

## Medical Collocations: Translational Problems, Solutions, Perspectives

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### Abstract

*English is currently the lingua franca in medicine, especially due to the development of new terms that combine the medical field with technical areas. The aim of this study is to compare the problems encountered by professional and non-professional translators (physicians) with special attention paid to collocations. Further valuable observations and comments are also added by the respondents. The paper discusses the key position of collocations in the medical register in which the erroneous use of collocations discredits the paper and the researcher, thus hindering the dissemination of medical knowledge. Additionally, some other problematic issues are also highlighted. The author postulates further collocation-related empirical studies with attention paid to the phenomena of both teaching collocations and assessing the competence of the translator in the domain of collocations.*

**Keywords:** translation; medical translation; collocations; medical language; medical translator; medical register.

### 1.0. Introduction

According to Lee-Jahnke (1998: 87) and Niebrój (2010: 13), the English language has become the lingua franca in the world of medicine. In the 21<sup>st</sup> century in particular, technological innovations are omnipresent. Some terms related to these innovations are also employed in the world of medicine, particularly in cardiology, ophthalmology, nano-medicine or bio-engineering, with the result that an immense progression of medical vocabulary is observed. Such rapid development was obviously initiated at the end of the 19<sup>th</sup> century, however, it was the 20<sup>th</sup> century in particular, which saw the expansion of medical terminology into fields such as oncology or radiology (Badziński 2007: 235). Furthermore, new specialties came into existence (e.g. hypertensiology). Consequently, some of the most rapidly developing medical specialties, such as cardiac surgery, neurosurgery, nano-medicine or genetics, have contributed to the interdisciplinary connection between medical and para-medical specialties (e.g. bio-statistics). The multiplication of single lexemes and longer expressions (i.e. two, three or four word phrases) was also noted. These terms are translated mostly from English into other languages and, as a result, they become incorporated in the general medical register.

The language of medicine has been analyzed by a number of specialists in the field such as Lee-Jahnke (1998), Montalt (2007), Džuganová (2013), Pilegaard (2016), and Karwacka (2016). Different lexical relationships in the medical field have also been studied by various Polish authors, e.g. Wysocka (2001), Kokot (2001), Leśniewska (2008), and Badziński (2010). As Montalt (2007: 156) rightly states, medical specialties may be characterized by different norms in terms of terminology. It should be kept in mind that the contemporary division into more than 40 basic specialties (including hypertensiology or psycho-oncology) has resulted in the formation of a wide variety of lexemes that are typical and characteristic of one field exclusively (e.g. genetics). Over time, obviously, such terminology is incorporated into the general medical terminology or it may be typically limited to the original field (e.g. cardiology, ophthalmology).

### 2.0. Stating the Problem of the Paper

One of the most problematic issues indicated by both medical translators and medical professionals are prepositions and collocations, with a number of sub-issues in each component. However, if the difficulty score is considered, the number of points attached to collocations considerably surpasses the number of points in the case of prepositions (72% vs. 64% respectively). Bearing in mind that translation is, to a large extent, a process of creative problem-solving (Karwacka 2016: 58; Mackenzie 1998) and since the overwhelming majority chose collocations as the most problematic issue, the notion of collocations requires further analysis.

### 3.0. Translating Medical Collocations

Collocations, technically known as conventional syntagms, are the semantico-syntagmatic structures with some extent of combinability (Leśniewska 2008: 111, c.f. Białek 2009: 22). The term, initially introduced by J. R. Firth in the 1950s, is derived from Latin (Takač and Miščin 2013: 237). Definitions of collocations and the criteria for assessing the extent of collocability as well as their strengths are different (Leśniewska 2008: 11, Badziński 2011: 13). Most researchers view

them as multi-word phrases in language, including fixed expressions (Gledhill 2000: 1). Linguists distinguish different collocation levels in a given language based on “unpredictability”, which is particularly visible in the case of a comparative analysis of two languages (Gledhill 2000).

Studies based on corpus analysis have also contributed to the popularity of the collocation phenomenon. As it becomes easier to access processed information, searching collocations has become simpler and, obviously, less time-consuming. Rapid technological development in data-processing, on the one hand, and a plethora of words that are annually created in the medical field on the other, have also contributed to an increased interest in medical collocations. As a consequence, the difficulty connected with the proper use of collocations emerged. The results of many studies (e.g. Waller 1993, Howarth 1996, Nasselhauf 2003) clearly indicate that collocation-related problems are observed even at an advanced level of language, which may explain why seven professional translators (88%) and sixteen physicians (52%) indicated this problem. It is also reflected in the final product which is, in this case, translation.

Collocations constitute one of the most problematic issues both for translators and physicians who are involved in the process of translating their own texts. The notion of collocations is highly complicated, as they may range from totally free to totally fixed phrases and yet there is a huge gap between these two extremes. Generally, however, collocations fall into two major categories, i.e. grammatical and lexical. The first category is composed of a phrase that consists of a dominant word (noun, verb, adjective) and a preposition. Lexical collocations, on the other hand, are normally devoid of infinitives or prepositions and are made up of nouns, verbs, adverbs or adjectives (Badziński 2011).

However, some scientists use a more complex typology, applying different criteria to the term collocation, which as a language phenomenon, is perceived from completely different perspectives. Gledhill (2000: 1) distinguishes three perspectives: statistical/textual, semantic/syntactic and discursual/rhetorical approaches. According to Gledhill (2000: 2), the first perspective frames collocations as the syntagmatic association of lexemes which prefer the company of another item rather than its synonyms because of usage-related constraints. Gledhill (2000: 2) states: from the point of view of many corpus linguists, all that separates collocation from mere word co-occurrence is the statistical level at which the researcher is happy to say that the co-occurrence is not accidental. [...] a textual collocation is likely to have a specific textual function or may occur in a rather restricted set of contexts.

The second approach, semantic/syntactic, is related to a more abstract relationship that exists between words and no reference to the frequency of occurrence is made. Therefore, the term collocation is extended from restricted collocations to less conventional notions i.e. grammatical collocation in which grammatical items are mixed with lexical ones (phrasal verbs) and de-lexical verbs (e.g. take a decision) (Gledhill 2000: 7). As Gledhill (2000: 14) reports after Fernando (1996), the third approach, discursual/rhetorical, is analyzed from the perspective of performance with the focus on rhetorical effect and no special attention is paid to lexical units or grammar.

Keeping the above typology in mind, the definition of the term collocations adopted for the purpose of the present paper and given in the survey was as follows: phenomena larger than words, which are fixed combinations of lexical items. Proper communication and dissemination of knowledge must be based on the correct use of collocations as they constitute a key part of the English language and therefore form a rich and complex area which is quite frequently neglected by teachers, students and (even worse), translators themselves.

#### **4.0. Specific Issues in Translation of Medical Collocations**

Aside from the problems with theoretical justification of the phenomenon of collocations, specific translational issues were also indicated by many scientists. Problems with tenses were reported in recent studies in the field of medical translation, which is surprising in the case of medical translators, due to the fact that all of them had a language background and were graduates of different departments of English studies. However, it is not surprising that seven physicians reported English tenses as a significant problem. Two of them provided further descriptions and specified the problem in a more detailed manner.

The most problematic issue was connected with the use of past tenses, particularly past simple and past perfect. Gledhill (2000) also noted a problem with using present perfect. It is obvious that unfamiliarity with the proper use of the correct tense may, in fact, disturb the order of the medical procedures in the text, which obviously instantly disqualifies such a paper due to ambiguity and confusion. In the case of Uzbek-English or English-Uzbek translation, it may stem from the fact that Uzbek learners of English are too conservative in following grammar issues and sometimes do not observe the context-related tense usage, which in this case is of paramount importance. It may even be speculated that the excessive use or overuse of the past perfect is a common occurrence, which may immediately result in rude mistakes. Still none of the researchers from Uzbekistan has indicated problems connected with the passive voice. It might be partially explained by the fact that passive voice is mainly used in medical texts rather than past simple (rarely in perfect tenses) and therefore the structure is relatively easy. Passive forms in the Uzbek language are most often translated directly into passive in English, hence this is probably why no difficulty was observed in this respect. A multitude of nouns in medical expressions

constituted another problem, since some of them originate from Greek or Latin, whereas others are typically English-derived lexemes. It would appear then that ideally they should not be mixed. However, their practical application shows something completely different (Badziński 2011). Greek, Latin and English prefixes are frequently placed next to one another, which for translators may pose some difficulty as to which prefix should be chosen. This problem was indicated by three respondents. In Uzbek, a common problem is related to nouns functioning as attributes. Furthermore, noun phrases in this instance do not only form expressions with two nouns, but they frequently collocate with three or four, which is one of the typical phenomena in specialist medical register. As a result, in one collocation the number of nouns occurring in a linear manner may reach three or four lexemes (sleep apnoea syndrome; cancer pain treatment; stocking-glove distribution deficit). The problem with the nouns may be related to the order of these components and their form, due to the fact that physicians have the tendency to put the plural form in the wrong places (symptom occurrence vs. symptoms occurrence). A multitude of nouns may obviously be connected with the text layout and may be dependent on practical issues such as the common occurrence of phrases with *of*, which may encourage and promote the omission of this preposition by using the linear noun segments as indicated above. What is particularly important here is the fact that the random formation of such combinations is absolutely impossible due to the specificity of medical language.

The issue of a multitude of nouns may be part of the collocation category as it can be seen from a strictly grammatical perspective (problems related to the formation of the plural form) or the problem within the collocation itself. The length of sentences in Uzbek is significantly different compared to English. While English uses relatively shorter sentences with one or two complements, the structures in medical language in Uzbek are abundant with complements and interjections, often deprived of verbal phrases. Furthermore, the willingness of some medical workers to collect and place a large amount of information in one sentence often complicates the issue, thus resulting in extremely long structures. Such sentences sound absolutely natural and proper in Uzbek whereas, when translated into English, the meaning of the sentence becomes vague and blurred, often leading to clumsy and meaningless constructions. Dividing compound sentences partly solves the problem, however, it may result in the omission of crucial information not so much in terms of grammar but rather emphasis. The lack of an appropriate tool (glossary, dictionary) – as one of the problems indicated by some researchers (Swan 2005) is rather thought-provoking and surprising considering the practically unlimited access to medical databases. Theoretically, glossaries and medical dictionaries should solve this problem so that it should not be observed at all. However, this ideal state was not confirmed by the questionnaire survey. In point of fact, contemporary reference sources and databases (medical databases, parallel and synonymous articles etc.) are numerous. Wnętrzak (2008) tried to fill in the gap on the market in terms of providing particular field-related dictionaries.

Finding the right grammar structure in English is also considered to be a problematic issue, which may be due to the literal translation of sentences into English, which is still very common practice not only among physicians but also among translators. Impersonal structures probably pose the greatest challenge in this regard, which was reflected by additional opinions provided by three respondents in the survey. The lack of proper structure may be related to the accumulation of nouns, as already discussed above. Consequently, this issue is directly combined with other factors. An additional problem does not necessarily have to be related to the lack of adequate construction – it may be the lack of knowledge in this respect. Articles, including zero article, and prepositions were also frequently mentioned problematic issues. Although the rules on their detailed use are widely discussed in the literature (Quirk 1997, Swan 2005), their proper use still remains a highly difficult task, as indicated by the survey questionnaire. In the case of Uzbek people who speak English, the problem arises from the fact that articles do not occur in the Uzbek language. This is probably due in part to a superficial familiarization with the subject matter, and also to some disregard of the context-dependent phenomenon of countable and uncountable nouns where the given lexeme may occur as countable or uncountable depending on the surrounding lexemes.

In the case of prepositions, problems might be related to the literal translation of these parts of speech by means of calque or the fact that some prepositions occur only in Uzbek whereas in the equivalent expressions in the English language, such prepositions are not present. Another explanation might also be the fact that certain words and phrases should be acquired together with the prepositions which are the integral parts of such phrases. Finally, the difficulties may be related to the use of a different preposition due to context – in other words the use of context-related prepositions (complain about used in the general register vs. complain of which is typical of the medical register). The issue of prepositions is also directly related to collocations. This may concern both general language and a highly specialized register. At this point, it is difficult to offer any specific recommendations in this regard, since the phenomenon of the misuse (or the non-use) of prepositions is also closely related to the phenomenon of collocations. It should be stressed that in English the noun declension has a residual form, and cases are expressed by means of word order or, more importantly, by prepositions, of which *to*, *at*, *for* are the most prevalent (Belczyk 2004: 23). When the introduction of the instrumental form appears clumsy, in such situations it can be replaced by another expression (e.g. *by means of*). The context at this point seems to be very helpful. However, it is not a panacea for all of the difficulties encountered with prepositions, since it is not always possible to make a simple paraphrase to completely eliminate the preposition. A few comments provided by researchers explicitly suggest that the language knowledge related to medical specialty does not seem to be similar to the knowledge of collocations. Furthermore, despite the correct use of single words, the general meaning of the sentence may be lost due to the erroneous use of collocations. In highly specialized texts (e.g. genetics, bioengineering) the main problem is related to adjectival phrases (Belczyk 2004: 24).

Based on the above analysis, it is clear that the “near-native” competence is absolutely required in the case of medical translation where inappropriate structures or words not only distort the meaning, which may have (literally) deadly consequences, but such errors may also discredit scientists. Therefore, precision, however trivial it may seem, is of great importance.

#### 4.0. Conclusion

To the best of the author’s knowledge, this is the first specific study demonstrating the problems and challenges related to the translation of medical texts which has been carried out on the basis of collocations. The collected data are interesting due to the fact that the problematic issues are indicated by two completely different groups of researchers, the both are actively involved in the process of contemporary research in translation. It has been revealed that ignorance of collocations may obviously result in some rude mistakes due to language inadequacy. This in turn, may adversely affect the reputation of the medical workers, but, what is even more worrying, it may also be an obstacle to the dissemination of knowledge which under normal circumstances would have been practically used had it not been for the erroneous use of collocations. Considering their significant role related to the knowledge of medical collocations and their practical use for understanding and conveying medical knowledge internationally, further collocation-related empirical studies should be conducted. Furthermore, it is postulated that collocation-oriented studies should also consider the competence of the translator in the domain of collocations.

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