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**Terminology and *Ad hoc* Interpreters in Public Services. An Empirical Study**

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**ABSTRACT**

Terminology is part of our lives. It is found in every written document from specialised texts addressed to experts, to any written piece addressed to the general public. It can also be found in oral texts and it is common in mass media. In the following pages, I will concentrate on the use of terminology and specialised language in a specific setting with specific participants: communication with the immigrant population in medical consultations through an interpreter. The main objective is twofold: First, to analyse the use of terminology in public services; secondly, to analyse the difficulties encountered and the strategies used by the interpreters in doctor-immigrant patient interviews dealing with specialised medical language. Finally, some conclusions will be drawn regarding the role of terminology in public services interpreting.

**KEYWORDS**

Terminology; Public Services Interpreting; Community Interpreting; Multicultural Communication; Institutional Conversation Analysis; Ethnography; Migration; Doctor-Patient Interaction.

**1. Introduction. Terminology and Public Services Interpreting**

Terminology is everywhere. As Monterde Rey (2002:168), Mayoral (2004:56) and Cabré (2004: 101-102) among others point out, it is found in every written document from specialised texts addressed to experts (e.g. installation and repair manuals, scientific reports, specialised articles) to any piece of writing addressed to the general public (e.g. sales contracts, job applications, lawsuits, washing machine instruction manuals). Mass media also makes an extensive use of terminology in some radio or TV programmes, even in films and commercials. And the same happens in newspapers and magazines, whether they are specialised or not. Terminology is also present in oral communication between experts (symposiums, seminars, lectures), between experts and semi-experts (teacher-student interaction in class), between experts and the public in general (the mechanic that repairs your car, the lawyer and his client in a trial), and semi-experts and the public in general (customers and service providers in government offices, hospitals or banks).

Thus there are at least four main settings where terminology and specialised language is used in communication:

Expert - > < - expert

Expert - > < - semi-expert

Expert - > < - layman and vice versa

Layman - > < - layman

The interaction between an expert and a layman via a mediator many be considered as a special case. Examples of such are when a journalist or

author of scientific articles writes for the general public, a person who works as an interpreter in a business transaction, a conference interpreter in an international meeting or someone who acts as a bridge between the migrant/foreign population and professionals. The new setting is a triangle with three participants:

Expert - > < - mediator - > < - layman

This triadic exchange can be found in the public service sphere when the providers of services and their customers do not use the same language to communicate and a third person is needed to fill the gap. Nowadays such a situation is fairly common in Western society due to business, political, or cultural relations among their participants, with English being the *lingua franca*. But this triad is also common in our society due to the constant influx of people from African, Asian, and Eastern European countries that, on the one hand, bring languages and cultures unknown to their host countries, and, on the other hand, are not familiar either with the language or culture of the host countries.

The area of study that deals with communication in this last situation is known as Public Services Interpreting or Community Interpreting (see [www.criticallink.org](http://www.criticallink.org), the web page of the organization Critical Link and its publications, Pöchhacker 2002, Valero-Garcés 2003). Basically, public services interpreting (PSI) enables people who are not fluent speakers of the official language(s) of a country to communicate with providers of public services in order to facilitate their full and equal access to legal, health, education, government, and social services. Mason (2001: 215) considers PSI an example of dialogue interpreting defined as "interpreted-mediated communication in spontaneous face-to-face interaction," and which is very often performed by amateurs or *ad hoc* interpreters (also see Valero-Garcés and Mancho 2002: 15-30).

PSI is distinguished from other types of interpreting, such as conference or escort interpreting, in that the services are provided to the residents of the community in which the interpreting takes place and not to conference delegates, diplomats, or professionals travelling abroad to conduct business and whose socio-cultural and educational levels are assumed to be at least average. In the case of PSI, however, the difference in education between providers and customers may be rather great, the latter even being illiterate in some cases.

Other characteristics that set PSI apart from conference interpreting are identified by Holly Mikkelsen

(<http://www.acebo.com/papers/profslzn.htm>, consulted 16.07. 2003).

Following her article these distinctions are:

1. Interpreters in Public Services (IPS) primarily ensure access to public services, and are therefore likely to work in institutional settings;

2. IPS are more apt to be interpreting dialogue-like interaction than speeches;
3. Interpreters in PSI routinely interpret into and out of both or all of their working languages;
4. The presence of the IPS is much more noticeable in the communication process than it is for conference interpreters;
5. A great many languages, many of them minority languages that are not acknowledged by the state are interpreted at the community level (e.g. African languages), unlike the limited number of languages of international diplomacy and commerce handled by conference and escort interpreters (e.g. English, French, German, Spanish);
6. IPS are often viewed as advocates or 'cultural brokers' who go beyond the traditional neutral role of the interpreter.

In most countries the lack of recognition of PSI as a profession often leads to poor working conditions. As a consequence, PSI is characterised by a high degree of volunteer interpreters with no specific training and which often leads to communication problems in hospitals, schools, or government offices. Furthermore there are no generally accepted guidelines as to the role of the PSI with every country — or even every institution — providing its own solutions.

When referring to institutions, Heritage (1997) points out a characteristic of institutional communication asymmetry of knowledge between providers and customers. This gap is usually greater in PSI than in standard institutional encounters due to an incomplete knowledge of the official language(s) by the customers or by the *ad hoc* interpreter who tends to be accompanying them. This occasional interpreter (spouse, relative, friend) usually possesses a better knowledge but still incomplete of the languages and cultures involved. In this context, the professional (usually the service provider) often uses terms or speaks about topics or concepts that neither the customer nor the *ad hoc* interpreter know or have heard of. This fact obviously causes problems for the interpreter to render its meaning into the other language. Some of the difficulties found can be the lack of resources to transfer new, unknown concepts that are in the expert's language or the non-existence of equivalent terms for such concepts in the target language (TL), and sometimes lack of a self-evident authority with the power to decide if the translation of a term is correct or incorrect.

Professional PSI interpreters may encounter everything from short, disconnected lists (or "laundry lists" as S. E. Wright and L. D. Wright (1997: 147) called them) to entire books and long conversations in a very specific context. This main factor forces the translator and/or interpreter to practice *ad hoc* terminology and often to be creative. However, *ad hoc* PSI interpreters face new difficulties caused by the non-existence of dictionaries and terminological tools when dealing with

different texts. These texts may be both oral and written, of varying lengths, set in random contexts and using specific terminology.

Most theoretical treatises and translation programmes — mainly in specialised translation/interpretation — emphasise the need for and advantages of systematic terminology management, but they fail to take into account the limitations that are imposed by the conventional translation/interpreting workplace. Susan E. Wright (1997: 148) clearly states some of the disadvantages the translator-terminologists experience:

- They are not subject-field experts.
- They may even have difficulty determining the field the text actually belongs to.
- They work from inadequate research material.
- They lack access to subject-field specialists.
- They lack time to pursue extensive (or even cursory) research activity, due to short delivery deadlines.
- They lack time to create extensive, thoroughly documented terminological entries, even when information is available.
- 

Again these limitations are even greater when interpreting and translating in public services. As was said before, IPS are often forced to create and rely on *ad hoc* terminology which basically works opposite to the recommendations for systemic work, as explained in Figure 1 (taken from S. E. Wright 1997: 150)

<i>Systematic Terminology Management</i>	<i>Ad Hoc Terminology Management</i>
- Collect terms & concepts from global field	- Identify terms occurring in isolated texts
- Construct a concept system	- Create starter term entries
- Craft well-structured definitions	- Document available contexts
- Create term entries	- Research greater context, within time restrictions
- Link entries to conceptual structure, reflecting the concept system(s)	- If time and opportunity allows, reconstruct the concept system based on available fragments

Niska (2003: 94), following Laurén (1993), states the four levels at which terminology and specialised language takes place:

1. Scientific level. When a new idea is born or a new discovery is made inside a scientific discipline and it is necessary to give names to the different concepts to communicate them to the scientific community.
2. Educational level. When these new discoveries are presented and extend to the educational communities as a step for their

standardization. This is the level where the professional terminologists usually work.

3. Application level. When the new concepts are presented in those institutions, industries or services in which they are to be implanted or where new technologies or discoveries will be implanted. This stage constitutes a new step in the standardisation of the term.

4. User's level. When the new terms arrive to the public in general. In this phase, terminology is very important since the result of an inadequate use (for example, in instructions, medical prescriptions, institutional language, etc.) can be disastrous for the individual. This is also the level where most linguistic experts such as translators, interpreters, and technical writers work.

From a theoretical point of view, Teresa Cabré (1999: 120), in her *Communicative Theory of Terminology* (*Teoría comunicativa de la Terminología*) considers 'Terminology' as a dynamic, not as a static, discipline. Thus, each term represents a specific concept in each textual or discourse performance, and the content of a term is not absolute, but relative — partial — depending on the situation and setting. From a practical point of view, this means that terminology is bound to the specific moment and place at hospitals, schools, or police stations. That is, any term or set phrase may have different meanings in different settings, and there may be more than one solution to the translation of a term or phrase.

Cabré (2004: 116) describes some situations that any translator (and I will also add any interpreter) has experienced:

- a. He/she does not know a unit/term, its meaning, grammatical use, or pragmatic value in the specialised area of the source language (SL).
- b. He/she is not sure about the meaning, grammatical use or pragmatic value of the unit in the SL.
- c. He/she does not know if the target language (TL) has a lexical unit semantically and pragmatically equivalent.
- d. He/she is not sure about the equivalent term chosen for the situation.
- e. He/she does not know or is not sure about the set phrases and phraseology in the specialised field.

The way to solve these difficulties – as Cabré points out- is by using appropriate resources: dictionaries, data banks or networks. However, when working with minority languages, these resources are not usually available or do not exist.

Considering all of the above information, and admitting the widespread agreement that the use of correct terminology is vital for effective communication, it is not difficult to infer that communication in public

services with minority languages and *ad hoc* interpreters can include misunderstandings, loss of information or incorrect information as the result of the wrong treatment of terminology and specialised language. The empirical study that was carried out will provide some evidence towards this hypothesis.

## **2. Terminology in doctor-immigrant patient-interpreter consultation. An empirical study**

### **2.1. Corpus**

As a way of illustrating the importance and problems that terminology has in everyday situations in PSI, I will concentrate on a specific public service: communication with the immigrant population in hospitals and health centres.

The data come from two different sources:

Corpus A: Medical interviews audio taped in hospitals in Minneapolis, Minnesota (USA), in the summer of 2003, being the participants: doctor-patient-experienced interpreter (a Mexican who is bilingual, has received some training in interpreting, and has two years' experience working as an interpreter in public services). Although the language used was Mexican Spanish, there is no significant difference between this and standard Spanish when referring to the terminology and specialised language.

Corpus B: Medical interviews audio taped in hospitals and health centres in the northern Madrid area, Spain. They are part of the corpus of medical interviews collected by the research group FITISPos (*Training and Research in Translating and Interpreting in Public Services*)<sup>(1)</sup> at the University of Alcalá (See <http://www.uah.es/otrosweb/traduccion>). The participants are doctors and patients whose native language is not Spanish, and bilingual relatives acting as *ad hoc* interpreters, without any training in interpreting and with little experience in PSI.

Some of the questions to be answered are: is terminology used in medical consultations? If so, what kind of terminology is used? What terminology does the expert (doctor in this case) use? What are the strategies that the interpreter uses? Are there any differences between experienced and *ad hoc* interpreters? What are the consequences of the wrong use of terminology? Should terminology be included in training programmes for interpreters?

From the analysis of the corpus, the answers for the three first questions are: Terminology and specialised language is present in any doctor-patient interview. The kind of terminology used is mainly related to names of illnesses, parts of the body, symptoms as well as expressions related to treatments, medical tests and healthcare assistance in general. The rate of use depends on many factors such as the purpose of the

consultation, the doctor's decisions or the patient profile. As for the rest remaining questions in the following pages, I will illustrate the strategies used by a trained, experienced interpreter and by an untrained, *ad hoc* interpreter when dealing with medical terms and specialised language.

## **2.2. Strategies used by trained, experienced interpreters when dealing with terminology and specialised language**

Below, some examples taken from corpus A show the strategies used by a trained, experienced interpreter in doctor – immigrant patient interaction.

Excerpt 1: (D = Doctor, P = Mexican Patient, I = Interpreter. A follow up appointment for Chlamydia)

D: I'm ... I'm assuming you're back to get the results of your tests that we did last week.

P: Yo asumo que usted regresó para darle los resultados de las pruebas que le hicimos la semana pasada. ¿Correcto?

I: Sí. ¿Cómo salió?

I: Yes.

D: OK.

I: What was the result?

D: Well (hmm), *the gonorrhoea culture was negative.*

I: *El cultivo de gonorrea salió negativo.*

D: But *the Chlamydia result was positive.*

I: *Pero el resultado de la clamidia es positivo.*

P: ¿Y qué es *clamidia*?

I: And what is *Chlamydia*?

D: OK, Chlamydia is an *infection of the cervix*, you know, where we ... we took the *samples*.

I: Clamidia es una infección del *cuello uterino* de donde tomamos la *prueba*.

D: Umm ...

I: *La muestra*, perdón.

D: ... it's very ... it's probably what's causing you to have those ... that dis... those feelings of discomfort that you're having.

I: Es probablemente lo que le está causando esas molestias que usted está experimentando.

[D: I'm... I'm assuming you're back to get the results of your tests that we did last week.

P: I assume that you returned to get the results of the tests that we made last week. Correct?

I: Yes. How did it come out?

I: Yes.

D: OK.

I: What was the result?

D: Well (hmm), *the gonorrhoea culture was negative.*



I: The gonorrhoea cultivation came out negative.  
D: But the Chlamydia result was positive.  
I: But the result of the Chlamydia is positive.  
P: And what is Chlamydia?  
I: And what is Chlamydia?  
D: OK, Chlamydia is an infection of the cervix, you know, where we... we took the samples.  
I: Chlamydia is an infection of the uterine neck from where we took the test.  
D: Umm...  
I: The sample, pardon.  
D:... it's very... it's probably what's causing you to have those... that dis... those feelings of discomfort that you're having.  
I: It is probably what is causing those nuisances that you are experiencing.]

The specific terms found in the above example are: 'gonorrhoea culture,' 'Chlamydia,' 'the result was positive'/'negative,' 'Infection of the cervix,' and 'sample.'

The strategies used are the following. Terms like: 'gonorrhoea culture,' 'Chlamydia,' or 'the result was positive' are translated through a direct loan (the term is used as is or with some modification to adapt it to the target language (TL).

'Infection of the cervix' is translated using the equivalent term in Spanish and not through a direct loan ('cervix') that would not be acceptable in the TL.

'Samples' is translated in the first place incorrectly (*pruebas* = 'test') and then the interpreter rectifies using a literal translation (*muestra*).

Excerpt 2:

D: *The discharge* and also the pain ... the *bleeding with intercourse*.  
I: *El flujo* y también *el sangramiento cuando tiene relaciones*.  
D: And the pain with intercourse you're having.  
I: Y el dolor cuando tiene relaciones también.

[D: The discharge and also the pain... the bleeding with intercourse.  
I: The flow and also the bleeding when you have relationships.  
D: And the pain with intercourse you're having.  
I: And the pain when you have relationships.]

The specific terms found are 'discharge,' 'bleeding,' and 'intercourse,' terms that can be considered specialised if we keep in mind the context in which they are used. The strategy used is literal translation in the case of 'discharge' and 'bleeding'. However, while it is acceptable in the case of *flujo* ('flow'), it is not in the case of *sangramiento*, a word which does not exist in Spanish. In the case of 'intercourse' translated as *relaciones*, some information is missed, since the type of relationship is

not specified in the translation while the English term ('intercourse') implies, in this context, 'a sexual relationship'.

Omission, as well as incomplete translation seen above, is frequently found in my corpus. Excerpt 3 includes examples of omission:

Excerpt 3:

D: Yeah. ... Okay, so I think I will do a *rapid strep* on him, since ... .

I: Sí, entonces ... voy a hacerle uno a Francisco

[D: Yeah. ... Okay, so I think I will do a rapid strep on him, since ... .

I: Yeah, Okay I'm going to do one on Francisco]

In this case, the specific term is 'a rapid strep,' which was not rendered by the interpreter.

Excerpts 4 and 5 are examples of literal translation, but the result is an unacceptable and inaccurate rendering in Spanish.

Excerpt 4:

D: I'll find out *the rapid strep* in Francisco, and then we'll be done

I: Consigo *los resultados de la prueba de estreptococos rápidos* que hicimos a Francisco y ya estamos para acabar

[D: I'll find out the rapid strep in Francisco, and then we'll be done

I: I'll get the results of the test of rapid strep we did on Francisco and we'll be almost done]

In this example, 'rapid strep' is successfully translated but the literal translation of the adjective and the position chosen changes the meaning, as 'rapid' in the Spanish text refers to the viruses and not to the action of taking a quick sample as it does in the English text.

Excerpt 5:

D: This is an infection that we know is passed sexually.

I: Este es un *infección que nosotras sabemos que es pasada sexualmente*.

[D: This is an infection that we know is passed sexually.

I: This is an infection that we know that it is passed sexually.]

The expression 'the infection is passed sexually' can be considered specific language. The strategy used by the interpreter is again a literal translation that is awkward in Spanish as the correct version would be: *una enfermedad de transmisión sexual* or *una enfermedad transmitida sexualmente*, but not *pasada*, which has no meaning in this context. The utterance also contains a grammatical error in the case of the demonstrative *éste* (masculine) as it should be *ésta* (feminine).

Explanation of concepts is another common strategy as seen in Excerpt 6:

Excerpt 6:

D: It's best to take them on an *empty stomach*.

I: Es mejor que *se las tome en ayuno*.

D: If it's difficult for you to take a number of pills at one time, I recommend you take two -----

I: Si es dificultoso tomar todas al mismo tiempo, yo le recomiendo que se tome dos. I'm sorry, there's something that I need to clarify.

D: OK.

I: Eh, there was a part in there that I missed. Eh, *no es que se las tome ... perdón ... en ayuno. Es que se las tome cuando no tenga alimentos en su estómago*.

[D: It's best to take them on an empty stomach.

I: It is better than she takes them in fast.

D: If it's difficult for you to take to number of pills at one time, I recommend you take two -----

I: If it is difficult to take all at the same time, I recommend that she takes two. I'm sorry, there's something that I need to clarify.

D: OK.

I: Hey, there was a part in there that I missed. It is not that you take them ... pardon ... in fast). Take them when you don't have any food in your stomach.]

In Excerpt 6, the expression 'empty stomach' is specific language and corresponds in Spanish to an idiomatic expression (*en ayunas*) that the interpreter probably knows, but she comes up with another idiomatic expression (*en ayuno*) which has a completely different meaning ('fast'). Later the interpreter rectifies through an explanation ("Take them when you don't have any food in your stomach"). However, the interpreter is not always aware of mistakes made, and obviously errors remain with their consequences.

Excerpt 7:

D: 'Cause *Chlamydia* is one of those *infections* that we can treat it and get rid of it; however, if you get *re-exposed* to it you will become *re-infected*.

I: Porque la *clamidia* es un *tratamiento* que podemos quitarla, pero si usted *se expone de nuevo*. I'm sorry, I didn't get it.

[D: 'Cause Chlamydia is one of those infections that we can treat and get rid of it; however, if you get re-exposed to it you will become re-infected.

I: Because Chlamydia is a treatment that we can remove it, but if you are exposed again. I'm sorry, I didn't get it.]

In Excerpt 7, the doctor uses some specialised expressions – 'Chlamydia,' 'infection,' 're-exposed,' 're-infected' - that can be

considered everyday language. They are successfully translated, except in the case of 'infection,' which is rendered as 'treatment,' thus producing an erroneous translation since 'Chlamydia' is considered a treatment not an infection. The interpreter also fails to translate part of the text because she doesn't remember it. This may also expose a lack of training (taking notes, improving memory), although this topic is out of the scope of this paper. In the case of terms like 'infection,' 're-exposed,' 're-infected', Cabré (1999: 100) calls the attention to the process called 'determinologisation' (*desteterminologización, banalización*), a process through which terms that form part of most speakers' active vocabulary even though not everybody knows their exact semantic content have gone. In other words, these terms are in between general language and specialised language, meaning that for some users they are common terms while for others they are specialised, all depending on their cultural background and/or linguistic knowledge.

Excerpt 8:

D: Ah, but we'll *keep a culture* over the weekend, and on Monday if it would *show strep* we'll call you.

I: Podemos *crecer el cultivo* por el fin de semana y si por el lunes hay estreptococo, le podemos llamar

[D: Ah, but we'll keep a culture over the weekend, and on Monday if it would show strep we'll call you.

I: Ah, but we'll keep a culture over the weekend, and on Monday if there is streptococcus we can call you]

In Excerpt 8 'keep a culture' is specialised language. As in previous examples, word-for-word or literal translation is the strategy used, but in this case the result is a non-existing expression in Spanish: *crecer el cultivo*.

In Excerpt 9 the doctor uses two specialised medical expressions: 'sexually transmitted disease' and 'HIV testing' that are not translated by the interpreter. The doctor also uses two acronyms: 'STD' and 'HIV'. At this point it must be mentioned that acronyms and abbreviations are more commonly used not only in technical-scientific fields but also in everyday language in English than in Spanish. In this specific case, the interpreter provides an explanation of the first acronym (STD) instead of using the corresponding one in Spanish (*ETS*), and a direct loan of the second one: *HIV*.

Excerpt 9:

D: Now, just one more comment about ... um ... because *Chlamydia is a sexually transmitted disease* ... um ... it is reported and ... um ... someone may be calling you. They may not. That ... I'll just write something to the Department of Health stating that you have been treated, so you probably won't be contacted. However, um ... because it

is *a sexually transmitted disease*, we also want to offer to you *HIV testing* ...

I: Hang on. I'm sorry.

D: That's right. Too much. Um ... where do I want to start? Um ... Do you want to tell her what you want to and then ... or should I ... um ... OK, we'll back up. Um ...

P: ¿Qué pasa?

I: ¿Qué pasa?

I: What happened?

D: OK ... um ... We *would recommend, or offer to, if you're cons..., because it is an STD, further testing for HIV.*

I: Nosotros le recomendamos que de como es una *enfermedad transmitida* ... eh ... *sexualmente*, hacemos *más pruebas como la de HIV.*

[D: Now, just one more comment about ... um ... because *Chlamydia is a sexually transmitted disease* ... um ... it is reported and ... um ... someone may be calling you. They may not. That ... I'll just write something to the Department of Health stating that you have been treated, so you probably won't be contacted. However, um ... because it is *a sexually transmitted disease*, we also want to offer to you *HIV testing* ...

I: Hang on. I'm sorry.

D: That's right. Too much. Um ... where do I want to start? Um ... Do you want to tell her what you want to and then ... or should I ... um ... OK, we'll back up. Um ...

P: What is happening?

I: What is happening?

I: What happened?

D: OK... um... We would recommend, or offer to, if you're cons..., because it is an STD, further testing for HIV.

I: We recommend you that since it is a transmitted illness ... umm ... sexually, let us make more tests like HIV.]

Considering the context in which this exchange takes place (a non-English speaking patient who may not have a good command of specific terminology or specialised language) the rendering of STD through an explanation seems appropriate for the purpose of communication, also supported by the fact that the corresponding abbreviation in Spanish - ETS - is common in medical experts' speech, but not so at a user's level. As for the second acronym, VIH should be used instead of a direct loan. However, certain confusion exists in the use of both terms even in texts originally written in Spanish; besides, in this case, an immigrant Mexican patient in an American hospital uses the term.

The strategies used so far have being: direct loan, equivalent term, literal translation, explanation of concepts, omission, use of non-existing

words, unacceptable or incomplete rendering, erroneous translation, mixture of strategies in the case of acronyms and abbreviations.

### **2.3. Strategies used by *ad hoc* interpreters when dealing with terminology and specialised language**

In the case of doctor + patient + *ad hoc* interpreter, who is neither familiar with terminology or specialised language nor trained as an interpreter/translator, some of the examples taken from the conversation recorded in Spanish hospitals show the following (Corpus B)<sup>(2)</sup>:

Excerpt 11: (The Moroccan Non-Native Speaking Patient (NNSP) has gone to the doctor's surgery for a stomach ache and pain after eating. She has had a thyroid operation. Her husband has gone with her and is acting as an *ad hoc* interpreter. At this moment, he is telling the doctor where his wife hurts.)

54. D: Dile que el *bocio* es un aumento del *tamaño del tiroides*, que es una *glándula*.

55. I: قالك واحد الطرف دلم كيقتعوه ما كيرجعشي

56. D: Y ya no tiene *tiroides*, entonces no puede aumentar el tamaño porque ya no tiene.

57. I: نتنا حيدو لك تيرويديس، وىلا ماكاينشى ما يقدارشى يخلق، هو كيخلق من الترويديس.

[D: Tell her that the goitre is an increase in the size of the thyroid that it is a gland.

55. I: He says that it is a piece of flesh that you extirpate and it doesn't return

56. D: And she no longer has a thyroid, so it cannot increase in size because she no longer has one.

57. I: You have been taken off the thyroid, and if there is not ...it cannot be born, it is born of the thyroid].

In Excerpt 11, the first utterance can be considered specialised language. The strategy used by the husband is creative but completely wrong. Both the doctor and the patient may think his rendering is accurate, but it has nothing to do with the doctor's explanation.

#### Excerpt 12:

12. P: ملي ما كنشربشي الدوا هادا كيعطيني الحريق للطهر (؟؟؟؟) المعدة هادا كيعملي المعدة واقىلا

13. I: Cuando no tomar este, tiene el dolor de ... de atrás, de aquí.

14. D: ¿Esto? Esto es para el estómago

15. P: بلحاق ملي كنشرب هادو (؟؟؟؟)

16. I: Cuando tomar este, tiene el dolor. Siempre quieres este con este, ¿me entiendes?



Moroccan (Arabic dialect) - and again uses deictics ('That is not this, maybe the pain is of another thing'). As we point out in another article (Valero-Garcés and Taibi 2004 forthcoming), the husband's inability as an interpreter affects the quantity of information that his wife receives and her possibilities of understanding. We could speak of a communication problem, although the listener in this case does not seem to be aware that something is wrong. But the relative/*ad hoc* interpreter fails to make the doctor's explanation sufficiently intelligible and clear when he says "that it is not this" because the relationship between the deictic elements and their referents is not easily deducible from the precedent part of the speech. Nevertheless, what the husband says next helps to remedy his lexical deficiencies and pragmatic failure: when he says of the pain "maybe it is of another thing," he partially translates part of the doctor's turn, clarifying the idea though not sufficiently, mainly because he uses the preposition "of" that in the Moroccan dialect it can be used to denote, among other things, cause, origin or possession, so both interpretations: "the pain it is caused by another cause" or "the pain is related to another part of the body, not the column" are possible. Similar strategies are used in Excerpts 13 (2, 3, 5) and 14 (2): deictics, noises and gestures:

Excerpt 13:

1. P: فوق الحنجرة وفهاد عندي فوق الحنجرة
2. I: Aquí, aquí  
garganta y en este ...)
3. I En casa que hace umm umm, o sea así.
4. D: Con ganas de vomitar ... de devolver.
5. I: Con ganas de vomitar pero no vomita, sólo echa (¿??) escupe como saliva.

- [1. P: I have above the throat above the  
2. I: Here, here  
throat and in this.)  
3. I At home that she makes umm umm, that is, this way.  
4. D: She feels like vomiting ... throwing up.  
5. I: She feels like vomiting, but she doesn't vomit, she only tosses ..., she spits like saliva].

Excerpt 14:

48. I: قالك هنايا فهامي ديك الصفورية كطلعك منهنا و ملي كيطلعو ديك الما مع  
بعطيتهم كيبيقي يتحرق، كيبيقي يحرق.
49. D: El ácido del estómago sube por el esófago.
50. P: فهاد الموطع هادا
51. I: Le molesta aquí y por eso no puede ni vomitar ni nada, aquí.



- [48. I: He tells you here, you understand, that yellow substance goes up you here, and when it goes up that water together, it burns.  
49. D: The acid of the stomach ascends through the oesophagus.  
50. P: (in this place / in this part)  
51. I: It bothers her here and for that reason she is not able to vomit or anything, here].

The interpreter uses deictics, noises, and gestures to translate essentially general language though it could be considered specialised by the interpreter in the context where it is used, because, as we said before - paraphrasing Cabré - terminology is dynamic, and we need context to fill terms with meaning, and a part of this context are the users. That is, what is everyday language for one user can be specialised language for another. In Excerpt 13, the doctor - being conscious of the difficulties the interpreter has with Spanish - helps him using synonyms ('vomit,' 'throwing up': *ganas de vomitar, devolver*), and in Excerpt 14 (49) the doctor also helps by reformulating the interpreter's utterance. Both are common strategies used by service providers working with immigrants that also illustrate the type of language used in these triadic exchanges where relatives or volunteers without a good command of the languages and cultures involved and without any specific training work as interpreters.

The following example - Excerpt 15 - illustrates again the kind of language commonly used by doctors:

Excerpt 15: (in the emergency room the doctor explains to the husband what she needs to do with the patient (a pregnant Moroccan woman) and asks him to tell it to his wife)

*D: Y hemos visto también que el líquido, líquido que tiene, el líquido amniótico, es poco, poco líquido. Y entonces hoy le estamos viendo en el registro, el latido [...] fetal\_unos signos de incomodidad del feto. Creemos que el feto no está muy bien. Así que vamos,...la vamos a ingresar. Le vamos a dar unos papeles para que se quede ingresada. A lo mejor la tenemos que adelantar el parto. Se lo vamos a decir ahora cuando le hagamos una prueba. Y a lo mejor le tenemos que adelantar el parto ahora.*

[D: And we have also seen that the liquid, the liquid that she has, the amniotic liquid, is little, not a lot of liquid. And today we are seeing him in the monitor, the foetal beat [...] some signs of discomfort in the foetus. We believe that the foetus is not very well. So we are going, ... we will admit her into hospital. We will give her some papers so that she will be admitted. Perhaps we have to provoke the delivery. We will tell her now when a test is done. And perhaps we will have to advance the delivery].

The specific terms and expressions used are 'amniotic liquid,' 'foetal beat,' 'foetus,' or 'delivery,' and in this case, the strategy used – if we can call it this – is omission of the whole text.

The strategies used so far by the *ad hoc* interpreter have been: equivalent or approximate translation, omission, erroneous translation, and use of deictics and extralinguistic resources (noises, gestures), also helped by the doctor who uses synonyms, repetitions, or reformulations of his / her own utterances or the interpreter's utterances.

### **2.3. Comparison of the results**

More examples could be added from the corpus on FITISPOS (2), but we have considered these enough to point out the most common strategies and problems found in the handling of terminology and specialised language by trained and untrained interpreters. The strategies used so far have been: omission (the term or expression is not translated); loan-translations (a literal translation of the term in the source language); direct loans (the ST term is directly copied, with some phonological/morphological adaptations); 'approximate' or 'provisional' equivalence; use of non-existing words in the TL; explanation of concepts; use of deictics and other extralinguistic resources. The study reveals that terminology and specialised language present some problems for the interpreter in PSI. The difficulties are bigger in the case of *ad hoc* interpreters who frequently are the patient's relatives. Other studies reveal similar results. Thus our data coincide with the strategies reported by Niska (2002: 45). These are:

1. Direct equivalence. If there is an equivalent term, i.e. a term in the other language that denotes exactly the same concept as in the source language, that term is used. This is common when dealing with international standards and nomenclature.
2. Approximate equivalence. If there is no exact equivalence, i.e. culture-specific terms or terms from the area of public administration. Thus for example, the Spanish *tarjeta sanitaria* ('healthcare card') or *empadronamiento* ('registration at the town hall') have no equivalent in many of the languages spoken by the immigrants as well as many other concepts that denote specific concepts that do not exist in the other language. In this case is sometimes possible to use an 'approximate' equivalence, sometimes called 'translation equivalence', or 'cultural equivalent', i.e. a term that denotes a closely related concept.
3. Loan-translations. Provided the structure and the conventions of the languages allow, compound words or word combinations are translated directly, component by component. This is a common strategy for example when translating culture-specific terms like the 'television' - German *Fernsehen*.
4. Explanation of concept. Even if the explanation is made as concise as possible, communication gets more awkward. E.g. *le baccalauréat* – 'the French secondary school leaving examination.'

5. Direct loan. Instead of constructing a new target-language term, the original term is used. Direct loans can appear in the form of direct citations; or the terms are simply modified to suit the phonology and morphology of the target language. E.g. medical and technical terminology: English 'apathy' – Spanish *apatía*.

6. Term creation. Creation of terms does not necessarily mean coining new words *ex nihilo*, but more often constructing new compounds and word combinations with the use of existing words and morphemes. It can also be done by giving archaic or dialectal words a new meaning. The creation of terms is a natural process in all languages, and it can be done in different ways depending on the structure of the language and the prevailing language policy in the countries in question.

7. Translation couplets. This means using a combination of two or more of the strategies. E.g. French *le baccalaureat* - Swedish *baccalaureat*, *fransk studentexamen* (combination of direct transfer and explanation); Swedish *reaktion* - Finnish *reaktio*, *vastavaikutus* ['counter-effect'] (modified transfer and loan translation). Even translation triplets may be used as we see in the next example provided by Niska, taken from the Swedish 'Interpreters' dictionary Swedish EKG, *elektrokardiogram* - Finnish *EKG, elektrokardiogrammi*; *sydän(sähkö)käyrä*; '*sydänfilmi*'. The first term is a direct loan, accommodated to Finnish morphology, then comes a loan translation ['heart (electro) diagram'] and finally a laymen's expression ['heart film'].

When comparing the results in my study, we have seen that different strategies are used to transfer the terminology and specific vocabulary of the SL in both corpora (A, B). In the case of interpreters who have some training and experience (corpus A, examples 1-10), two are the most common strategies: word-for-word or literal translation and direct loan. These are also common in the case of *ad hoc* interpreters, although the most frequently used in my corpus were omission and the use of deictic elements and extralinguistic elements. In the case of literal translation, the results show that this often produces nonsense or erroneous texts in the TT.

In the case of direct loan, the results show that this strategy is common in the spoken language of immigrants to denote concepts that they don't know or that have no equivalence in their own language. The tendency is to use the original term instead of constructing a new target language term. As Niska (2001: 45) points out, and to which I agree, this is often considered "bad" or "faulty" language, but it is prevalent in both written and oral speech, especially with poorly educated untrained interpreters whose only baggage is knowing the two languages at a level higher than their interlocutors.

There are different reasons to use direct loans. Some of them are:

- the interpreter makes use of a direct loan to facilitate the communication among the parties;

- the TL term is much longer, more complicated or quite new for TL speakers' than in the SL;
- there is a terminological gap in the TL;
- the interpreter may not know the equivalent term;
- the interpreter tries to be effective by avoiding terms his/her interlocutors cannot understand or by creating new ones. The interpreter is often seen as a cultural broker in these environments, and being effective is usually the main goal. This fact somehow explains the use of rather long and/or frequent explanations.

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In the case of omissions, use of deictics, or even non-existing words in the TL, the results show that they are mostly used by *ad hoc* interpreters who have a lower command of the languages involved, possess non-specific training, and lack almost any experience for this task. As a consequence, we find poor quality in communication with the risk of miscommunication, misunderstanding, and disastrous consequences for the patient. Two other facts can also help to justify the solutions taken: a) the use of one of the two 'models' of interpreting; b) the resources available.

(a) The two models in practice are the 'impartiality' or the 'advocacy' model (see Cambridge 2003: 57-59). Especially in the case of the trained interpreter, the consideration of the first model –'impartiality', being the one mostly accepted and followed in PSI training programs - forces the interpreter to use different strategies: Interpreters using the impartial model render messages accurately, completely, and as closely as possible to the original. They do not give personal advice or opinions, do not add or omit parts of the message, and do not intervene to help the client as happens in the advocacy model. In this case, the interpreter takes a more active role, counselling the client, and adding or omitting information that he/she may not consider relevant for the purpose of the communication.

(b) Interpreters in IPS usually work with minority languages of which there are rarely resources available (dictionaries, glossaries, data bases, etc.); or when they exist, these interpreters may not have access to them. On top of that, they may have to work in rather stressful conditions (police stations, borders, hospitals, courts, etc.) and deal with difficult topics (rape, crime, death, etc.). Moreover, they are frequently forced to act as terminologists, even though their knowledge of specific fields is rather limited.

At this point it is worth mentioning that many interpreters working with minority languages are in fact terminologists who need to create and use new terms as part of their work. Other interpreters later disseminate these new terms into different languages. There are also languages for which there are no glossaries, specialised dictionaries, bilingual dictionaries, or consultation materials available (e.g. many African

languages/Spanish dictionaries). The interpreters and translators are the ones who collect or build glossaries or term records that are of great value for the elaboration of terminological tools. However, and I refer to Niska (2002: 48), a great problem with terminological work in immigrant languages is that in most languages there is no self-evident authority with the power to decide what is 'right' or 'wrong' in the translation of a term, or to give advice on terminological matters to the people who are making/translating the dictionaries. Niska concludes, and I agree, that there is a lack of terminologists and language-planning authorities in most immigrant-language communities and a lack of university training and research in many languages.

Many of these problems can undoubtedly be solved with better and more intensified international cooperation, exchanging resources through the Internet, building up term banks, developing and adapting online electronic dictionaries, glossaries, or data bases, offering training programmes on terminology at different levels, and teaching terminology management systems. It seems relevant at this point to call attention to the fact that more than 90% of the interpretations done in hospitals in Spain (See Valero-Garcés 2004) are carried out by volunteers or patients' relatives who not only have limited knowledge of specific terminology and vocabulary, but also of institutional organisation and the languages involved.

### **3. Conclusion**

In conclusion, we have to deal with terminology every day. The simple rendering from an SL to a TL of a medical consultation reveals some problems whose solution demands certain specific knowledge and training. A minimum level of documentation is also needed even if the interpreter creates glossaries. But in this process, the interpreter is confronted with the need to assimilate the subject-related content of the text and to master the linguistic medium required to express that content in both the SL and the TL. That is, the interpreter/translator must come to understand the text itself in the SL, be able to relate the individual SL terms to the understanding of the text, and find the appropriate TL terms to recreate that meaning in the second language. In this process, the IPS faces the expert-layman situation with all the inconveniences this situation carries plus the lack of resources.

As for the quality of the rendering, it is generally agreed that effective communication is critical to quality in medical care. Breakdowns in communication can cause patients to misinterpret information, misunderstand treatment, and fail to follow instructions. Differences in the understanding of vocabulary, technical terminology and specialised language, and concepts of health and illness may cause the doctor to not understand the patient or the patient to not understand the doctor.

When the doctor and the patient do not speak the same language, the interaction becomes even more complex. When a bilingual assistant who

is not trained as an interpreter and is used to facilitate doctor-patient interaction helps them, gaps in their interaction can also arise.

This suggests that training is needed, and terminology should play a main role in it in order to solve part of the problems related to ineffective communication in public services. This aspect is taken into account in the training programme offered at the University of Alcalá (<http://www.uah.es/otrosweb/traduccion>). However, the field of terminology when dealing with communication between migrant population with minority languages and the main language still deserves more attention from other institutions.

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<sup>(1)</sup> The research group FITISPOS was created in 1998. Since then, the corpus has been increasing thanks to several research projects, some of them funded by public or private institutions. For more information about the training and research activities carried out by the group FITISPOS, see <http://www.uah.es/otrosweb/traduccion> or contact [mcarmen.valero@uah.es](mailto:mcarmen.valero@uah.es).

<sup>(2)</sup> At present three research projects are being conducted by FITISPOS at the University of Alcalá, Madrid and hospitals in Guadalajara, Alcalá de Henares and Madrid consisting of the recording of doctor-immigrant patient-interpreter encounters, and analyses of the conversations. Examples of Spanish and Arabic / Romanian / Russian / Bulgarian / Polish / Ukrainian and some other minority languages have been recorded.

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