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Medical brochures translated into English and their comparison with source English and Spanish medical brochures

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Abstract

Despite the high number of publications concerning medical texts, there is a considerable gap in research regarding an important element: medical brochures (Mayor Serrano 2003). These texts are more and more frequent in health centres to transmit specialised information to the general public (Busch Lauer 1995).

Knowing the behaviour of a genre in two different languages is important for translation (García Izquierdo 2002). Our work is based on a previous contrastive analysis about the genre of medical brochures both in English and in Spanish (Faya Ornia 2015). Here we will observe if medical brochures translated into English in Spain comply with the features of Spanish brochures, or if a functionalist approach has been adopted and therefore suitable adaptations have been made according to the English source brochures.

In order to carry out our analysis, we worked with three corpora: source medical brochures in English (collected in the UK), source medical brochures in Spanish (collected in Spain) and medical brochures translated into English and published in Spain. The analysis is based on Nord's functional model (2005), which has been completed with Kress and van Leeuwen's contributions (2006) regarding visual material.

To conclude, we will mention the possible reasons that make Spanish brochures more shocking and varied than English ones, as well as address the fact that translated brochures are similar to the Spanish brochures in some aspects but similar to the English brochures in others.

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1. Introduction and presentation of the study

Despite the high number of publications concerning medical texts and specialised translation, we have found an important gap in research regarding medical brochures (Mayor Serrano 2003). These texts are more and more frequent in health centres to transmit medical information to the general public (Busch Lauer 1995). Therefore, we believe it is convenient to study their features in detail as well as to think about how their translation could be tackled.

However, are the features of these texts the same in all languages or are there any variations from one language to another? Usually there will be some variations, since a text genre usually presents different features in two distinct cultures (Gamero 1998). Therefore, knowing the behaviour of a certain genre in two different languages is important in a translation (García Izquierdo 2002), since it will allow the translator to perform any suitable changes and the receptors will consequently receive the message more efficiently. In a previous research project (Faya Ornia 2015), we showed the results obtained in a contrastive analysis of medical brochures in the two languages that we worked with (i.e. English and Spanish). In that research work, we commented on the features that the text genre of medical brochures presents in each of these two languages.

On the other hand, the number of tourists and foreign residents in Spain has increased considerably in the last few years. This has had consequences in health services (especially in touristic areas), which now have to offer multilingual services. In this research, we will observe if in the brochures translated into English in Spain there is any influence of Spanish brochures, or if on the contrary, a functionalist approach has been adopted (and therefore changes have been implemented in order to comply with source English brochures).

In order to perform our analysis, we have used three textual corpora: source English medical brochures (collected in the United Kingdom), source Spanish medical brochures (collected in Spain) and brochures translated into English and published in Spain. We have followed a model of analysis with a top down approach (used in the contrastive study of medical brochures in English and in Spanish). It is based on Nord's functional model (2005) and it has been completed with the work of Kress and van Leeuwen (2006) because of their contributions regarding visual material.

2. Model of analysis

Our model of analysis is divided into two stages. In the first stage, we analysed formal aspects. We started by checking if special paper is used (more exactly, whether the paper is bright or dull, and whether it has a normal or a special thickness). Then we compared the design of the support (diptych, triptych, etc.) as well as the length of the brochure. We then, we observed the presence of graphic elements, as well as their place in the brochure. Also we determined how many brochures include colour or black and white figures, as well as whether images are real (photographies) or drawings. We observed the variability of fonts (types and sizes) and styles (i.e. aspects such as bold, italics, underlining, etc.). Finally, we studied the macrostructure. In order to do so, we determined which sections and parts were the most frequent ones in medical brochures, as well as the order in which they appear.

In the second stage, we studied linguistic elements. To determine the study criteria, we took into consideration Mayor Serrano's work (2005). We added the categories that Nord (2005: 122) highlights to study lexis in depth (connotations, semantic fields, register, discourse parts, morphology, collocations, set phrases, etc.). Because of its exhaustiveness, we decided to select only two due to their special relevance for the textual genre of medical brochures. They are: register (because they are texts that appeal to the reader) and morphology (because in medical language Latin and Anglo-Saxon forms usually coexist). We started this part studying the register – we mainly focused on the formality level in which the reader is addressed (Thiel 1974 and 1978; Reiss 1974 and 1984; Koller 1979). Later on, we focused on the level of specialisation of the lexis (and the insertion of explanations about specialised contents) (Cabré 1993 and 2004) as well as the frequency of acronyms (Giraldo 2006). In the next step, we observed sentence structure – mainly their length and form. To determine whether a sentence was short or long, we counted the number of verbs it contained. In addition, we based our study of sentence structure on Nord's suggestions (2005: 131), i.e. we observed the presence of clauses, the use of impersonal structures, the predominance of verbs/nouns in lists as well as the use of linking words to keep both coherence and cohesion. Finally, we tried to detect possible repetitions (of information, structures or words).

3. Results of the contrastive analysis

Firstly, we will briefly display to the results obtained in the contrastive analysis of English and Spanish brochures. Secondly, we will observe the behaviour of translated brochures and finally we will contrast it with the source brochures (English and Spanish).

3.1. Features of English and Spanish brochures

Spanish brochures are more appealing than English brochures in different ways: the type of paper (special thickness and brightness), the great number of pictures, the high frequency of colour images, the diversity of fonts and styles, etc.

The layout is also different. In Spanish the triptyc clearly abounds, whereas in English three formats coexist in similar percentages: diptyc, triptyc and booklet.

Medical brochures have a clear and ordered structure in both languages. However, in English, a high recurrence of three parts is registered. These parts, which are not present in Spanish brochures, are: legal information about the brochure, an index and a summary. The presence of these parts may be a consequence of the high number of brochures registered as 'booklets' in the corpus of English documents.

The results regarding linguistic features were as expected for each language. In this sense, a higher number of acronyms has been registered in English. In both languages general vocabulary is preferred, since they are texts addressed to patients (however, in Spanish, there is a higher presence of specialised vocabulary). Lists are headed by nouns in Spanish, but indistinctly by verbs or nouns in English (non-conclusive results). Finally, sentences are longer in English brochures and linking words are also more frequent. It may be because of the high number of brochures recorded as 'booklets'. Moreover, these brochures have more pages.

3.2. Features of translated brochures

Translations of brochures into English in Spain do not completely match the English brochure corpus or the Spanish one, but genre conventions of both source corpora have influenced translated brochures. Consequently, they present features of both source corpora. However, the influence that Spanish brochures have on translated brochures is reduced mainly to the format and not to linguistic aspects. More precisely, translated brochures are similar, on the one hand, to English brochures regarding the type of paper (high percentage of brochures registered as 'normal paper'), low frequency rates of colour images, predominance of single fonts, number of verbs in sentences, type of repetitions (mainly conceptual repetitions) and high presence of acronyms. On the other hand, translated brochures match Spanish brochures in all the remaining analysed aspects: presentation of information (triptych), number of pages in 'booklets', greater use of images, high frequency of drawings, high definition of sections, the type and order of these sections (there is no index or legal information about the brochure), presence of bilingual brochures, register (frequent use of impersonal forms, reduced use of first person and similar frequency of appeals), distribution of information (preference of paragraphs, but high presence of sentences) and high number of linking words.

In addition, translated brochures match the conventions of both corpora of source texts regarding location of images (front page and body of the text) and styles (variety and visibility). This is due to the fact that registered data are similar in both source corpora. Regarding the lexis and repetitions, translated brochures combine results of both source corpora, depending on the parameter contrasted. For example, the percentages of translated brochures are more similar to the Spanish ones regarding frequency of general vocabulary, combination of general and specialised words and the lack of repetitions. However, the percentage of specialised vocabulary and the predominance of conceptual repetitions over linguistic repetitions are more similar to the English brochures' results.

We believe there could be three main reasons that translated brochures include features of Spanish brochures: (1) the brochures have been translated by Spanish-speakers with a low level of English, (2) linguistic translations have been performed with the aim of saving costs or (3) the translator did not know the features of the genre of medical brochures in English. This seems to be due to a lack of homogeneity in the management of the translation process of medical brochures. However, it might also be a matter of 'loyalty' (Nord 1997). In other words, the translator has to

be loyal in some aspects to the source text, in others to the target culture and in others to the requirements and/or restrictions that the translation initiator may have established (Kress and van Leeuwen 2006). In addition, in translated brochures, results that do not match any of the source corpora have been registered (such as the use of verbs or nouns in lists, where the registered values are placed between the results of both source corpora). Another example is the high rate registered in the presentation mode of ‘several sheets stapled’.

This may be because less money is invested in translated brochures than in source brochures in an attempt to save costs (consequently, photocopies are preferred to original documents). Another possibility is that one of the health centres translates a brochure keeping the same source format and hands out photocopies to other centres. Finally, in the multilingual brochures and in those whose source texts are in the ‘corpus of source texts’, all the analysed patterns are the same in both languages. No adaptations of format have been made in them (images, layout, length of sentences, etc.), but an easier and more neutral style was chosen and followed in both languages. This may be also a saving measure, since the requirement is a mere linguistic translation (without formal adaptations).

The lack of adaptation to the features of source English brochures means that sometimes these translations do not satisfy client’s needs (Mayor Serrano 2005). It is thus advisable that the translator knows the behaviour of a textual genre in two languages (García Izquierdo 2002) and implements in the final text all the elements of the target culture in order to obtain a covert translation (House 1997) that conforms with readers’ expectations (García Izquierdo 2002 and Sánchez Trigo 2002). In this sense, a contrastive analysis can be useful. The one we performed in this study allowed us to detect and contrast the features of the genre of medical brochures in both English and Spanish cultures (Firbas 1992 and Johansson 2003). This is important since, as we have previously pointed out, translating involves the comparison of cultures (Witte 1987, *apud* Nord 1997). Translated texts in which these types of changes are implemented will be better accepted by their addressees and will comply more effectively with the function for which they have been created.

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