals, for example. The website is actually translated into seven European languages⁸⁴.

4.5.-Marketing and new technologies

Independent translators also sometimes perform copywriting and uploading of contents services using specialized source software like WordPress for example. As underlined by Ramirez & Varela (2017), the amount of information on Internet responds to some marketing “rules” that affect the work of translators. The inclusion of key words, inward and outward links for example implies the participation and understanding of such marketing and positioning rules.

5.-Training resources

The new professional field of web translation and localization is quite complex and sometimes also entails transcreation in the case of blog translation for example or learning how to use the right CAT tools (Gutiérrez-Artacho & Olvera-Lobo 2018; Zaretskaya, Corpas Pastor & Seghiri 2015). Getting the latest update on both the source and target languages and cultures are paramount to provide a perfect locale product too. Professionals often find it difficult to identify a number of training tools in the medical tourism translation and localizing field. Although the present list and typology of training and informative products is not exhaustive, it provides specific elements in the academic and professional medical tourism world to respond the needs of modern translators and researchers. The objective of the present catalogue is to achieve a better translation of the information between translators and medical tourism experts.

5.1.-Medical tourism training

There are virtually no medical tourism chats or groups to discuss some issues with experts when in doubt. Medical tourism conferences and events multiply worldwide, though not all are of linguistic or cultural interest. General knowledge on the industry (brokers, insurers, care providers, leading organizations and healthcare initiatives in general) are available from the websites of organizations like the World Medical Tourism Congress (WTMC)⁸⁵ site and the International Trade and Health Insurance Congress (ITIC) for an international insight. The ITIC takes place four times a year: in EEUU, in England, in Europe and in Asia. It also issues a monthly publication, the ITIJ (International Trade and Health Insurance Journal)⁸⁶ with specific features on medical tourism, tourism and healthcare industries worldwide. In the International Medical Travel Journal website⁸⁷, sections give access to information on medical tourism topics and events together with a specialized directory of agents and facilitators⁸⁸. In Spain, private and institutional initiatives to develop the industry have led to the creation of the first Medical Tourism Deanery,⁸⁹ with a research center on medical tourism data, based at the University of Malaga. It organizes Master and expert courses and its Observatory participates in the major tourism and trade fair, held annually in Madrid.

5. Web for corpus in the medical tourism industry: localised aesthetic SEME websites in Spain

We hereby introduce the very base of the methodology used to build up the present medical corpus. Today the World Wide Web is considered by many as a very interesting linguistic corpus because it is constantly changing and because it provides a good insight of new idiomatic tendencies. Web as corpus is, however, quite different from the web for corpus.

5.1. Web as corpus versus web for corpus

Corpus-based studies are one of the most interesting challenges in linguistic studies because, apart from addressing linguistic, practical technical or issues, among others, they also provide useful information for translators with the use of corpora. Using the web “as a corpus” or “for corpus”, are two different ways of retrieving information to attend these specific language-learning, stylistic or sociolinguistic needs, among others. Corpus linguistics is used to compile, write and review written contents and account for the evolution of language and has a significant impact on translation as a profession.

5.1.1. Web as corpus

Internet is today a key driver for research and most translators use electronic resources to get more specialised linguistic information. One of the main advantages of searching the web is that it contains all recently-coined expressions, so innovations in language (either technical, computer-related...) are available on-line. Is internet a really interesting linguistic corpus? It surely provides many electronic collections of texts on specific subjects (Kilgariff 2001) and these generated Web 2.0 contents are increasing day after day (Zanettin 2002). So, yes, the web as a corpus is accessible with common or specialised tools and features for language learners, teachers and researchers, as well as translators, if they know where, how and what they are looking for. Experiments with monolingual corpora (Bowker 1998; Pearson 1998) and multilingual corpora have proved useful for specific and limited topics or text types though searching the web remains quite anarchic and not all search engines provide the kind of language or texts to emulate. Zanettin (2002) also underlines “relevance and reliability” as two major issues when retrieving data from the web where users’ search criteria cannot be targeted precisely from a linguistic point of view to get relevant documentation. Different linguistic issues linked to the use of the web as a corpus have been discussed: computational applications and natural language processing (Kilgariff 2001); web searches and web searching systems (Bieber 2007), among others.

5.1.2. Web for corpus

Building one’s own and unique electronic corpus is a solution chosen to extract relevant and usable information from web pages that are previously selected. Data downloaded from the internet are retrieved following specific pre-determined criteria and are then stored, cleaned, classified and analysed to perform a specific task (Seghiri 2006, 2011, 2017a, 2017b). Many criteria have been researched to provide a definition of the corpus. To establish a classification of

resources available on medical tourism, we have considered the definitions by Pearson (1998), Fletcher (2004), Austermühl (2001), Varantola (2000) and Zanettin (2002) based on the use of such corpora. The catalogue of resources we present has actually been prepared as an “Ad-hoc corpus” (Zanettin 2002), to respond a specific issue (Fletcher 2004) or “special purpose” (Pearson 1998) that is the study of medical tourism web pages and their corresponding translation to a target language. Our corpus is furthermore “customized” (Austermühl 2001) and “disposable” (Varantola 2000). The present “DIY corpus” (Zanettin 2002) on medical tourism and further catalogue of resources precisely represent “an open, disposable and virtual collection of documents” created “ad-hoc” to respond the specific training and information needs of professionals.

The linguistic information resources available for medical tourism translators are scarce and both the fields and agents implied are varied, making it even more difficult for them to find their way among this Internet mare magnum. These are the reasons why we decided to compile a medical tourism corpus with a specific case of Spanish/English aesthetic medical pages.⁹⁰ In order to illustrate all the above characteristics, we used a four-step protocol (search, downloading, text-formatting and saving data) —based on Seghiri (2006, 2011, 2017a, 2017b) — to ensure top-quality results. Because Aesthetic Surgery and Cosmetics are among the most popular medical tourism treatment options selected by patients worldwide (Lunt et al, 2011), a selection of professional websites from the Sociedad Española de Medicina Estética (SEME)⁹¹ was carried out to build up this unidirectional and parallel virtual corpus. Though other medical specialties are also representative of this industry, like dental, eye surgery or In Vitro Fertilization (IVF) for example (Lunt et al. 2010), from a linguistic point of view, this first corpus was meant to illustrate the diversity of linguistic fields and agents involved in the medical tourism network. The decision not to include medical specialisations others than that of Spanish aesthetics was brought about by two basic considerations:

- 1) The fundamental is that aesthetics is the primary field of demand in Europe from medical tourists (Lunt et al. 2011).
- 2) The secondary being the need for high homogeneity of both content and terminology/phraseology of the texts on medical tourism websites. We decided to restrain to one specialty and to one linguistic combination (ES>EN) from websites initially based in Spain to account partially for the European Medical Tourism website translation situation.

3)

We believe the representativeness of the corpus is managed from a qualitative point of view because it is based on professional texts and, from a quantitative point of view as assessed by the ReCor software (Arce Romeral & Seghiri 2018a, 2018b; Corpas & Seghiri 2007; Seghiri 2006, 2011, 2015).

5.2. Results

Information derived from the SEME corpus shows that translation and localization of Spanish medical tourism websites is still scarce despite its needs to impact on international patients.

1.- Search.

The corpus was compiled from the initially 625 websites listed by the SEME as professionally registered partners in 2018. A first manual selection was performed, providing the following results: of the 625 SEME websites, a great majority was left untranslated (589 websites in Catalan, Spanish, English or Portuguese as first language). Of the remaining 36 with translation buttons, we excluded another 13 Spanish to other non-English language combinations and were left with 23 Spanish>English websites.

Source language	Target languages	Number of websites	Comments
Spanish	English (at least + other languages)	19	No automatic translation
Spanish	English	1	duplicated
Spanish	All languages*	3	*Google button
Spanish	Other languages than English (Catalan, Portuguese, French only...)	13	
Total		36	

Figure 3: Study corpus: number of translated SEME websites

Only 23¹ of the 34 websites written in Spanish are translated into English, though we excluded 3 websites using a “Google all language translation” option for representativeness reasons and 1 that was duplicated in the SEME list. Finally, we included 19 websites in the medical tourism SEME corpus.

2.- Downloading

The free version of Httrack website copier⁹² was used to extract automatically the majority of html format files from the 22 ES>EN SEME websites, though, in some cases and due to this interface program not recognizing the corresponding url, the files had to be downloaded manually and copied to txt format files directly.

3.- Text formatting.

The obtained html files were converted into unprocessed and clean .txt and ASCII format files with the free Online Converter⁹³ to ensure further recognition by corpus management programs.

4.-Saving of data and classification of files.

¹ See Annex 1 for full information on the 23 ES>EN websites included in the SEME Medical Tourism Corpus.

All suitable documents in the repository were correctly identified and classified into a main corpus file with two main sub-corpora representing the languages of our study: one for the source language and another for the target language to enable future linguistic search or corpus developments. All files were then saved and named using the following Code system: 1001TOES_name of company_main subject, 1002TOES_name of company_main subject... (TO standing for Text of Origin and ES for Spanish). Translated files were classified with the code 1001TMEN_name of company_main subject, 1002 TMEN_name of company_main subject (TM standing for Translated Text and EN for English). Each subcorpora containing all numbered and named files as followed:

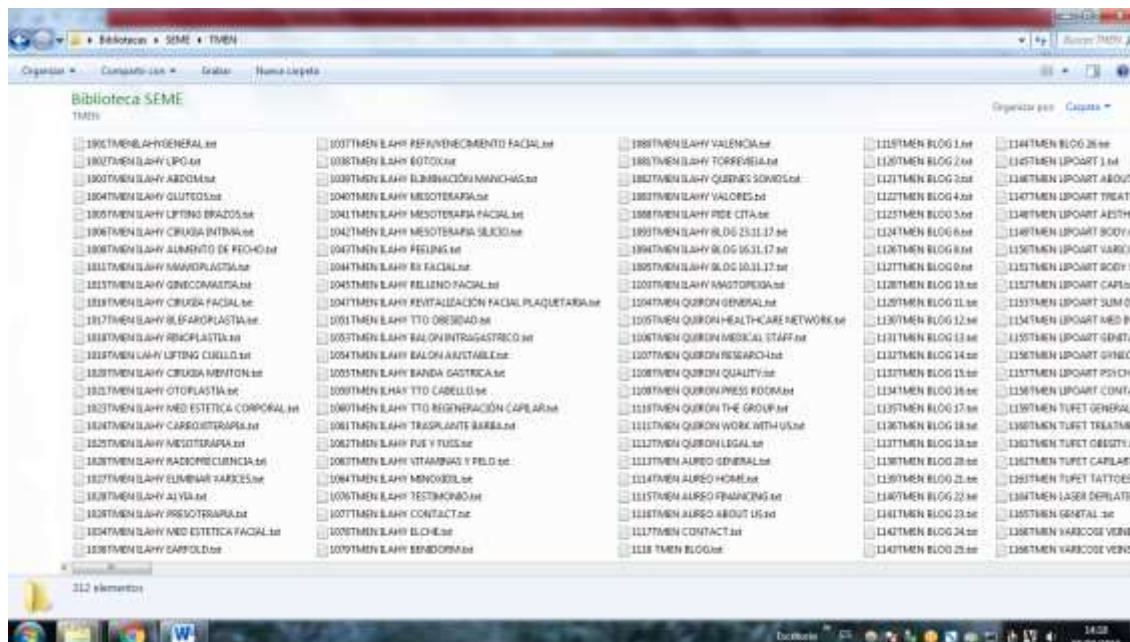


Figure 4: SEME medical tourism corpus files –TMEN subset

The result obtained with these four stages –Search, Downloading, Formatting of Data and Saving/Classification of Data– being that of the SEME unidirectional ES>EN medical tourism corpus with 314 documents processed in Spanish and 312 in English. This is due to some parts (like legal disclaimer or cookies section) of the webs being left untranslated. We believe that, since the selected texts were all of professional origin and extracted following specific pre-decided criteria, the SEME corpus is qualitatively representative of the aesthetic ES>EN medical tourism language in Europe. The number of tokens compiled in the corpus was determined by the analysis carried out with the AntConc program⁹⁴:

Sub-corpora	Word Tokens	Number of documents included
English	1.618.984-word tokens	312
Spanish	1.972.170-word tokens	312

Table 3: SEME sub-corpora - number of word tokens

5.3. Representativeness of the aesthetic medical tourism corpus

ReCor⁹⁵ (cf. Seghiri 2006; Corpas & Seghiri 2007) is an easy-to-use software created to measure the representativeness of corpus based on the size which calculates the n-grams prevalence. Statistic files generated help determine the minimum size of any textual collection, whatever the language. It provides the minimum threshold for representation thanks to the N-Cor algorithm.

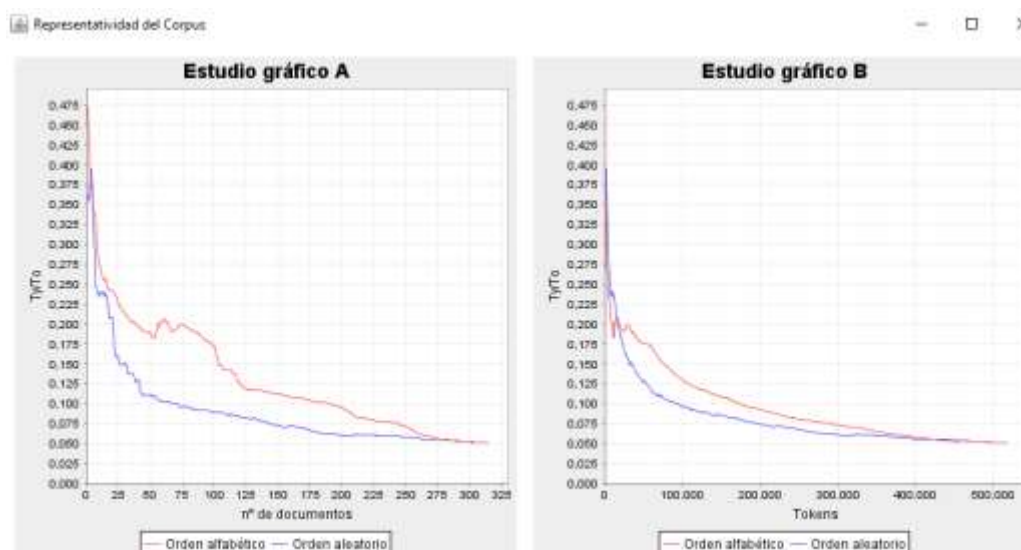


Figure 5: Representativity for the SEME medical tourism websites English corpus (1-gram).

On the one hand, data obtained with ReCor (cf. Figure 5), show that the SEME aesthetic surgery for medical tourism websites corpus in Spanish (-1 gram) is representative with 275 documents and about 450.000 tokens.

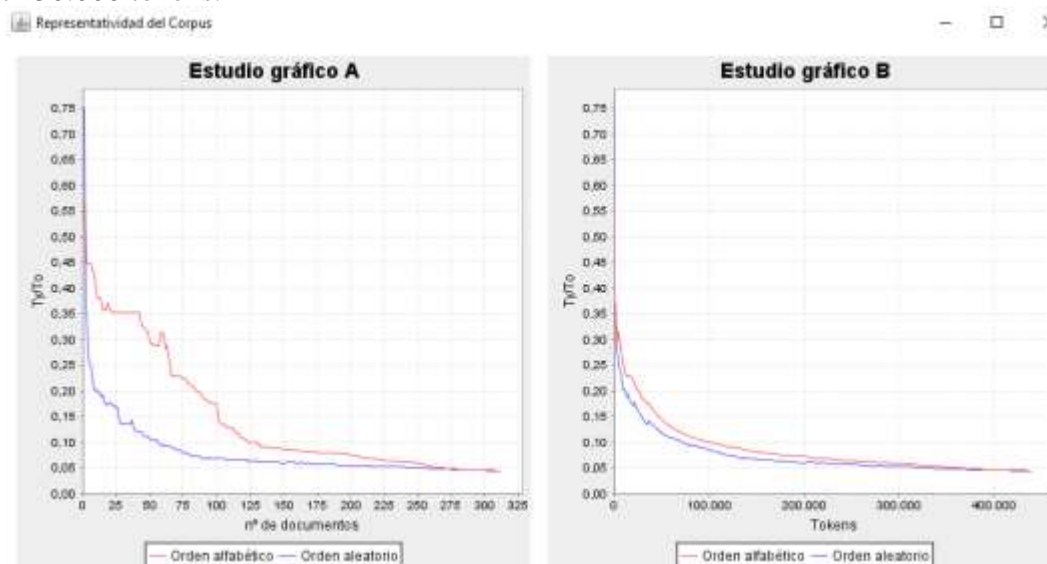


Figure 6: Representativity for the SEME medical tourism websites Spanish corpus(1-gram).

On the other hand, data obtained with ReCor, show that the SEME aesthetic surgery and dermatology for medical tourism websites corpus in English (-1 gram) is representative with 275 documents and 400.000 tokens approximatively.

6. Conclusion

The medical tourism network on the Internet is made of different agents and linguistic fields. Translators are the invisible part of it, as no study has yet been performed on the subject. This multi-sectorial linguistic fields involved in medical tourism translation are quite particular and representative of the professional products using a website to get to their potential clients.

Though not very extensive, the creation of the present “ad hoc” unidirectional ES<EN medical tourism corpus is meant to point out the importance of new technologies in website translation. Compiling a small but representative corpus provides useful linguistic resources even when different linguistic fields are involved because it is qualitatively and quantitatively representative of a professional sector like medical tourism for example. Future research lines to be developed in the field are to investigate on medical tourists and website information, on web positioning and translation and on corpus study and different linguistic areas.

Annex

LANGUAGE OF ORIGIN	TARGET LANGUAGES	COMPANY NAME	URL	GOOGLE TRANSLATION
SPANISH	ENG/FR	Clinica Elite Laser	http://www.elitelaser.es/	NO
SPANISH	ENGLISH	Clínica Díaz Caparrós	www.clinicadiazcaparros.es	NO
SPANISH	ENGLISH/ RUSSIAN	Instituto Dermoestético Ilahy	http://www.ilahy.es/	NO
SPANISH	ENGLISH	ie:me Dra. Barroso	https://www.quironsalud.es/	NO
SPANISH	CATALAN/ RUSSIAN/ ENGLISH/ GERMAN	Clínica Áureo S.L.	https://www.clinicaaureo.com/	NO
SPANISH	ENGLISH	LIPOART	http://lipoart.es/	NO
SPANISH	CATALAN/ ENGLISH/ RUSSIAN	Instituto Medico Garcia Fernandez S.L	http://www.medicinaestetico.com/es/	NO

SPANISH	CATALAN/ ENGLISH/ FRENCH/ RUSSIAN	Clínica Tufet	https://clinicatufet.com/	NO
SPANISH	CATALAN/ ENGLISH	Clínica Dr. Sàez	http://www.drseaz.com/	NO
SPANISH	CATALAN/ ENGLISH/ RUSSIAN	MEDISOC unidad de medicina estética	http://www.medisoc.es/es/	NO
SPANISH	FRENCH/ ENGLISH/ PORTUGUESE / RUSSIAN	Clínica Santanderma Dermatología y Estética	https://www.santanderma.com/	NO
SPANISH	FRENCH/ CATALAN/ ENGLISH	Clinica Dr. Pierre Nicolau SLP	http://www.dr-nicolau.com/	NO
SPANISH	CHINESE	Clínica Pradillo	http://www.clinicapradillo.com/	NO
SPANISH	ITALIAN/ PORTUGUESE/ GERMAN/ ENGLISH/ SWISS/ MEXICAN	Centros Unico	https://www.centrosunico.com/	NO
SPANISH	ENGLISH	CaPiLae - Clínica Garcilaso	http://www.capilae.es/	NO
SPANISH	ENGLISH	MD-Estetic, Centro Médico-Medicina Estética	http://www.med-estetic.com/	NO
SPANISH	ENGLISH	Clínica Dres. López	http://www.clinicadoctoreslopez.com/en/	NO
SPANISH	ENGLISH	Clínica Benzaquen	www.clinicabenzaquen.com	NO
SPANISH	ENGLISH/ FRENCH/ PORTUGUESE/ ITALIAN	Biosalud Hospital de Día	http://biosalud.org/	NO
SPANISH	ALL LANGUAGES	Clínica Toscana	http://www.clinicatoscana.com/	GOOGLE BUTTON
SPANISH	ALL LANGUAGES	Centro Clínico Estética Médica	https://www.clinicaestetica medica.com/	GOOGLE BUTTON

SPANISH	ENGLISH /FRENCH/ GERMAN/ RUSSIAN/ ITALIAN	Clinica Dra Margarita Caliz	http://www.dramargarita-caliz.es/	GOOGLE BUTTON
SPANISH	ENGLISH	Clínica Dres. López	www.clinicadoctoreslopez.com	DUPLICATED

Annex 1: ES>EN medical tourism websites included in the SEME corpus

Notes

¹ UNWTO. United Nations World Tourism Organization. Available at: < www.world-tourism.org >

² The Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32011L0024&from=EN>

³ Study on cross-border health services: enhancing information provision to patients. Final Report. European Commission. Consumers, Health, Agriculture and Food Executive Agency. Health Programme. Written by the consortium of Ecorys, KU Leuven and GfK Belgium. Available at: https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/2018_crossborder_frep_en.pdf

⁴ The "Contact Point Centers" for cross-border healthcare in Europe. Contact details for patients. Available at: https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_npc_en.pdf

⁵ SEM: Search Engine Marketing

⁶ SEO: Search Engine Optimization.

⁷ The Vithas Xanit Hospital website located in Benalmádena, Spain, is a good example of such multiple services because it includes a specific section with an hotel list and their contact data. Available at: <<http://www.xanitmedicaltourism.com/medical-trip/accomodation/>>

⁸ The Microtour website provides touristic information on Zagreb and the islands of Croatia and hotel accommodation for all French-speaking patients and their relatives. Available at: <http://www.microtour.com/croatie>

⁹ For instance, the GENTT corpus (<http://www.gentt.uji.es>), among others.

¹⁰ British Cardiovascular Society. Available at: <https://www.bcs.com/pages/default.asp>

¹¹ MedicineNet.com is an online dictionary of medical terms. Available at: <https://www.medicinenet.com/medterms-medical-dictionary/article.htm>

¹² Multilingual Glossary of medical terms Available at: <http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html>

¹³ WHO. Health topics and articles by the World Health Organization. Available at: <http://www.who.int/publications/journals/en/>

¹⁴ HUMANTERM: proyecto de I+D+i realizado por la Universidad Europea de Madrid. Available at: <http://humantermuem.es/tiki-index.php?page=Bienvenidos+a+Humanterm>

¹⁵ Real Academia Española. Available at: <http://www.analitica.com/bitbliblioteca/rae/ortografia.asp>

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- ¹⁷ Medical acronyms and other medical care abbreviations. Available at: <http://www.sedom.es/diccionario/presentacion.php>
- ¹⁸ EUR-LEX. EEC portal on legislative texts in European languages. Available at: <https://eur-lex.europa.eu/homepage.html?locale=en>
- ¹⁹ Regulation (EU) 2016/399 of the European Parliament and of the Council of 9 March 2016 on a Union Code on the rules governing the movement of persons across borders (Schengen Borders Code). Official Journal. Available at : <https://eurlex.europa.eu/legalcontent/EN/TXT/PDF/?uri=CELEX:32016R0399&qid=1535454237784&from=EN>
- ²⁰ JurisWeb: Spanish portal on general legislation with texts in Spanish. Available at: <http://www.jurisweb.com/index.htm>
- ²¹ House of Delegates. Report of the Council on Medical Service. 2008. Medical Care Outside the United States. (Resolutions 711 and 732, A-07), page 339. Available at: http://ama.nmtvault.com/jsp/viewer.jsp?doc_id=ama_arch%252FHOD00005%252F00000010&view_width=640.0&rotation=0&query1=&collection_filter=All&collection_name=1ee24daa-2768-4bff-b792-e4859988fe94&zoom_factor=current&search_doc=medical%2520tourism&sort_col=publication+date&highlightColor=yellow&color=&CurSearchNum=-1&search_doc1=medical+tourism&submit.x=0&submit.y=0&page_name=&page_name=
- ²² The American Medical Association (AMA). Available at: <https://www.ama-assn.org/ama-adopts-ethical-guidance-medical-tourism>
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- ²⁶ The European Health Card. Available at: <http://ec.europa.eu/social/main.jsp?catId=857&intPageId=1304&langId=en>
- ²⁷ Schengen visas. Available at: http://www.exteriores.gob.es/Embajadas/MASCATE/Documents/Medical_Treatment_Visa.pdf
- ²⁸ Turismo 2020. Plan del Turismo Español Horizonte 2020. Ministerio de Industria, Turismo y Comercio. Gobierno de España. Available at: <http://www.lamoncloa.gob.es/Paginas/archivo/081107-enlaceturismo.aspx>
- ²⁹ NHS European Office. Available at: <http://www.nhsconfed.org/regions-and-eu/nhs-european-office/influencing-eu-policy/cross-border-healthcare>
- ³⁰ The World Health Organization. Available at: <http://www.who.int/transplantation/en/>
- ³¹ The Centers for Disease Control and Prevention. On medical tourism. Resources for travelers, clinicians and the Travel Industry. Available at : <https://wwwnc.cdc.gov/travel/yellowbook/2018/the-pre-travel-consultation/medical-tourism>

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- ³² The Organization for Safety, Asepsis and Prevention (OSAP). On healthcare protocols during dental care worldwide. Available at: <https://www.osap.org/page/AboutOSAP> and <https://www.osap.org/page/travelersguide?&terms=dental+and+tourism>
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- ³⁴ The International Society for Quality in Health Care. Available at: <https://isqua.org/>
- ³⁵ UK Akkreditering Forum Limited. Available at: <http://www.ukaf.org.uk/>
- ³⁶ International Organization for Standardization (ISO). Available at: <https://www.iso.org/home.html>
- ³⁷ ISO/AWI 22525. Available at: <https://www.iso.org/standard/73387.html>
- ³⁸ Joint Commission International. Available at: <https://www.jointcommissioninternational.org/>
- ³⁹ European Commission. Cross-border Healthcare. Available at : https://ec.europa.eu/health/cross_border_care/overview_en
- ⁴⁰ European Commission's science and knowledge service. Available at: <https://ec.europa.eu/jrc/en/research-topic/healthcare-quality>
- ⁴¹ CENELEC. European Standardization. <https://www.cenelec.eu/standards/Sectors/healthcare/Pages/default.aspx>
- ⁴² European Innovation Partnership . Available at : https://ec.europa.eu/eip/ageing/standards/healthcare/e-health_en
- ⁴³ The General Data Protection Regulation (GDPR). Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:02016R0679-20160504&from=EN>
- ⁴⁴ AENOR-Asociación Española de Normalización y Certificación. Available at: <http://www.aenor.es/desarrollo/inicio/home/home.asp>
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- ⁴⁶ National Contact Points (NCP). Available at: https://europa.eu/youreurope/citizens/national-contact-points/spain/index_en.htm
- ⁴⁷ Servicio Andaluz de Salud. Available at: http://www.juntadeandalucia.es/servicioandaluzdesalud/principal/documentosacc.asp?pagina=gr_atsantra nsfronteriza
- ⁴⁸ Quirón Grupo Hospitalario. Available at: <http://www.quiron.es/es>
- ⁴⁹ Vithas Xanit International. Available at: <https://www.xanitmedicaltourism.com/blog/>
- ⁵⁰ Wellness Spa News. Available at: <http://www.wellness-spain.com/en/wellness-spa-news-andalucia>
- ⁵¹ Medical care Spain. Available at: <https://www.medicalcarespain.com/services/>
- ⁵² Eurocross. Available at: https://www.eurocross.com/medical_travel_assistance/
- ⁵³ Novacorpus. Available at: <http://www.novacorpus.co.uk/>
- ⁵⁴ Spain Healthcare Touris. Available at: <http://spainhealthcaretourism.com/en/home/>
- ⁵⁵ The Nexotour project. Available at: <http://www.nexotour.org/paquetes-turisticos/?lang=en>
- ⁵⁶ [British National Corpus](http://www.natcorp.ox.ac.uk/) Available at: <http://www.natcorp.ox.ac.uk/>
- ⁵⁷ [Corpora List](https://mailman.uib.no/public/corpora/). Linguistic corpus list. Available at: <https://mailman.uib.no/public/corpora/>
- ⁵⁸ The Varieng. Available at: <http://www.helsinki.fi/varieng/CoRD/corpora/index.html>
- ⁵⁹ University of Michigan Library. Research Guide. Linguistic Resources. Available at: <https://guides.lib.umich.edu/c.php?g=282869&p=1884909>
- ⁶⁰ CSIC. Ministerio de Ciencia e Innovación. Available at: <http://www.investigacion.cchs.csic.es/elci/node/8>

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- ⁶² [PortalesMedicos.com](http://www.portalesmedicos.com). Available at: <http://www.portalesmedicos.com>
- ⁶³ Elsevier. Available at: <https://www.elsevier.com/about/open-science/open-access/open-access-journals>
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Emmanuelle Davoust
PhD Candidate
Translation and Interpreting Department,
University of Malaga (UMA), Spain.
manudavoust@uma.es

Dr. Gloria Corpas Pastor
Professor
Translation and Interpreting Department,
University of Malaga (UMA), Spain.
gcorpas@uma.es

Dr. Miriam Seghiri
Senior lecturer
Translation and Interpreting Department,
University of Malaga (UMA), Spain.
seghiri@uma.es

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MTI Students' Awareness of Professional Ethics Reflected in Interpreting Practice Reports --A Case Study of Guangdong University of Foreign Studies

Mianjun XU

Abstract: *MTI students' awareness of professional ethics is analyzed by adopting bibliometric and text analysis approaches to interpreting practice reports of Guangdong University of Foreign Studies (GDUFS) in 2013-2016, in particular, how the student interpreters handled information concerning the clients' privacy and whether they gained informed consent for recording and using the data. It is found that the majority of the reports did not voluntarily obey such ethics. Therefore, it is necessary to enhance professional ethics education of translator and interpreter trainees from such aspects as MTI curriculum design, textbook compilation, teaching, interpreting accreditation tests and students' translation and interpreting practices.*

Keywords: *interpreting practice report; professional ethics; confidentiality; informed consent*

1. Introduction

With the rapid development of globalization and the translation industry, Master of Translation and Interpreting (MTI), a professional degree aiming at training “high level, practical and professional” translators and interpreters was initiated in China since 2007. As of 2018, a total of 249 universities and colleges have been granted the right to run MTI programs. As MTI students are expected to become professional translators and interpreters after graduation, their awareness of professional ethics is an important indicator of their professional training and to some extent, impacts on their future professional performance. However, education of professional ethics has not received due attention in MTI education institutions, with only very few of which offering professional ethics as an independent course in their curricula (Wen & Mu 2009; Chen 2011)

In order to test MTI students' awareness of professional ethics, the author has chosen to analyze MTI students' interpreting practice reports, which serve as an essential component of their degrees. The motivation is based on two considerations. On the one hand, the interpreting reports come from students' authentic interpreting activities. On the other hand, the way they handle such matters as gaining their clients' “informed consent” to record the interpreting activities and handling privacy information, including the clients' names, organizations and businesses, can well reflect their awareness of professional ethics or the lack of it. If students manage to take these things seriously and handle them properly, they are ethically ready for their professional careers; otherwise, they need more ethics training even after they become professional interpreters. Gaining “informed consent” and handling privacy information have been selected as the focus of discussion as both are important components of confidentiality, one of the generally agreed ethical rules that interpreters should abide by.

As there are so many MTI students graduating each year all over China, it would be beyond the scope of this study to include all of them. Therefore, it is decided that students of Guangdong University of Foreign Studies (GDUFS) will serve as the research subjects for the following reasons.

First, established in 1965, GDUFS is one of the leading foreign languages universities in

China. In its over 50 years' history, it has cultivated numerous translators and interpreters in different language pairs for various sectors and at different levels.

Second, it is the first one in the country to establish a translation and interpreting (T&I) department and one of the few member institutions of CIUTI in China. Its T&I students have the chance to be interns at the United Nations. It is also one of the first 15 institutions granted in 2007 by the Academic Degree Committee under the State Council of the People's Republic of China to run MTI Programs. Now it has a complete range of degrees of T&I from bachelors to PhDs. It serves as headquarters of the National MTI Teaching Advisory Committee. So the MTI education at GDUFS can somewhat represent or reveal the status quo of the whole country.

Third, as a teacher at GDUFS, the author can conveniently access MTI teachers and students during the research process for clarification and confirmation of ideas and statistics.

The following sections are arranged this way: Section Two, a brief review of professional ethics for translators and interpreters and research into it; Section Three, research methodology, including MTI programs of GDUFS, research subjects and data collection; Section Four, findings; Section Five, discussions; and Section Six, conclusion and suggestions for further studies.

2. Professional ethics for translators and interpreters and previous research into it

According to Setton & Prunč (2015:144),

Ethics is a branch of moral philosophy that seeks to establish principles of fairness or justice (or right and wrong behavior). Professional ethics...are considered a hallmark of its professional status, alongside mastery of the relevant skills and knowledge and the ability to apply them in real-life situations.

Different professional organizations such as AIIC(2012), AUSIT(2012), AVLIC(2000), CHIA(2002), and NATTI(2000), to name just a few, have formulated different ethical rules for interpreters and translators. For example, AIICⁱ stipulates that “integrity, professionalism and confidentiality” are the basic rules for all interpreters. *AUSIT Code of Ethics and Code of Conduct*ⁱⁱ lays down nine general principles of ethics and conduct, i.e., professional conduct, confidentiality, competence, impartiality, accuracy, clarity of role boundaries, maintaining professional relationships, professional development, and professional solidarity. Large numbers of scholars have also offered their understandings of professional ethics for interpreters. Hale (2007: 108), for example, by reviewing the codes of conduct for interpreters of 16 countries, comes up with the most frequently listed principles of ethics, namely, confidentiality, accuracy, impartiality/conflict of interest, professional development, accountability/responsibility for one's own performance, role definition, professional solidarity and working conditions.

The number and contents of rules and principles of ethics vary from institution to institution and from scholar to scholar. However, confidentiality is universally recognized as one of the most important rules of ethics for interpreters across all sectors and settings (Gonzalez *et al* 1991:474; Setton & Prunč 2015:146). The emphasis placed on confidentiality reveals that this is a vulnerable field that is subject to legal constraints (such as obligation to report criminal activity) or to a higher moral imperative (such as to save lives) (Setton &

Prunč 2015:146).

Because of the importance of professional ethics for translators and interpreters, research on it is gaining increasing popularity in the academic circle (e.g. Angelelli *et al* 2007; Arrojo 2005; Baker & Maier 2011; Berman & Wood 2005; Bromberg & Jesionowski 2010; Corsellis 2005; Goodwin 2010; Hale 2007; Inghilleri 2012; Janzen & Korpinski 2005; Kaufert & Putsch 1997; Koskinen 2000; Lane-Mercier 1997; Larkosh 2004; Lipkin 2010; Mikkelsen 2000; Rudvin 2007; Venuti 1995 & 1998), which deal with vast related topics. China also sees a similar scenario. As of Jan. 4th, 2018, when the author used the title searches with “翻译伦理” (translation ethics), “口译伦理”(interpreting ethics), “译者伦理” (translator ethics) and “译员伦理”(interpreter ethics) on China National Knowledge Infrastructure (CNKI)¹, there were 392, 2, 32 and 2 returns respectively, adding up to 436 returns in total. These papers and projects cover a wide range of topics, such as definitions of translation ethics, reviews of translation ethics research in China and abroad, dimensions of translation ethics, and reviews of translations of different genres from an ethical perspective.

In contrast, education of professional ethics for translators and interpreters is yet to receive more attention, with varying degrees of importance attached to it from institution to institution and from country to country. For example, the European Master’s in Conference Interpreting lists professional ethics in its core curriculum (Niska 2005:49); codes of ethics is one of the five areas of training for interpreters in the public services (Corsellis 2005:158), of which observing confidentiality is one of the core requirements (ibid: 166). On the other hand, education of professional ethics for translators and interpreters remains largely ignored in the Chinese context (Wen & Mu 2009; Chen 2011).

In addition, little literature has been devoted to ethical issues with student interpreters. For example, a CNKI search only finds two journal papers dealing with education of T&I ethics (Chen 2011; Yang 2014). Chen (2011) maintains that because of the limited credit hours of MTI programs, it is more realistic to integrate education of professional ethics into existing courses such as Translation History to cultivate students’ awareness of professional ethics. Yang (2014) discusses the necessity to offer ethics education to T&I students. She based her arguments on the relationship between T&I and ethics, as well as the requirements of T&I professionalization on students. Apart from these two papers which argue for the necessity of offering ethics education to T&I students, no other paper has dealt with students’ ethical issues.

The very brief review above offers a solid basis for the current study: the importance of professional ethics for translators and interpreters and undue attention given to ethics education in MTI programs, still less to students’ awareness of professional ethics.

In order to find out how well students are ethically prepared, this paper intends to approach this topic from a new perspective, namely, by looking at MTI students’ interpreting practice reports, and specifically, whether the student writers have abided by the confidentiality rule of gaining “informed consent” for disclosure of information and keeping the parties concerned anonymous, both of which are important indicators of their professionalism. The students’ handling of such matters as whether they informed and obtained (written or oral) consent from the relevant parties to record the interpreting activities and use the subsequent transcripts, and whether they disclosed the names and identities of

¹ China National Knowledge Infrastructure (CNKI)¹ is the most comprehensive database in China embracing literature of journal articles, Masters’ and Doctoral dissertations, newspaper articles, almanacs, conference proceedings and research-fund projects.

their clients and their affiliations accidentally or deliberately or tried to make them anonymous, can reveal, to some extent, their training of professional ethics or the lack of it.

3. Research Methodology

In this section, first a brief introduction to the MTI programs of GDUFS is offered before the research subjects and data collection methods are explained in detail for a better understanding of the whole picture.

3.1 MTI programs of GDUFS

GDUFS was among the first 15 institutions granted the right to run MTI programs in 2007. In the first few years, it just enrolled part-time students. But now, all its MTI students are full-time. To be enrolled, candidates have to sit for the National Entrance Examinations for Postgraduate Studies and the reexaminations by GDUFS, the latter of which include both written and oral tests. Except Political Science which is uniformly proposed by the Examination Center of the Ministry of Education, all the other examined subjects are proposed by GDUFS. Anyone who holds a bachelor's degree is eligible to sit for the exams, so MTI students have varied academic backgrounds, including fresh graduates or people with a few years of working experience with a bachelor's degree in foreign languages and literature, translation and interpreting, teacher education, business English, economy, technology, management and journalism, to name just a few. Some have received T&I training during their undergraduate years while others have not.

The MTI programs of GDUFS include the following tracks: conference interpreting, public services interpreting, business translation, legal translation, media translation, and translation and localization management. All the programs are mainly practice-oriented with few theoretical courses in T&I studies, but require students to have translation practices of no fewer than 150,000 words or interpreting exercises of no fewer than 400 hours. During their two years (a maximum of four years) study, MTI students have to complete all the required credits and a degree paper, which will be discussed below later.

The MTI courses are divided into the following types, namely, public courses, 6 credits; degree compulsory courses, 6 credits; specific track compulsory courses, 12 credits; degree elective courses, 16 credits; and internship, 2 credits. Besides, they have to sit for the China Accreditation Test for Translators and Interpreters (CATTI) Grade II before graduation, but not necessarily with a passing score. Students are required to complete their credits within one to one and a half years, while spending the remaining time writing their degree papers, which can take one of the following forms:

- (1) Internship reports of translation management, including the three important posts as a project manager, a project translator and a project proof-reader, to be written in English with no fewer than 15,000 words.
- (2) Translation or interpreting practice reports, namely, description of the translation or interpreting process, the problems they have encountered and/or the lessons they have learned. Students on the translation track, under the guidance of their supervisors, translate original texts which have never been translated before into or out of Chinese, with the word count of the source texts no fewer than 15,000 Chinese

characters/English words while interpreting students should transcribe no fewer than 15,000 words of their interpreting practice(s) and write a practice report in English of no fewer than 5,000 words.

- (3) Translation or interpreting experiment reports, namely, description of translation or interpreting experiments and findings. Under the guidance of their supervisors, students carry out experiments on certain aspects of T&I, and write an experiment report of no fewer than 15,000 English words. The experiment report should include task description (purpose, subject(s) and means of experiments), task process (hypotheses, variables, working definition(s), selection of respondents, organization of experiment and collection of the experiment data), analyses of experiment results, summary and conclusion of experiment.
- (4) Translation or interpreting survey reports, namely, surveys and analyses of translation and interpreting policies, translation and interpreting industry, and translation and interpreting phenomena. The contents include task description (purpose, subject(s), means of survey, etc.), task process (selection of respondents, organization of survey, collection of survey data), analyses of survey results, and conclusion and suggestions of surveys, with no fewer than 15,000 English words.
- (5) Research papers. Under the guidance of their supervisors, students write research papers on translation or interpreting, with no fewer than 15,000 English words.ⁱⁱⁱ

Of the five forms of degree papers, interpreting practice reports are the most popular among the students on the interpreting track while research papers are the least chosen form. One reason is that interpreting practice reports are more closely related to the interpreting sector in that they are based on students' real interpreting activities for real clients. Another reason is that MTI programs are practice-oriented rather than research-oriented so students are encouraged to write practice reports rather than research papers for which they have not been properly trained.

This paper will focus on the interpreting practice reports by MTI students of the Chinese-English language pair at GDUFS. Although there are MTI programs of other language pairs at GDUFS, they are of much smaller scale and thus excluded in this study.

3.2 Research subjects and data collection

The research subjects are interpreting practice reports of MTI students of GDUFS between 2010 and 2016, namely, from the year when the first cohort of MTI students of GDUFS graduated and the year when the latest reports were available on CNKI at the time of writing this paper. The research will follow bibliometric and text-analysis approaches.

In order to find out the number of MTI students of Chinese-English language pair who had written their degree papers in the different forms, the author searched the CNKI for relevant literature by taking the following steps. First, select the Database of Masters' Degree Papers; second, key in the name of the university "广东外语外贸大学"(Guangdong University of Foreign Studies) in the "degree conferring institution" box, and "口译" (interpreting) in the "subject" box, select the starting year "2010" and the ending year "2016", and then click "search". The search hit 323 returns. Papers dealing with other language pairs such as Chinese-Japanese, Chinese-French, and Chinese-German; and those written by Masters of Arts in Translation Studies were manually removed. In the end, a total of 199 papers on interpreting written by MTI students were selected and downloaded. Between 2010 and 2012,

there were no interpreting papers; in 2013, there were 32; in 2014, 53; in 2015, 49; and 2016, 65, consisting of the five required forms mentioned above, the details of which are illustrated in Table 1.

Year	practice reports	Experiment reports	internship reports	Survey reports	Research papers	Total
2013	16 (50%)	5(16%)	0(0%)	9(28%)	2(6%)	32
2014	30(57%)	5(9%)	2(4%)	10(19%)	6(11%)	53
2015 ^{iv}	29(59%)	5(10%)	3(6%)	3(6%)	9(18%)	49
2016	48(74%)	3(5%)	1(2%)	4(6%)	9(14%)	65
total	123	18	6	26	26	199

Table 1 *MTI Interpreting Papers in 2013-2016, GDUFS*

It is clearly shown in Table 1 that each year the majority of MTI students select practice reports for their graduation papers, and there has been an increasing trend year on year. Of the 199 interpreting papers, 123 are interpreting practice reports, accounting for 61.8%. So analyses of the practice reports can reveal the overall situation of MTI students on the interpreting track.

All these 123 interpreting practice reports have been read thoroughly, with special focus on whether the student interpreters explained the purpose and the subsequent use of recording to their clients, whether they sought to obtain their informed consent for so doing, whether they revealed such privacy information as the clients' names, affiliations, positions, businesses and products.

4. Findings

This section will discuss the findings by close reading of all the interpreting practice reports, including overview of the reports, gaining informed consent, confidentiality and anonymity.

4.1 Overview of the interpreting practice reports

The 123 interpreting practice reports vary greatly in terms of modes of interpreting, importance of events, and level of formality and industries involved. The interpreting practices cover the most common modes of interpreting, namely, liaison interpreting, consecutive interpreting, simultaneous interpreting, and whisper interpreting. None is on sign interpreting or interpreting for the blind and hard of hearing, because these are not included in their professional training. Some events are international conferences on education, psychology or social studies; some are lectures, some are business negotiations; some are court interpreting of international suspects of drug-smuggling or illegal immigration; and some are sight-seeing tours in China. They also cover a wide range of sectors, such as education, agriculture, tourism, medicine, electronics, law, machinery, logistics, religion, sports, furniture, TV programs or even videos of automobile reviews. Depending on the formality and contents of events, the degree of confidentiality should vary as well.

4.2 Gaining informed consent

It is an ethical requirement for interpreters to abide by the confidentiality rule by non-disclosure of any information concerning the interpreting activity to any third party. In case such needs arise, the interpreter should obtain informed consent from the client(s) for such information to be disclosed for whatever purpose, be it personal or academic and the clients retain the right to reject such requests at any point, at the very beginning, during the process or even after completion of the task. The students' use of the interpreting transcripts for writing their degree papers surely violates the confidentiality rule, so it is ethically appropriate to obtain their clients' permission prior to the recording. As student interpreters of GDUFS writing interpreting practice reports are required to discuss issues related to their interpreting activities and attach the transcripts in the Appendix for a comprehensive assessment of their performance, recording is a must for all students who choose this form of degree papers. Therefore, how they handle the recording issue can reveal their awareness of professional ethics and the ethics education they have received.

Analyses of the 123 papers reveal that students' handling of the recordings falls into three types. First, informed consent was gained from the clients. This first type consists of only 9 reports (7.32%), the authors of which mentioned that they had asked their clients for permission to record the interpreting activity. The students simply stated, "With the consent of the client, the interpreting was recorded and transcribed later for detailed analysis" without bothering to describe how they explained the situations to their clients, what the clients' responses were and whether there were any restrictions for the use of such information. Second, the informed consent was neglected and the recording was not mentioned at all. There were 73 such reports (59.35%). The transcripts were just attached in the Appendix without any explanation. Third, the recording was mentioned but not the informed consent. Forty-one reports (33.33%) simply mentioned the transcripts at different locations of the papers, some in the abstract, some in the first chapter about task description and some in the conclusion, and explained the tools for recording (mobile phones or digital voice recorders) and/or the purpose of the transcripts. This last type did not explicate whether the recordings were done with the informed consent of the parties concerned. Instead, they talked about using transcripts for detailed analyses and self-assessment of their interpreting behaviors, processes and/or outputs.

4.3 Confidentiality and anonymity

Another confidentiality issue in the interpreting practice reports concerns the clients' privacy, such as their names, organizations, positions and businesses. Even for academic purposes such as writing an interpreting practice report to qualify for an academic degree, the parties concerned should remain anonymous lest some harm or losses might be incurred to them.

How did the students perform in terms of confidentiality and anonymity? As the students were required to describe their interpreting tasks, all of them provided very detailed information about their clients and their institutions, differing only in whether the specific names were provided or not.

Of the 123 reports, only 32 (26%) made some technical treatment to the clients' privacy information, such as keeping their clients and their affiliated institutions anonymous,

replacing their names with letters or pseudonyms, or using initials instead of full names. The other 91 reports (74%) gave the full names of their clients and their institutions, together with other information such as their history, business scopes and product ranges. Except one student who mentioned that her client would like to remain anonymous, all the other 122 students gave no reason for disclosing or covering up their clients' names and/or identity. The one student claimed that as there were a lot of business secrets in the business talk, she was determined to omit the technical terms in both the in-text discussion and the transcript. Three other students showed their awareness of professional ethics in the reports. In one report, there is a section entitled "ethics of liaison interpreting", in which the student writer acknowledged the importance of codes of conduct and listed some explicit requirements for interpreters, including, an interpreter should have a thorough understanding of his/her ability, provide high-quality interpreting, know his/her role well, and not disclose information of secrecy. Despite such awareness, this very student made no mention of whether she had obtained permission from her client for recording and provided the full name and detailed information about the client and his institution, all of which are against the confidentiality rule. Another student listed confidentiality and faithfulness as employers' expectations of the interpreter. However, despite her awareness of confidentiality, she disclosed the name of her employer, a very important governmental institution, after all. Still another student also had a section entitled "ethics of the interpreter", in which the responsibilities of an interpreter are listed, but with no mention of confidentiality.

The MTI students' interpreting practice reports suggest that the concept of confidentiality is unknown or irrelevant to the student authors. One student even mentioned that her client, an Italian fashion dealer, was ill-tempered and capricious so that other interpreters just could not stand him and chose to quit halfway instead of staying with him during his trip in China. The student cited this example as one of the various difficulties she had to overcome before and during her interpreting task. Apart from violating the confidentiality rule, this student's case raises another ethical issue, namely, is it appropriate and professional for an interpreter to discuss his/her clients' shortcomings in their back? Apparently, such a concern did not cross her mind.

5. Discussions

From the above analyses, it is found that the students followed closely the requirements of the MTI programs by providing all the necessary information in their reports, revealing that their awareness of professional ethics is not strong enough and needs to be strengthened by more professional ethics education. The majority of students did not bother about explaining the purpose of recording the interpreting activity and gaining "informed consent". Neither did they try to protect the clients' privacy by treating their personal information with anonymity. In the following, some possible reasons for such phenomena will be discussed and some suggestions offered to change the status quo.

There are several possible explanations for the students' purposeful or accidental neglect of ethical rule of confidentiality. First, the students have not received pertinent training of professional ethics during their study at the university, because professional ethics was only offered as an independent course in GDUFS after these students had graduated. In the author's interviews with 6 MTI interpreting teachers of GDUFS, they admitted that they did not discuss such ethical issues with their students either in class or in the students'

interpreting practices. In addition, the teachers themselves often recorded their own interpreting activities without asking for the clients' permission. Without proper guidance from their courses and their teachers, it is no wonder that they had no idea about the ethical rules; neither did they realize that it was deceitful to record the interpreting activities and to disclose the clients' information without prior consent and that it might lead to lawsuits. Of course, judging from the nature of the interpreting tasks, many of them need not be kept secret absolutely. Given the fact that they had never been formally taught during their study to abide by the ethical rules, it was too much to require them to follow them voluntarily, especially if they had never read relevant literature either.

Second, the students lacked relevant academic training. There are two different cases for not mentioning whether they had gained informed consent from the clients. One is that the students recorded the interpreting activities without the knowledge of the parties concerned, because the advances in science and technology make confidentiality even harder to keep. The prevalence of smart phones and digital voice recorders makes recording so much easier and invisible. If practitioners do not warily follow the professional codes of conduct, business secrets are easily leaked out. The other is that the students did gain the consent of their clients for recording, but had no idea that they had to mention it in their reports. In the former case, it is an indication of their lack of professional ethics; and in the latter one, it is their unfamiliarity with relevant academic conventions. As the aim of MTI education is to turn out high-quality, professional and practical translators and interpreters, greater importance has been attached to developing students' practical competences rather than to academic ones, so most of the curricula are practice-oriented rather than research-oriented, and courses of research nature such as academic writing, translation theories and research methodology are not offered to MTI students. This partly explains their violations of the ethical rules.

Third, ethics education remains a field of negligence in MTI education. In the syllabus of MTI education of GDUFS or of China as a whole, such norms as confidentiality, anonymity or informed consent in interpreting practices or subsequent research are not mentioned or emphasized enough. The writing template of interpreting practice report provided by the School of Interpreting and Translation Studies of GDUFS makes no reference of any ethical requirement, though it offers a detailed format of the report, which includes both paratexts and the body of the report. The paratexts consist of a front cover, a title page, an abstract in Chinese and English, acknowledgement, table of contents, list of abbreviations, list of graphs and tables, and transcripts of recording, while the body consists of task description, task preparation, case analysis, conclusions and references. The students took it for granted to record their interpreting activity and to provide information about their clients and their organizations in their interpreting practice reports. Those who decided to keep their clients anonymous or semi-anonymous, by replacing their names with letters or pseudonyms or with some generic terms such as "a foreigner", "three foreign students", "a Thai tourist" or "an Italian client", may have done so involuntarily instead of ethically, as indicated by the fact that none of them explained the reasons for so doing. As all these students have already graduated, we have no way of knowing for sure from their reports whether it is because they were aware of the ethical rule of confidentiality, because their clients had required them to do so, or just because such treatments had been prompted by their impulse.

Fourth, interpreting practice reports, as a new form of degree papers, are still being probed by all MTI institutions in China, with no precedent to follow. Though *A Guide to Writing MTI Dissertations* (Huang, 2012) offers some guidance for writing the different forms of MTI degree papers, it does not touch upon any issues of professional ethics.

Fifth, it reveals the students' lack of critical thinking. They just did what was asked of them rather than thinking independently about the rationality for doing so. This might be explained as: (1) It is a reflection of Chinese culture. Students have been educated to respect rather than challenge authorities since the beginning of their formal education. It is considered inappropriate or rude to question established authorities. As they have been instructed to act in a certain manner, they just do as required. (2) Chinese sense of privacy is quite different from that of the rest of the world. For example, it is quite natural to ask people's age, income or marital status in China, but discussing the same things with people from other countries will be considered an intrusion of their privacy. So the students may just take it for granted to provide the full information about their clients, without realizing that it may be inappropriate.

From the above discussions, it is clear that professional ethics is not followed closely by the student interpreters in both their interpreting activities and their writing of the practice reports. Therefore, it is the responsibility of the MTI education institutions to enhance ethics education of their students, who will become in-house or free-lance translators and interpreters in the T&I market upon graduation. If they cannot follow the professional ethics well, their behaviors will negatively impact on the whole T&I sector. So during their study at the university, the authorities should offer related courses of professional ethics to them and emphasize professional ethics in the practical and academic experiences, so that students know what they should or should not do as maturing translators and/or interpreters.

It is suggested that textbooks on professional ethics be compiled and listed as a required reading of MTI students. In addition, as Baker & Maier have argued, the increased emphasis of accountability has urged translator and interpreter trainers to be more directly and explicitly engaged with the issue of ethics and build it into the curriculum (2011:3). Therefore, it is necessary to integrate professional ethics education into all MTI courses so that students can cultivate their sense of professional ethics and voluntarily abide by it in their practices. Furthermore, the National MTI Advisory Committee can also draw on the practices of Australia and other countries to include professional ethics in the China Accreditation Test for Translators and Interpreters to test interpreters' understanding and conformity of codes of ethics. Last but not least, one should be aware that ethics education is a lifelong process which is far from enough by simple transfer of ethical knowledge.

5. Conclusion

This study is an attempt to look at MTI interpreting students' awareness of professional ethics from a different perspective, i.e. by looking at whether they had obtained informed consent from the clients to record the interpreting activity and how they treated confidentiality issues when dealing with information concerning the clients' names, background, and organizations. The results show that there is much room for improvement in MTI interpreting students' awareness of professional ethics during their interpreting activities and subsequent writing of their practice reports. Hopefully, this research will shed some light on and draw more attention to professional ethics education for MTI students in China. To have a more comprehensive picture of MTI students' awareness of professional ethics, it is suggested that more research methods such as interviews, questionnaires, and class observations be adopted, larger samples investigated and more aspects of professional ethics taken into consideration.

ⁱ <https://aiic.net/page/6724/code-of-professional-ethics/lang/1>.

ⁱⁱ https://ausit.org/AUSIT/Documents/Code_Of_Ethics_Full.pdf

ⁱⁱⁱ <http://sits.gdufs.edu.cn/info/1018/3594.htm>.

^{iv} As the percentages are rounded off, the total of 2014 and 2015 do not add up to 100%.

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Author's address: Faculty of English Language and Culture, Guangdong University of Foreign Studies, Guangzhou, P. R. China.

E-mail address: mianjunxu@263.net

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The Objectivity of the Two Main Academic Approaches to TQA: An Analytical Study

Mashaël Almutairi
Princess Nora University, Saudi Arabia

Abstract

Translation quality assessment (TQA) is a controversial area in Translation Studies. Scholars attribute this to the subjective nature of quality, believed to result from the multiplicity of assessment criteria. However, the literature review reveals that translation scholars attribute different reasons to the decreased level of objectivity in current TQA practices. This study hypothesises that although subjectivity in TQA cannot be eliminated, it can be reduced to a more acceptable level if quality assessment adopts the criteria believed by translation scholars to lend more objectivity to the assessment.

1. Background

Translation quality assessment (TQA) has been described by many researchers as a process whereby a translation critic examines a translated text for the purpose of assessing its quality (Munday, 2001 & Zequan, 2003). For an examination to be valid and reliable, it has to follow determined rules and standards (Williams, 2001). However, establishing criteria for translation quality assessment is a difficult task, and is believed to be “probably one of the most controversial, intensely debated topics in translation scholarship and practice” (Colina, 2009: 236). This can be attributed to the fact that the assessment criteria are still negotiable in the field, as there is little agreement on how to define the concept of translation quality either from a practical or a theoretical viewpoint (Williams, 2001). This can also be related to the relative nature of quality itself, which is believed to be too complex and too context-dependent to be formulated under one definition (Nord, 1997). The existing disagreements among translation scholars regarding quality assessment criteria have been acknowledged by many researchers such as Reiss (1971), Bowker (2000), and Williams (2001). House (1997) explains that such disagreements arise due to the fact that evaluating the quality of a translation depends on the theory of translation used; different theories eventually express different views of translation, express different concepts of translation quality, and therefore, lead to different ways of assessing quality.

Despite these disagreements, many researchers do agree that translation quality is connected with various factors and can be observed from diverse angles. These factors, which could be attributed to quality, do not all have the same weight in each translation task, and are therefore not equally measurable or assessable. Quality, for instance, can be regarded as the fulfilment of user needs or expectations, the enhancement of work efficiency, profitability, deadline compliance, resources and tools availability, etc. From the industrial sector, quality can be viewed as the ability to fulfil a client-defined set of parameters (Jiménez-Crespo, 2009). However, in academia, the concept of quality has traditionally been linked to values such as accuracy, correctness and fidelity to the original. Notwithstanding the various theories about the concept of quality, some scholars agree that it is a subjective concept, and that this is the main reason for the lack of consensus when it comes to quality assessment criteria (Horguelin and Brunette 1998; Larose 1998; Parra 2005; Maier 2000). However, this subjective nature should not hinder any attempts to provide an objective assessment of translation quality. The

aim of this study is to identify how the approaches that are broadly used to assess translation quality achieve a reduction in the subjectivity inherent to translation quality assessment. This is carried out within the context of political discourse, more specifically, the Arab Spring presidential speeches, where translation played a significant role in the understanding of the political settings and events of the Arab world. Therefore, translation errors can cause unintended consequences, as they can negatively affect the world's understanding of this important junction in modern Arab history.

2. The Objectivity of TQA

Some translation scholars believe that the search for an assessment method that can achieve full objectivity in every situation, context and for every type of text seems illusory (Mateo, 2014:75). Others, in contrast, argue that although subjectivity cannot be entirely eliminated, it can be reduced to an acceptable level if it is based on a set of agreed-upon criteria of objectivity employed as a yardstick for comparing real versus ideal translations (Doyle 2003; Colina 2008, 2009). A survey concerning this particular point reveals that translation scholars suggest the following criteria to ensure a higher level of objectivity. (1) the mark given as a quality index of a particular translation can be justified (Mateo: 2014:80-81), (2) the negative and the positives aspects of the translation are both considered in the assessment of translation quality (Waddington, 2001), (3) the model of assessment is built on scientific theories of translation (House, 1997,2001), (4) the model includes a quantification dimension in the assessment which means that errors are assigned different weights depending on their consequences (Williams, 2001), (5) the assessment follows a multi-perspective viewpoint which means that both micro and macro levels of possible errors (linguistic and nonlinguistic) are covered (House, 2001-2), and (6) the model does not ignore the effect of the text type on the evaluation process which means that text genre is considered in the assessment (Reiss, 1971,2000).

The two main academic approaches in TQA (error-based and holistic) promise to provide objective assessment of translation quality. However, there is no previous empirical study that discusses which of these six criteria of objectivity is employed by each approach. Notwithstanding the rarity of empirical research on this area, the objectivity in the methods that are based on error analysis is believed to stem from the fact that they can give accurate accounts of both the type and number of errors committed in a translation. This is especially true if they are based on established theories and are equipped with statistical tools which, in turn, can be more reliable and objective than basing the evaluation on subjective judgments (Waddington, 2001). However, some scholars argue that the focus of these methods is only on errors, meaning that they are possibly established on a fallacy, this being: “the overall quality of a translation is equal to the sum of the defects it contains” (Waddington, 2001:21). As a result, error analysis methods only measure the defects in a translation, and ignore any positive aspects in the overall quality assessment of a particular text. It is undoubtedly true that errors undermine the quality of a translation, but it is also true that two translations with the same number of errors may vary in terms of overall quality (Waddington, 2001). Therefore, although methods based on error analysis provide a clear justification of the mark reached, they do not account for positive solutions that are used to solve certain translation problems.

On the other hand, the objectivity of holistic methods, the other assessment approach, stems from considering both the negative and positive aspects of the translation in the

assessment process (Waddington, 2001). However, the relevant literature reveals the restricted view of errors in the holistic methods (Pym, 1992). Although they consider both the negative and positive aspects of the translation, the error detection in this approach is not comprehensively governed by a systematic classification or quantification of errors such as that of error analysis, as holistic assessment mainly relies on the detection of certain types of errors and neglect large areas of potential errors. Therefore, it then seems reasonable within the context of this study to hypothesise that the approach encompassing most of these six criteria is more likely to reduce the level of subjectivity inherent to translation quality assessment, and achieve a higher level of objectivity.

While each approach takes different considerations into account in the assessment of translation quality, no evidence has been empirically established on the differences between these two approaches when applied to the assessment of translation quality of political discourse. Therefore, this study intends to put both approaches to the test and examine the outcome of applying them to assess the quality of the same political texts, to explore the reasons behind any differences in their applicability, and to identify how they reduce the subjectivity inherent to quality assessment. There may be some assumptions concerning the superiority of one approach over the other, in terms of providing objective feedback, but with the realisation that there is a rarity of empirical studies in the area of TQA (Colina 2008, 2009; Jiménez Crespo 2001), this study aims to contribute to the field of translation quality assessment by examining the issue in question empirically.

3. Research Methodology

To ensure that the analysis is not based upon subjective considerations, it must be built upon the results of an “objective” measurement tool. However, with regards to translation quality assessment, the main argument is that it is a subjective process (Horguelin and Brunette 1998; Parra 2005). This study is based upon the notion that the recognition of the relative subjective nature of TQA “does not invalidate the objective part of the assessment”, rather, “it merely reinforces its necessity” (House, 2001, p. 256). Therefore, in order to assess the quality of a certain translation, following Waddington (2001), three steps should be taken into account: firstly, the concept of quality must be well-defined, because translation quality is traditionally believed to be the one that fits its purpose (Nord 1997, O’Brien 2012). Secondly, the methodology must be chosen precisely, so as to select the assessment method that can successfully measure the defined translation quality. Lastly, the assessment should be carried out in accordance with the predefined notion of quality, and the chosen assessment methodology. In line with these three steps, I will first specify the type of quality that this study aims to address (textual quality), and then will explain the method used to assess this specific quality (textual analysis).

A. Textual Quality

Among the “3Ps” of translation quality, (quality of the producer, of the process and of the product), in this study, assessment focuses on the quality of the product, specifically the textual quality. The view of translation quality in this work equates to the notion that the linguistic choices in the target text should be in line with the source text’s standards of cohesion, coherence, informativity, intentionality, situationality, and intertextuality. In other

words, quality is considered to be the level of appropriateness of the linguistic choices made in the translated texts to represent the linguistic and nonlinguistic ones of the original texts (Beaugrande and Dressler, 1981). House (1997) believes that adopting a textual approach to the assessment of translation quality values the textual quality of the output. Therefore, the textual quality of a translation can best be assessed by means of textual analysis. With this in mind, the discussion will shift to that of textual analysis and its benefits and appropriateness as a methodology to assess the translation's textual quality.

B. Textual Analysis

Textuality is believed to be "the complex set of features that texts must have to be considered texts. It is a property that a complex linguistic object assumes when it reflects certain social and communicative constraints" (Neubert and Shreve, 1992, p.70). Textuality is also proposed to be the basis of the actualisation (the evolution of a text) and the utilisation of texts (Beaugrande, 1980). Therefore, selecting a textual approach to the study of translation holds great benefit at both theoretical and practical levels. On the theoretical level, applying a textual approach to the analysis of texts and their translations entails emphasising the textual aspect of translation, and also clears the ground for a more sophisticated treatment of translated texts (Neubert, 1996). It can also be insightful on different levels, and can have theoretical and practical implications that would contribute to the general field of translation, as well as that of translation assessment and translator training. On the practical level, the benefits of applying a textual analysis have been highlighted by many researchers. Al-Faqi (2000), for instance, avers that the analysis of separate sentences would yield partial meanings. The meanings of the text as a whole can only be understood by means of textual analysis, whereby the devices and elements that contribute to the emergence of meaning are all explored. Within the context of translator training, Schaeffner (2002) also points out that textual approaches to the analysis of translations can highlight specific textual features which might present translation problems, in order to steer translation decisions. As for translation students, she adds, following a textual approach can help them "become sensitized to recognize linguistic structures in texts", and

"learn to reflect on the specific functions of textual structures for the overall purpose of texts in a communicative context, and based on such reflections they will be able to make informed decisions as to the linguistic structures required for the target text in the new context and culture for new addresses".

(Schaeffner. 2002, pp. 6-7)

She concludes that applying a textual approach promotes the development of translation competence, since it "heighten[s] students' awareness of the process involved in translating and in the production of translation" (Schaeffner. 2002, pp. 6-7). Moreover, Hartmann (1980) proposes that the transphrastic textuality hypothesis may be the guiding principle behind the development of text linguistics. This hypothesis postulates the following assumptions: (1) the linguistic and extralinguistic factors correlate only in texts, (2) a characterisation of the linguistic patterns should go beyond the phrase or sentence level, and (3) textuality is a more realistic notion for capturing communicative events than the narrowly conceived notions of grammaticality, and semanticality. This notion of textuality, as Beaugrande (1980) maintains, is a factor that arises from communicative procedures for text utilisation, and is thus an essential task in the study of the aspects of text linguistics. In fact, Beaugrande (2004) later suggests that text linguistics logically shifted the conceptual centre from "grammaticality" over

to textuality, which is characterised by its realistic nature.

According to Beaugrande (2002), textuality should be viewed as a human achievement in making connections wherever communicative events occur, and is not a set of theoretical units or rules, nor is it a linguistic property that a text may or may not possess. Beaugrande (2004) also argues that textuality designates the total relatedness of the text; meaning that the seven standards of textuality interrelate to achieve connections. He believes that cohesion is concerned with the connections among linguistic forms, coherence with the connections among concepts, intentionality with the connections to the speakers' intentions, acceptability with the receivers' engagement to the text, informativity with how new the content is, situationality with the circumstances of the interaction, and intertextuality in terms of relations with other texts, particularly those with a similar text type. By proposing the seven standards of textuality, Beaugrande and Dressler (1981) advocate a procedural approach to the study of texts. In such an approach, all the levels are described in terms of their utilisation. They argue (1994) that in a procedural approach the analyst's task is not restricted to only dividing a text into phonemes and morphemes or analysing its syntactic structures, but also to explore textuality aspects. According to them, this is because exploring textuality aspects activates spheres of significance and relevance between linguistic elements and extralinguistic factors such as culture, society, ideology, emotion, personality, and so on.

Given the above discussion, and as the translation quality assessment method has to be customised to assess the predefined quality, and since adopting a textual approach values the textual quality of the output (House, 1997), the seven standards of textuality are proposed as the basis of textual analysis of the outcomes of the holistic and error-based assessment methods as specified below.

C. Description of the Error Analysis Method (A):

In the proposed model, each of Beaugrande and Dressler's seven standards of textuality is considered to be a criterion against which the quality of the translation is measured. This means that quality is addressed against seven main potential areas of errors. Beaugrande and Dressler's seven standards are used to conduct a contrastive textual analysis of the presidential speeches selected for the study and their respective translations, for the purpose of assessing their quality. Textual analysis of the selected data essentially consists of two main procedures: analysing the ST's potential area of error, and a comparison of the ST to the TT for assessment. After conducting the textual analysis and identifying the errors, errors will then be counted in order to establish a preliminary quality index for that particular translation. The number of errors compared to the number of words in each text is finally calculated to assign a mark out of ten for the quality of each text.

D. Description of the Holistic Approach Method (B):

To ensure that both approaches are treated equally, and since the researcher has tested

the method (A) herself, two external evaluators from the CIOL (the Chartered Institute of Linguists) are given the same translations in order to provide a holistic assessment of their quality. In addition, to also ensure that the assessment is not a reflection of the raters' selected holistic model, they have been provided with the same holistic method. Using the same model (Waddington's model), the raters must assign a mark out of ten for the quality of each translation, provided that the assigned mark is justified in a written feedback. For each of the five levels of quality indicated in Waddington's model, the translation can be graded on a scale of two points against each of the five levels. In this model, a translation is assessed based on two main parameters: the accuracy of transferring the ST content and the quality of expression in the TL.

After applying both methods of assessment to the same texts, the overall quality index of each method will be compared. By the end of the research, each of the four translated texts will have received two marks: one from the application of assessment method (A), and one from the application of method (B). Finally, both results will undergo close contrastive analysis in order to investigate the differences between the application of each approach, and identify how they reduce the subjectivity inherent to quality assessment.

4. Discussion of Results

4.1 Justification of the Quality Index

The overall quality index obtained with each assessment method is summarised in the table below:

Quality Index	Speech No (1)	Speech No (2)	Speech No (3)	Speech No (4)
Method (A)	3.4/10	6/10	4.6/10	5.2/10
Method (B)	2.75/10	6/10	6.75/10	7.75/10
The Overall Quality Indexes from Method (A) and Method (B)				

As discussed above, translation scholars strongly emphasise that following a predetermined set of rules in translation quality assessment is the dividing line between objective and subjective quality assessment (Martinez and Hurtado, 2001). They also add that without a clear perspective bases on which translation is assessed, TQA cannot escape the accusation of being a random, subjective practice. Mateo (2014) is one of the translation scholars who believe that one of the important criteria of objectivity that has to be considered in any translation assessment task to reduce its subjectivity is that the mark given by the evaluator as a quality index can be justified. This criteria of objectivity is actually to ensure that the rater of a certain translation task is basically following a predetermined criteria of assessment and, therefore, can justify his/her awarded marks.

- From the application of both methods, it can be noted that the mark obtained with Method (A) is quantitatively justified, as it is a reflection of the number of the errors present in the translated text compared to the total number of words in that translation, whereas the mark reached in Method (B) is only be qualitatively justified. Therefore, it can be concluded that the judgment statements, provided by the raters in this study, were not supported with any quantitative statistics.

- Although qualitative statements are hypothetically believed to increase the subjective nature of translation quality assessment given that, for the most part, they do not stem from a predefined set of parameters, but from raters' judgment and estimation, it is worth mentioning that the inter-rater reliability between this study's two external raters is quite high. This demonstrates that there is much consensus in the ratings, which were given independently by the two raters for the same assessment task. This could be considered as a positive aspect of the holistic model adopted.
- The translation error rate adopted in this study to render the number of errors detected from the error analysis in Method (A), does not appear to be affected by the length of the translated text. Although one would assume that the quality index would be significantly affected by the number of errors in short texts than in comparatively lengthy texts, the results obtained from the application of Method (A) proves this to be a false assumption. To elaborate, the quality index of the second speech is (6/10), whereas the quality index of the fourth speech is (5.2/10). The number of errors detected in these speeches compared to their word count vary considerably; the second speech has 29 errors, whereas the fourth speech has only 8. The word count in the second speech is (1014 words) compared to (311 words) for the fourth one. This sizeable difference is not matched in the awarded quality index, as the difference between the two values is small. Additionally, the number of errors compared to the number of words in the translated text does not appear to have much impact on the quality index in Method (B), where the quality is determined depending on two assessment criteria.
- The quality index in Method (B) is based on the separate scores that raters assign for the two governing criteria in the adopted holistic model (the accuracy of transfer from the original language and the quality of expression in the target language). In Speech No. (3) and (4), the relatively high marks awarded for the second criterion (the quality of expression in the target language) increased the overall quality index of those translations, notwithstanding the low marks assigned for the first criterion (the accuracy of transfer). In other words, the overall mark obtained in Method (B) may not reflect the low mark given for the first criteria, if the mark assigned for the second is relatively high.

4.2 Considering Translation Negative and Positive Aspects in TQA

The examination of this aspect reaches the following conclusions:

- The quality index in Method (A) reflects the defects in the translations only. It gives no credit

to creative strategies adopted by the translators to solve certain translation problems. Therefore, it can be argued that the view of TQA in error analysis models is restricted, since it focuses only on the negative aspects of a translation, which supposedly increases the element of subjectivity in the assessment.

- The view of translation quality seems to be more comprehensive in Method (B), given that it considers both the negative and positive aspects of quality. Both of the raters who are part of this study have asserted that they have given credit for good translations of certain phrases when awarding the marks. However, the importance of the positive aspects in Method (B) is only roughly estimated by the raters.

4.3 Building TQA Models on Established Theories of Translation

As for the implementation of this criterion, in the two assessment methods, it can be concluded that:

- Method (A) is built on a linguistic approach to translation that is extracted from the scientific theory of textuality. Beaugrande and Dressler's seven standards of textuality were used as evaluative parameters to assess the quality of the selected Arab Spring presidential speeches' translations. Assessment is, therefore, not based on subjective preferences but rather on whether the translated texts fulfil the expectations of the seven standards, as described by the original authors of the theory.
- Method (B) is also based on prominent notions in the field of translation, as it is mainly derived from a verifiable classification of translation adequacy. The assessment in this model is based on two criteria, namely, quality of accuracy of transfer from the SL and quality of expression in the TL, which together are established as verifiable notions of in TQA.

4.4 Including a Quantification Dimension in TQA

According to translation scholars, quantification is a criterion that can lend TQA more objectivity. Believing that without error weighing and quantification, the measurement criteria may not offer a convincing judgment, some translation scholars advocate combining both qualitative and quantitative measures in translation assessment (Williams, 2001). Generally speaking, most error analysis methods allocate different weights to different types of errors

according to the consequences they entail in the target text (Williams, 2001). Method (A), for instance, has a quantification dimension as the total number of errors is calculated against the total number of words of the translated texts to provide the overall quality index. This guarantee that the overall mark given for the overall quality is not randomly awarded.

As for the holistic model, although translated texts are given certain marks following a predefined set of criteria, the marks assigned for each level are too general that it cannot escape the need to rely on the rater's own judgment and evaluation, which may increase the level of subjectivity. Both raters emphasised that different types of errors were considered in the overall assessment. However, without having any clear predefined set of rules, the evaluator can only rely on his or her own view (Colina 2009), which is likely to increase the element of subjectivity. Both assessors differentiate in their feedback between errors that affect the successful transfer of meaning, and those that affect the quality of expression in the target language, without classifying them as major or minor errors every time they encounter them. The raters describe minor errors as those that result from incorrect use of English tenses throughout the text, misuse of definite and indefinite articles as well as prepositions, incorrect word order, and misspelling. Nevertheless, the raters in this study did not explain how they reflected the different type of errors that they have identified in their overall awarded marks.

The examination of the way in which this criterion of objectivity is implemented in the two assessment methods revealed that:

- Error quantification is implemented in Method (A), which is based on error analysis. As explained above, quality index is calculated following the adopted TER which basically reflects the total number of errors against the total number of words count in the translated texts.
- Method (B), on the other hand, does not quantify the type of errors or calculate the number of errors committed in a translation. This method does not clearly differentiate between different types of errors, and nor does it include explicit criteria upon which to base the evaluation.

4.5 Following a Multi-Perspective Assessment

Viewing translation evaluation as a generally arbitrary and subjective practice, and believing that the main task of translation quality assessment is to improve the evaluation

process, Holmes (1988, p.78) argues that this improvement can only be ensured if quality assessment is built on objective criteria. House (2001) argues that translation scholars can objectively assess a translation by following a multi-perspective viewpoint. If the evaluator carries out the analysis on both micro and macro levels, and at the same time maintains other important elements such as function, ideology, genre, register, and the communicative value of individual linguistic items, then subjectivity may be reduced. If the rater carries out the assessment on both micro and macro levels, subjectivity may be reduced, enabling the rater to then assess the translation quality more objectively. Therefore, adopting a multi-perspective assessment is a criterion that is believed to increase the level of objectivity in the assessment process. Models that reduce the concept of quality to the satisfaction of one or two quality criteria, such as function or translation effect, consequently restrict their view of quality. Thus, subjectivity can be reduced if quality assessment is based on the consideration of both the linguistic and nonlinguistic factors in the process of interpretation of the source text, and the assessment of the equivalent target text.

Method (A) considers both micro and macro levels of assessment, as the concept of textuality itself covers both the micro and macro levels of analysis and evaluation. Altogether, the seven standards of textuality accounts for both the linguistic and nonlinguistic factors that affect the creation of meaning and thus, can prove to be a suitable benchmark for evaluation. On the other hand, Method (B) does not reflect such inclusivity. The first rater stated that she “mainly considered the linguistic aspects of the translations only”, and attributes this to the possibility that the translators could be under the pressure of deadlines, and thus concentrate on speed of delivery rather than absolute accuracy. She also justifies that translators “may be under instructions to omit passages they consider superfluous”. However, she, along with the second rater, acknowledged that she had not considered nonlinguistic factors as mitigating factors in her assessment.

Examining the two methods of assessment in light of this criterion of objectivity exposed the following:

- As far as following a multi-perspective viewpoint of assessment is concerned, Method (A) proved to be comprehensive. This is because it covers most of the aspects of the text that contribute to the creation of meaning and as well as those which can be affected during the process of translation, and therefore can in turn impact the process of transferring the original

text's communicative value.

- The view of translation quality in Method (A), where the error analysis is based on the textuality theory, is that the linguistic choices in the target text should reflect the standards of cohesion, coherence, informativity, intentionality, situationality and intertextuality of the source texts, and considers quality to be the appropriateness of the linguistic choices in the translated texts with regards to the linguistic and nonlinguistic ones of the original texts. The assessment of quality in Method (A) proved to be based on the appreciation of both the micro level (represented in the standards of cohesion, coherence, informativity, and intentionality) and the macro level (represented in the examination of the standards of acceptability, situationality and intertextuality).
- Method (B) focuses mostly on the micro level of assessment. Assessment in this method is based on the acknowledgement of two main parameters: accuracy of transfer from the original text and quality of expression in the target language. These two parameters are generic, meaning that subjectivity can stem from the sole reliance on certain parameters, and the lack of consideration for other influencing factors.

4.6 Considering the Text Type in TQA

Reiss (1971, 2000) attributes the low level of objectivity in the current TQA practices to the ignorance of the text type's effect on the evaluation process. Hartmann (1980) believes that Reiss's book on translation criticism, which was written in 1971, is one of the earliest attempts to set up objective text typological criteria for the evaluation of all translation types. Reiss assumes that different text types require different translation methods, and that they would also need different evaluation criteria; a fact which she suggests translation scholars should take into consideration. Therefore, she advocates that translation scholars should identify the text type in order to avoid using inappropriate criteria for assessment. Therefore, Reiss suggests that establishing a text typology (namely literary, linguistic, and pragmatic) is the first step towards ensuring objectivity in translation quality assessment; a criterion which is only explicitly considered in Method (A) as the text type is considered in the standards of intertextuality and acceptability.

As for Method (B), the model itself does not refer to this particular criterion of objectivity. This resulted in contradicting application of this model between the two raters. The first rater clearly stated acknowledging the effect of the text type in the assessment given, and having been aware that “these are political speeches addressed directly to the populace of the countries concerned, aimed at galvanising, persuading or reassuring them”. She emphasised that the style of the translation should satisfy the style of the original author. The second rater, on the other hand, believes that the style of the text as a whole should be similar to the style expected from presidential speeches in the target language (English). The difference in the appreciation of the text type between the two raters is actually a normal consequence of the vagueness of the holistic model concerning this particular aspect.

Considering text type as a criterion of objectivity in the study’s two methods of assessment uncovered the following:

- Although considering the text type in TQA is believed to lend the assessment process more objectivity, it is not explicitly implemented in either of the two assessment methods. The style, however, is considered in both methods.
- In Method (A), the effect of the text type on the assessment is acknowledged in the selected model, as the style is considered in the appreciation of the standard of acceptability, where the naturalness of the TT style is regarded as an assessment criterion. Style is also taken into account in the standard of intertextuality, where the relevant target text’s style should resemble texts of similar nature.
- Text type is also considered in Method (B). However, it does not specify whether the style should reflect that of the original author, or of the text genre conventions in the target language. Therefore in this case, there is more room left to raters’ preferences and judgments in Method (B) than Method (A).

It can be concluded here that the two assessment methods vary in their implementation and application of the above-mentioned objectivity criteria. Each applies some parts of the criteria more than the other. Method (A), for instance, sets a more systematic and inclusive approach to the detection of errors than the holistic assessment. The more specification the model has, the less room is left for the rater’s preferences and therefore, subjectivity. Method (B), on the other hand, appreciates the inclusion of both the negative and positive aspects of assessment, whereas the other method focuses only on the negative elements, consequently

increasing subjectivity. Having said that, the differences in their application of the objectivity criteria does not imply that either method is more objective than the other. This study aimed to explore how the criteria of objectivity are implemented in each approach, in the optic of shedding light on various considerations regarding the need to focus more on certain criteria, so as to reach a higher level of objectivity.

5. Limitations of the Study

In this study, the ratio of the number of errors, which represent translation mistakes, to the number of errors, which illustrate language mistakes, is relatively high. The application of Method (A) resulted in (65) major errors and (18) minor errors, resulting in a relatively high ratio of approximately 4:1. However, this cannot be attributed to the restrictions of the model itself. Given that the translated texts are published in important English news agencies, language mistakes are less likely to be made than translation ones.

There could have been a greater number of texts included in this study if the non-official versions of the translations had not been excluded. The total word count of the translations used is (3728 words), and the total word count of the original texts is (2866 words). From the 12 presidential speeches delivered in 2011, four adhered to the selection criteria adopted in this study, meaning that they were fully translated and published by reliable English news agencies. The fan and crowdsourced translations were beyond the interest of this study, as they entailed different assessment criteria. As this research's main objective is to examine the differences in the application of two main approaches with regards to their objectivity, the limitation in the number of texts did not prevent the examination of the desired aspects.

6. Suggestions for Further Studies:

This study examined the objectivity of the holistic and error-based approaches to TQA, and attempted to identify how each method functions to reduce the subjectivity inherent to quality assessment practices. The conclusions reached in this study were based on the examination of two representative models, one from each approach. However, it would be interesting to apply another set of models from the same approaches to determine whether they generate similar results, to increase the validity of the current conclusions. In addition, it would be worthwhile to explore the identification and implementation of the criteria of objectivity for

the assessment of the other two types of translation quality - the quality of the process and the quality of the producer. This study attempted to propose a model for the TQA of Arabic-English translations based on the adaptation of some of the seven standards of textuality (Beaugrande and Dressler, 1981). Given that in this research, the proposed model was applied to political texts, it would be constructive to apply the adapted model on another genre and explore the outcomes.

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